



Florida Agency for Health Care Administration

0001418-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : HCR Manor Care Services of Florida, Inc.

Provider Number : 0001418-00

County : Duval (16)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8703	116.45	60.94	177.39
Routine Home Care (61 +)	153.92	105.76	0.8703	92.04	48.16	140.20
Continuous Home Care	1396.17	959.31	0.8703	834.89	436.86	1271.75
Continuous Home Care - SIA	58.17	39.97	0.8703	34.79	18.20	52.99
Inpatient Respite	473.79	256.46	0.8703	223.20	217.33	440.53
General Inpatient Care	1021.25	653.70	0.8703	568.92	367.55	936.47

Continuous Home Care Hourly Rate = 1271.75 / 24 hours = \$52.99

Continuous Home Care - SIA Rate = 52.99 / 4 quarters = \$13.25



Florida Agency for Health Care Administration

0006026-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Vitas Healthcare Corp of Central Florida

Provider Number : 0006026-00

County : Brevard (5)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9036	120.91	60.94	181.85
Routine Home Care (61 +)	153.92	105.76	0.9036	95.56	48.16	143.72
Continuous Home Care	1396.17	959.31	0.9036	866.83	436.86	1303.69
Continuous Home Care - SIA	58.17	39.97	0.9036	36.12	18.20	54.32
Inpatient Respite	473.79	256.46	0.9036	231.74	217.33	449.07
General Inpatient Care	1021.25	653.70	0.9036	590.68	367.55	958.23

Continuous Home Care Hourly Rate = 1303.69 / 24 hours = \$54.32

Continuous Home Care - SIA Rate = 54.32 / 4 quarters = \$13.58



Florida Agency for Health Care Administration

0015728-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Odyssey Health Care Miami-Dade

Provider Number : 0015728-00

County : Dade (13)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9489	126.97	60.94	187.91
Routine Home Care (61 +)	153.92	105.76	0.9489	100.36	48.16	148.52
Continuous Home Care	1396.17	959.31	0.9489	910.29	436.86	1347.15
Continuous Home Care - SIA	58.17	39.97	0.9489	37.93	18.20	56.13
Inpatient Respite	473.79	256.46	0.9489	243.35	217.33	460.68
General Inpatient Care	1021.25	653.70	0.9489	620.30	367.55	987.85

Continuous Home Care Hourly Rate = 1347.15 / 24 hours = \$56.13

Continuous Home Care - SIA Rate = 56.13 / 4 quarters = \$14.03



Florida Agency for Health Care Administration

0016361-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Regency Hospice of NW Florida, Inc.

Provider Number : 0016361-00

County : Escambia (17)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8366	111.95	60.94	172.89
Routine Home Care (61 +)	153.92	105.76	0.8366	88.48	48.16	136.64
Continuous Home Care	1396.17	959.31	0.8366	802.56	436.86	1239.42
Continuous Home Care - SIA	58.17	39.97	0.8366	33.44	18.20	51.64
Inpatient Respite	473.79	256.46	0.8366	214.55	217.33	431.88
General Inpatient Care	1021.25	653.70	0.8366	546.89	367.55	914.44

Continuous Home Care Hourly Rate = 1239.42 / 24 hours = \$51.64

Continuous Home Care - SIA Rate = 51.64 / 4 quarters = \$12.91



Florida Agency for Health Care Administration

0027822-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice and Palliative Care of Southern FL

Provider Number : 0027822-00

County : Dade (13)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9489	126.97	60.94	187.91
Routine Home Care (61 +)	153.92	105.76	0.9489	100.36	48.16	148.52
Continuous Home Care	1396.17	959.31	0.9489	910.29	436.86	1347.15
Continuous Home Care - SIA	58.17	39.97	0.9489	37.93	18.20	56.13
Inpatient Respite	473.79	256.46	0.9489	243.35	217.33	460.68
General Inpatient Care	1021.25	653.70	0.9489	620.30	367.55	987.85

Continuous Home Care Hourly Rate = 1347.15 / 24 hours = \$56.13

Continuous Home Care - SIA Rate = 56.13 / 4 quarters = \$14.03



Florida Agency for Health Care Administration

0038153-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : HCR Manor Care of Florida III, Inc.

Provider Number : 0038153-00

County : Broward (6)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9568	128.03	60.94	188.97
Routine Home Care (61 +)	153.92	105.76	0.9568	101.19	48.16	149.35
Continuous Home Care	1396.17	959.31	0.9568	917.87	436.86	1354.73
Continuous Home Care - SIA	58.17	39.97	0.9568	38.24	18.20	56.44
Inpatient Respite	473.79	256.46	0.9568	245.38	217.33	462.71
General Inpatient Care	1021.25	653.70	0.9568	625.46	367.55	993.01

Continuous Home Care Hourly Rate = 1354.73 / 24 hours = \$56.45

Continuous Home Care - SIA Rate = 56.44 / 4 quarters = \$14.11



Florida Agency for Health Care Administration

0136561-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Brevard HMA Hospice

Provider Number : 0136561-00

County : Brevard (5)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9036	120.91	60.94	181.85
Routine Home Care (61 +)	153.92	105.76	0.9036	95.56	48.16	143.72
Continuous Home Care	1396.17	959.31	0.9036	866.83	436.86	1303.69
Continuous Home Care - SIA	58.17	39.97	0.9036	36.12	18.20	54.32
Inpatient Respite	473.79	256.46	0.9036	231.74	217.33	449.07
General Inpatient Care	1021.25	653.70	0.9036	590.68	367.55	958.23

Continuous Home Care Hourly Rate = 1303.69 / 24 hours = \$54.32

Continuous Home Care - SIA Rate = 54.32 / 4 quarters = \$13.58



Florida Agency for Health Care Administration

0140437-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hernando-Pasco Hospice

Provider Number : 0140437-00

County : Pasco (51)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8835	118.22	60.94	179.16
Routine Home Care (61 +)	153.92	105.76	0.8835	93.44	48.16	141.60
Continuous Home Care	1396.17	959.31	0.8835	847.55	436.86	1284.41
Continuous Home Care - SIA	58.17	39.97	0.8835	35.31	18.20	53.51
Inpatient Respite	473.79	256.46	0.8835	226.58	217.33	443.91
General Inpatient Care	1021.25	653.70	0.8835	577.54	367.55	945.09

Continuous Home Care Hourly Rate = 1284.41 / 24 hours = \$53.52

Continuous Home Care - SIA Rate = 53.51 / 4 quarters = \$13.38



Florida Agency for Health Care Administration

0141900-01

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Compassionate Care Hospice of Miami Dade and the Florida Keys

Provider Number : 0141900-01

County : Monroe (44)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8190	109.59	60.94	170.53
Routine Home Care (61 +)	153.92	105.76	0.8190	86.62	48.16	134.78
Continuous Home Care	1396.17	959.31	0.8190	785.67	436.86	1222.53
Continuous Home Care - SIA	58.17	39.97	0.8190	32.74	18.20	50.94
Inpatient Respite	473.79	256.46	0.8190	210.04	217.33	427.37
General Inpatient Care	1021.25	653.70	0.8190	535.38	367.55	902.93

Continuous Home Care Hourly Rate = 1222.53 / 24 hours = \$50.94

Continuous Home Care - SIA Rate = 50.94 / 4 quarters = \$12.73



Florida Agency for Health Care Administration

0153280-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice & Palliative Care Broward FL LLC

Provider Number : 0153280-00

County : Broward (6)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9568	128.03	60.94	188.97
Routine Home Care (61 +)	153.92	105.76	0.9568	101.19	48.16	149.35
Continuous Home Care	1396.17	959.31	0.9568	917.87	436.86	1354.73
Continuous Home Care - SIA	58.17	39.97	0.9568	38.24	18.20	56.44
Inpatient Respite	473.79	256.46	0.9568	245.38	217.33	462.71
General Inpatient Care	1021.25	653.70	0.9568	625.46	367.55	993.01

Continuous Home Care Hourly Rate = 1354.73 / 24 hours = \$56.45

Continuous Home Care - SIA Rate = 56.44 / 4 quarters = \$14.11



Florida Agency for Health Care Administration

0159861-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Covenant Hospice, Inc

Provider Number : 0159861-00

County : Escambia (17)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8366	111.95	60.94	172.89
Routine Home Care (61 +)	153.92	105.76	0.8366	88.48	48.16	136.64
Continuous Home Care	1396.17	959.31	0.8366	802.56	436.86	1239.42
Continuous Home Care - SIA	58.17	39.97	0.8366	33.44	18.20	51.64
Inpatient Respite	473.79	256.46	0.8366	214.55	217.33	431.88
General Inpatient Care	1021.25	653.70	0.8366	546.89	367.55	914.44

Continuous Home Care Hourly Rate = 1239.42 / 24 hours = \$51.64

Continuous Home Care - SIA Rate = 51.64 / 4 quarters = \$12.91



Florida Agency for Health Care Administration

0162544-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Odyssey Healthcare of Marion County

Provider Number : 0162544-00

County : Orange (48)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8717	116.64	60.94	177.58
Routine Home Care (61 +)	153.92	105.76	0.8717	92.19	48.16	140.35
Continuous Home Care	1396.17	959.31	0.8717	836.23	436.86	1273.09
Continuous Home Care - SIA	58.17	39.97	0.8717	34.84	18.20	53.04
Inpatient Respite	473.79	256.46	0.8717	223.56	217.33	440.89
General Inpatient Care	1021.25	653.70	0.8717	569.83	367.55	937.38

Continuous Home Care Hourly Rate = 1273.09 / 24 hours = \$53.05

Continuous Home Care - SIA Rate = 53.04 / 4 quarters = \$13.26



Florida Agency for Health Care Administration

0172875-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Compassionate Care Hospice of Lake & Sumter

Provider Number : 0172875-00

County : Lake (35)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8717	116.64	60.94	177.58
Routine Home Care (61 +)	153.92	105.76	0.8717	92.19	48.16	140.35
Continuous Home Care	1396.17	959.31	0.8717	836.23	436.86	1273.09
Continuous Home Care - SIA	58.17	39.97	0.8717	34.84	18.20	53.04
Inpatient Respite	473.79	256.46	0.8717	223.56	217.33	440.89
General Inpatient Care	1021.25	653.70	0.8717	569.83	367.55	937.38

Continuous Home Care Hourly Rate = 1273.09 / 24 hours = \$53.05

Continuous Home Care - SIA Rate = 53.04 / 4 quarters = \$13.26



Florida Agency for Health Care Administration

0192558-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : HCR Manor Care Services of Florida Inc.

Provider Number : 0192558-00

County : Dade (13)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9489	126.97	60.94	187.91
Routine Home Care (61 +)	153.92	105.76	0.9489	100.36	48.16	148.52
Continuous Home Care	1396.17	959.31	0.9489	910.29	436.86	1347.15
Continuous Home Care - SIA	58.17	39.97	0.9489	37.93	18.20	56.13
Inpatient Respite	473.79	256.46	0.9489	243.35	217.33	460.68
General Inpatient Care	1021.25	653.70	0.9489	620.30	367.55	987.85

Continuous Home Care Hourly Rate = 1347.15 / 24 hours = \$56.13

Continuous Home Care - SIA Rate = 56.13 / 4 quarters = \$14.03



Florida Agency for Health Care Administration

0246214-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice & Palliative Care of Tampa

Provider Number : 0246214-00

County : Hillsborough (29)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8835	118.22	60.94	179.16
Routine Home Care (61 +)	153.92	105.76	0.8835	93.44	48.16	141.60
Continuous Home Care	1396.17	959.31	0.8835	847.55	436.86	1284.41
Continuous Home Care - SIA	58.17	39.97	0.8835	35.31	18.20	53.51
Inpatient Respite	473.79	256.46	0.8835	226.58	217.33	443.91
General Inpatient Care	1021.25	653.70	0.8835	577.54	367.55	945.09

Continuous Home Care Hourly Rate = 1284.41 / 24 hours = \$53.52

Continuous Home Care - SIA Rate = 53.51 / 4 quarters = \$13.38



Florida Agency for Health Care Administration

0870005-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of I.R.C.

Provider Number : 0870005-00

County : Indian River (31)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8000	107.05	60.94	167.99
Routine Home Care (61 +)	153.92	105.76	0.8000	84.61	48.16	132.77
Continuous Home Care	1396.17	959.31	0.8000	767.45	436.86	1204.31
Continuous Home Care - SIA	58.17	39.97	0.8000	31.98	18.20	50.18
Inpatient Respite	473.79	256.46	0.8000	205.17	217.33	422.50
General Inpatient Care	1021.25	653.70	0.8000	522.96	367.55	890.51

Continuous Home Care Hourly Rate = 1204.31 / 24 hours = \$50.18

Continuous Home Care - SIA Rate = 50.18 / 4 quarters = \$12.54



Florida Agency for Health Care Administration

0872466-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Vitas Healthcare Corporation - Dade County

Provider Number : 0872466-00

County : Dade (13)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9489	126.97	60.94	187.91
Routine Home Care (61 +)	153.92	105.76	0.9489	100.36	48.16	148.52
Continuous Home Care	1396.17	959.31	0.9489	910.29	436.86	1347.15
Continuous Home Care - SIA	58.17	39.97	0.9489	37.93	18.20	56.13
Inpatient Respite	473.79	256.46	0.9489	243.35	217.33	460.68
General Inpatient Care	1021.25	653.70	0.9489	620.30	367.55	987.85

Continuous Home Care Hourly Rate = 1347.15 / 24 hours = \$56.13

Continuous Home Care - SIA Rate = 56.13 / 4 quarters = \$14.03



Florida Agency for Health Care Administration

0872555-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : St. Francis Hospice

Provider Number : 0872555-00

County : Brevard (5)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9036	120.91	60.94	181.85
Routine Home Care (61 +)	153.92	105.76	0.9036	95.56	48.16	143.72
Continuous Home Care	1396.17	959.31	0.9036	866.83	436.86	1303.69
Continuous Home Care - SIA	58.17	39.97	0.9036	36.12	18.20	54.32
Inpatient Respite	473.79	256.46	0.9036	231.74	217.33	449.07
General Inpatient Care	1021.25	653.70	0.9036	590.68	367.55	958.23

Continuous Home Care Hourly Rate = 1303.69 / 24 hours = \$54.32

Continuous Home Care - SIA Rate = 54.32 / 4 quarters = \$13.58



Florida Agency for Health Care Administration

0872563-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of the Comforter

Provider Number : 0872563-00

County : Seminole (59)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8717	116.64	60.94	177.58
Routine Home Care (61 +)	153.92	105.76	0.8717	92.19	48.16	140.35
Continuous Home Care	1396.17	959.31	0.8717	836.23	436.86	1273.09
Continuous Home Care - SIA	58.17	39.97	0.8717	34.84	18.20	53.04
Inpatient Respite	473.79	256.46	0.8717	223.56	217.33	440.89
General Inpatient Care	1021.25	653.70	0.8717	569.83	367.55	937.38

Continuous Home Care Hourly Rate = 1273.09 / 24 hours = \$53.05

Continuous Home Care - SIA Rate = 53.04 / 4 quarters = \$13.26



Florida Agency for Health Care Administration

0874078-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Community Hospice of Northeast

Provider Number : 0874078-00

County : Duval (16)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8703	116.45	60.94	177.39
Routine Home Care (61 +)	153.92	105.76	0.8703	92.04	48.16	140.20
Continuous Home Care	1396.17	959.31	0.8703	834.89	436.86	1271.75
Continuous Home Care - SIA	58.17	39.97	0.8703	34.79	18.20	52.99
Inpatient Respite	473.79	256.46	0.8703	223.20	217.33	440.53
General Inpatient Care	1021.25	653.70	0.8703	568.92	367.55	936.47

Continuous Home Care Hourly Rate = 1271.75 / 24 hours = \$52.99

Continuous Home Care - SIA Rate = 52.99 / 4 quarters = \$13.25



Florida Agency for Health Care Administration

0875147-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Martin & St. Lucie

Provider Number : 0875147-00

County : Martin (43)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9068	121.34	60.94	182.28
Routine Home Care (61 +)	153.92	105.76	0.9068	95.90	48.16	144.06
Continuous Home Care	1396.17	959.31	0.9068	869.90	436.86	1306.76
Continuous Home Care - SIA	58.17	39.97	0.9068	36.24	18.20	54.44
Inpatient Respite	473.79	256.46	0.9068	232.56	217.33	449.89
General Inpatient Care	1021.25	653.70	0.9068	592.78	367.55	960.33

Continuous Home Care Hourly Rate = 1306.76 / 24 hours = \$54.45

Continuous Home Care - SIA Rate = 54.44 / 4 quarters = \$13.61



Florida Agency for Health Care Administration

0875163-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Palm Beach County

Provider Number : 0875163-00

County : Palm Beach (50)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9138	122.28	60.94	183.22
Routine Home Care (61 +)	153.92	105.76	0.9138	96.64	48.16	144.80
Continuous Home Care	1396.17	959.31	0.9138	876.62	436.86	1313.48
Continuous Home Care - SIA	58.17	39.97	0.9138	36.52	18.20	54.72
Inpatient Respite	473.79	256.46	0.9138	234.35	217.33	451.68
General Inpatient Care	1021.25	653.70	0.9138	597.35	367.55	964.90

Continuous Home Care Hourly Rate = 1313.48 / 24 hours = \$54.73

Continuous Home Care - SIA Rate = 54.72 / 4 quarters = \$13.68



Florida Agency for Health Care Administration

0875198-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : North Central Florida Hospice

Provider Number : 0875198-00

County : Alachua (1)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9194	123.02	60.94	183.96
Routine Home Care (61 +)	153.92	105.76	0.9194	97.24	48.16	145.40
Continuous Home Care	1396.17	959.31	0.9194	881.99	436.86	1318.85
Continuous Home Care - SIA	58.17	39.97	0.9194	36.75	18.20	54.95
Inpatient Respite	473.79	256.46	0.9194	235.79	217.33	453.12
General Inpatient Care	1021.25	653.70	0.9194	601.01	367.55	968.56

Continuous Home Care Hourly Rate = 1318.85 / 24 hours = \$54.95

Continuous Home Care - SIA Rate = 54.95 / 4 quarters = \$13.74



Florida Agency for Health Care Administration

0875201-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Marion County

Provider Number : 0875201-00

County : Marion (42)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8301	111.08	60.94	172.02
Routine Home Care (61 +)	153.92	105.76	0.8301	87.79	48.16	135.95
Continuous Home Care	1396.17	959.31	0.8301	796.32	436.86	1233.18
Continuous Home Care - SIA	58.17	39.97	0.8301	33.18	18.20	51.38
Inpatient Respite	473.79	256.46	0.8301	212.89	217.33	430.22
General Inpatient Care	1021.25	653.70	0.8301	542.64	367.55	910.19

Continuous Home Care Hourly Rate = $1233.18 / 24 \text{ hours} = \51.38

Continuous Home Care - SIA Rate = $51.38 / 4 \text{ quarters} = \12.84



Florida Agency for Health Care Administration

0875228-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Health First

Provider Number : 0875228-00

County : Brevard (5)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9036	120.91	60.94	181.85
Routine Home Care (61 +)	153.92	105.76	0.9036	95.56	48.16	143.72
Continuous Home Care	1396.17	959.31	0.9036	866.83	436.86	1303.69
Continuous Home Care - SIA	58.17	39.97	0.9036	36.12	18.20	54.32
Inpatient Respite	473.79	256.46	0.9036	231.74	217.33	449.07
General Inpatient Care	1021.25	653.70	0.9036	590.68	367.55	958.23

Continuous Home Care Hourly Rate = $1303.69 / 24 \text{ hours} = \54.32

Continuous Home Care - SIA Rate = $54.32 / 4 \text{ quarters} = \13.58



Florida Agency for Health Care Administration

0875236-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Volusia

Provider Number : 0875236-00

County : Volusia (64)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8000	107.05	60.94	167.99
Routine Home Care (61 +)	153.92	105.76	0.8000	84.61	48.16	132.77
Continuous Home Care	1396.17	959.31	0.8000	767.45	436.86	1204.31
Continuous Home Care - SIA	58.17	39.97	0.8000	31.98	18.20	50.18
Inpatient Respite	473.79	256.46	0.8000	205.17	217.33	422.50
General Inpatient Care	1021.25	653.70	0.8000	522.96	367.55	890.51

Continuous Home Care Hourly Rate = 1204.31 / 24 hours = \$50.18

Continuous Home Care - SIA Rate = 50.18 / 4 quarters = \$12.54



Florida Agency for Health Care Administration

0875244-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Big Bend Hospice

Provider Number : 0875244-00

County : Leon (37)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8097	108.35	60.94	169.29
Routine Home Care (61 +)	153.92	105.76	0.8097	85.63	48.16	133.79
Continuous Home Care	1396.17	959.31	0.8097	776.75	436.86	1213.61
Continuous Home Care - SIA	58.17	39.97	0.8097	32.36	18.20	50.56
Inpatient Respite	473.79	256.46	0.8097	207.66	217.33	424.99
General Inpatient Care	1021.25	653.70	0.8097	529.30	367.55	896.85

Continuous Home Care Hourly Rate = 1213.61 / 24 hours = \$50.57

Continuous Home Care - SIA Rate = 50.56 / 4 quarters = \$12.64



Florida Agency for Health Care Administration

0875252-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of the Florida Keys, Inc.

Provider Number : 0875252-00

County : Monroe (44)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.96	131.21	0.8190	107.46	59.75	167.21
Routine Home Care (61 +)	150.92	103.69	0.8190	84.92	47.23	132.15
Continuous Home Care	1368.95	940.61	0.8190	770.36	428.34	1198.70
Continuous Home Care - SIA	57.04	39.19	0.8190	32.10	17.85	49.95
Inpatient Respite	464.55	251.46	0.8190	205.95	213.09	419.04
General Inpatient Care	1001.35	640.96	0.8190	524.95	360.39	885.34

Continuous Home Care Hourly Rate = 1198.70 / 24 hours = \$49.95

Continuous Home Care - SIA Rate = 49.95 / 4 quarters = \$12.49



Florida Agency for Health Care Administration

0875261-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Lake and Sumter

Provider Number : 0875261-00

County : Lake (35)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	190.96	131.21	0.8717	114.38	59.75	174.13
Routine Home Care (61 +)	150.92	103.69	0.8717	90.39	47.23	137.62
Continuous Home Care	1368.95	940.61	0.8717	819.93	428.34	1248.27
Continuous Home Care - SIA	57.04	39.19	0.8717	34.16	17.85	52.01
Inpatient Respite	464.55	251.46	0.8717	219.20	213.09	432.29
General Inpatient Care	1001.35	640.96	0.8717	558.72	360.39	919.11

Continuous Home Care Hourly Rate = 1248.27 / 24 hours = \$52.01

Continuous Home Care - SIA Rate = 52.01 / 4 quarters = \$13.00



Florida Agency for Health Care Administration

0875279-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Tidewell Hospice & Palliative Care

Provider Number : 0875279-00

County : Sarasota (58)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9341	124.99	60.94	185.93
Routine Home Care (61 +)	153.92	105.76	0.9341	98.79	48.16	146.95
Continuous Home Care	1396.17	959.31	0.9341	896.09	436.86	1332.95
Continuous Home Care - SIA	58.17	39.97	0.9341	37.34	18.20	55.54
Inpatient Respite	473.79	256.46	0.9341	239.56	217.33	456.89
General Inpatient Care	1021.25	653.70	0.9341	610.62	367.55	978.17

Continuous Home Care Hourly Rate = 1332.95 / 24 hours = \$55.54

Continuous Home Care - SIA Rate = 55.54 / 4 quarters = \$13.88



Florida Agency for Health Care Administration

0875287-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of the Treasure Coast

Provider Number : 0875287-00

County : St Lucie (56)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9068	121.34	60.94	182.28
Routine Home Care (61 +)	153.92	105.76	0.9068	95.90	48.16	144.06
Continuous Home Care	1396.17	959.31	0.9068	869.90	436.86	1306.76
Continuous Home Care - SIA	58.17	39.97	0.9068	36.24	18.20	54.44
Inpatient Respite	473.79	256.46	0.9068	232.56	217.33	449.89
General Inpatient Care	1021.25	653.70	0.9068	592.78	367.55	960.33

Continuous Home Care Hourly Rate = 1306.76 / 24 hours = \$54.45

Continuous Home Care - SIA Rate = 54.44 / 4 quarters = \$13.61



Florida Agency for Health Care Administration

0875295-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice by the Sea

Provider Number : 0875295-00

County : Palm Beach (50)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9138	122.28	60.94	183.22
Routine Home Care (61 +)	153.92	105.76	0.9138	96.64	48.16	144.80
Continuous Home Care	1396.17	959.31	0.9138	876.62	436.86	1313.48
Continuous Home Care - SIA	58.17	39.97	0.9138	36.52	18.20	54.72
Inpatient Respite	473.79	256.46	0.9138	234.35	217.33	451.68
General Inpatient Care	1021.25	653.70	0.9138	597.35	367.55	964.90

Continuous Home Care Hourly Rate = 1313.48 / 24 hours = \$54.73

Continuous Home Care - SIA Rate = 54.72 / 4 quarters = \$13.68



Florida Agency for Health Care Administration

0875325-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of the Florida Suncoast

Provider Number : 0875325-00

County : Pinellas (52)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8835	118.22	60.94	179.16
Routine Home Care (61 +)	153.92	105.76	0.8835	93.44	48.16	141.60
Continuous Home Care	1396.17	959.31	0.8835	847.55	436.86	1284.41
Continuous Home Care - SIA	58.17	39.97	0.8835	35.31	18.20	53.51
Inpatient Respite	473.79	256.46	0.8835	226.58	217.33	443.91
General Inpatient Care	1021.25	653.70	0.8835	577.54	367.55	945.09

Continuous Home Care Hourly Rate = 1284.41 / 24 hours = \$53.52

Continuous Home Care - SIA Rate = 53.51 / 4 quarters = \$13.38



Florida Agency for Health Care Administration

0875350-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hope Hospice & Palliative Care

Provider Number : 0875350-00

County : Lee (36)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9303	124.48	60.94	185.42
Routine Home Care (61 +)	153.92	105.76	0.9303	98.39	48.16	146.55
Continuous Home Care	1396.17	959.31	0.9303	892.45	436.86	1329.31
Continuous Home Care - SIA	58.17	39.97	0.9303	37.18	18.20	55.38
Inpatient Respite	473.79	256.46	0.9303	238.58	217.33	455.91
General Inpatient Care	1021.25	653.70	0.9303	608.14	367.55	975.69

Continuous Home Care Hourly Rate = 1329.31 / 24 hours = \$55.39

Continuous Home Care - SIA Rate = 55.38 / 4 quarters = \$13.85



Florida Agency for Health Care Administration

0875376-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Avow Hospice

Provider Number : 0875376-00

County : Collier (11)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8611	115.22	60.94	176.16
Routine Home Care (61 +)	153.92	105.76	0.8611	91.07	48.16	139.23
Continuous Home Care	1396.17	959.31	0.8611	826.06	436.86	1262.92
Continuous Home Care - SIA	58.17	39.97	0.8611	34.42	18.20	52.62
Inpatient Respite	473.79	256.46	0.8611	220.84	217.33	438.17
General Inpatient Care	1021.25	653.70	0.8611	562.90	367.55	930.45

Continuous Home Care Hourly Rate = 1262.92 / 24 hours = \$52.62

Continuous Home Care - SIA Rate = 52.62 / 4 quarters = \$13.15



Florida Agency for Health Care Administration

0875384-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Okeechobee

Provider Number : 0875384-00

County : Okeechobee (47)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8190	109.59	60.94	170.53
Routine Home Care (61 +)	153.92	105.76	0.8190	86.62	48.16	134.78
Continuous Home Care	1396.17	959.31	0.8190	785.67	436.86	1222.53
Continuous Home Care - SIA	58.17	39.97	0.8190	32.74	18.20	50.94
Inpatient Respite	473.79	256.46	0.8190	210.04	217.33	427.37
General Inpatient Care	1021.25	653.70	0.8190	535.38	367.55	902.93

Continuous Home Care Hourly Rate = 1222.53 / 24 hours = \$50.94

Continuous Home Care - SIA Rate = 50.94 / 4 quarters = \$12.73



Florida Agency for Health Care Administration

0875694-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Catholic Hospice

Provider Number : 0875694-00

County : Dade (13)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9489	126.97	60.94	187.91
Routine Home Care (61 +)	153.92	105.76	0.9489	100.36	48.16	148.52
Continuous Home Care	1396.17	959.31	0.9489	910.29	436.86	1347.15
Continuous Home Care - SIA	58.17	39.97	0.9489	37.93	18.20	56.13
Inpatient Respite	473.79	256.46	0.9489	243.35	217.33	460.68
General Inpatient Care	1021.25	653.70	0.9489	620.30	367.55	987.85

Continuous Home Care Hourly Rate = 1347.15 / 24 hours = \$56.13

Continuous Home Care - SIA Rate = 56.13 / 4 quarters = \$14.03



Florida Agency for Health Care Administration

0875708-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Gulfside Regional Hospice

Provider Number : 0875708-00

County : Pasco (51)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8835	118.22	60.94	179.16
Routine Home Care (61 +)	153.92	105.76	0.8835	93.44	48.16	141.60
Continuous Home Care	1396.17	959.31	0.8835	847.55	436.86	1284.41
Continuous Home Care - SIA	58.17	39.97	0.8835	35.31	18.20	53.51
Inpatient Respite	473.79	256.46	0.8835	226.58	217.33	443.91
General Inpatient Care	1021.25	653.70	0.8835	577.54	367.55	945.09

Continuous Home Care Hourly Rate = 1284.41 / 24 hours = \$53.52

Continuous Home Care - SIA Rate = 53.51 / 4 quarters = \$13.38



Florida Agency for Health Care Administration

1009447-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Seasons Hospice & Palliative Care of Pinellas County

Provider Number : 1009447-00

County : Hillsborough (29)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8835	118.22	60.94	179.16
Routine Home Care (61 +)	153.92	105.76	0.8835	93.44	48.16	141.60
Continuous Home Care	1396.17	959.31	0.8835	847.55	436.86	1284.41
Continuous Home Care - SIA	58.17	39.97	0.8835	35.31	18.20	53.51
Inpatient Respite	473.79	256.46	0.8835	226.58	217.33	443.91
General Inpatient Care	1021.25	653.70	0.8835	577.54	367.55	945.09

Continuous Home Care Hourly Rate = 1284.41 / 24 hours = \$53.52

Continuous Home Care - SIA Rate = 53.51 / 4 quarters = \$13.38



Florida Agency for Health Care Administration

1018097-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Compassionate Care Hospice of Central Florida, Inc.

Provider Number : 1018097-00

County : Polk (53)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8011	107.20	60.94	168.14
Routine Home Care (61 +)	153.92	105.76	0.8011	84.72	48.16	132.88
Continuous Home Care	1396.17	959.31	0.8011	768.50	436.86	1205.36
Continuous Home Care - SIA	58.17	39.97	0.8011	32.02	18.20	50.22
Inpatient Respite	473.79	256.46	0.8011	205.45	217.33	422.78
General Inpatient Care	1021.25	653.70	0.8011	523.68	367.55	891.23

Continuous Home Care Hourly Rate = 1205.36 / 24 hours = \$50.22

Continuous Home Care - SIA Rate = 50.22 / 4 quarters = \$12.56



Florida Agency for Health Care Administration

1018114-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Compassionate Care Hospice of Miami Dade and the Florida Keys

Provider Number : 1018114-00

County : Dade (13)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9489	126.97	60.94	187.91
Routine Home Care (61 +)	153.92	105.76	0.9489	100.36	48.16	148.52
Continuous Home Care	1396.17	959.31	0.9489	910.29	436.86	1347.15
Continuous Home Care - SIA	58.17	39.97	0.9489	37.93	18.20	56.13
Inpatient Respite	473.79	256.46	0.9489	243.35	217.33	460.68
General Inpatient Care	1021.25	653.70	0.9489	620.30	367.55	987.85

Continuous Home Care Hourly Rate = 1347.15 / 24 hours = \$56.13

Continuous Home Care - SIA Rate = 56.13 / 4 quarters = \$14.03



Florida Agency for Health Care Administration

1500015-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice Care of South Fl.

Provider Number : 1500015-00

County : Dade (13)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9489	126.97	60.94	187.91
Routine Home Care (61 +)	153.92	105.76	0.9489	100.36	48.16	148.52
Continuous Home Care	1396.17	959.31	0.9489	910.29	436.86	1347.15
Continuous Home Care - SIA	58.17	39.97	0.9489	37.93	18.20	56.13
Inpatient Respite	473.79	256.46	0.9489	243.35	217.33	460.68
General Inpatient Care	1021.25	653.70	0.9489	620.30	367.55	987.85

Continuous Home Care Hourly Rate = 1347.15 / 24 hours = \$56.13

Continuous Home Care - SIA Rate = 56.13 / 4 quarters = \$14.03



Florida Agency for Health Care Administration

1500031-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Florida Hospital Hospice Care

Provider Number : 1500031-00

County : Volusia (64)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8000	107.05	60.94	167.99
Routine Home Care (61 +)	153.92	105.76	0.8000	84.61	48.16	132.77
Continuous Home Care	1396.17	959.31	0.8000	767.45	436.86	1204.31
Continuous Home Care - SIA	58.17	39.97	0.8000	31.98	18.20	50.18
Inpatient Respite	473.79	256.46	0.8000	205.17	217.33	422.50
General Inpatient Care	1021.25	653.70	0.8000	522.96	367.55	890.51

Continuous Home Care Hourly Rate = 1204.31 / 24 hours = \$50.18

Continuous Home Care - SIA Rate = 50.18 / 4 quarters = \$12.54



Florida Agency for Health Care Administration

1500091-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Emerald Coast

Provider Number : 1500091-00

County : Bay (3)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8108	108.49	60.94	169.43
Routine Home Care (61 +)	153.92	105.76	0.8108	85.75	48.16	133.91
Continuous Home Care	1396.17	959.31	0.8108	777.81	436.86	1214.67
Continuous Home Care - SIA	58.17	39.97	0.8108	32.41	18.20	50.61
Inpatient Respite	473.79	256.46	0.8108	207.94	217.33	425.27
General Inpatient Care	1021.25	653.70	0.8108	530.02	367.55	897.57

Continuous Home Care Hourly Rate = 1214.67 / 24 hours = \$50.61

Continuous Home Care - SIA Rate = 50.61 / 4 quarters = \$12.65



Florida Agency for Health Care Administration

1500139-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Vitas Healthcare Corp of Florida - Congress Ave

Provider Number : 1500139-00

County : Palm Beach (50)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.9138	122.28	60.94	183.22
Routine Home Care (61 +)	153.92	105.76	0.9138	96.64	48.16	144.80
Continuous Home Care	1396.17	959.31	0.9138	876.62	436.86	1313.48
Continuous Home Care - SIA	58.17	39.97	0.9138	36.52	18.20	54.72
Inpatient Respite	473.79	256.46	0.9138	234.35	217.33	451.68
General Inpatient Care	1021.25	653.70	0.9138	597.35	367.55	964.90

Continuous Home Care Hourly Rate = 1313.48 / 24 hours = \$54.73

Continuous Home Care - SIA Rate = 54.72 / 4 quarters = \$13.68



Florida Agency for Health Care Administration

1500210-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Good Shepherd Hospice, Inc

Provider Number : 1500210-00

County : Polk (53)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8011	107.20	60.94	168.14
Routine Home Care (61 +)	153.92	105.76	0.8011	84.72	48.16	132.88
Continuous Home Care	1396.17	959.31	0.8011	768.50	436.86	1205.36
Continuous Home Care - SIA	58.17	39.97	0.8011	32.02	18.20	50.22
Inpatient Respite	473.79	256.46	0.8011	205.45	217.33	422.78
General Inpatient Care	1021.25	653.70	0.8011	523.68	367.55	891.23

Continuous Home Care Hourly Rate = 1205.36 / 24 hours = \$50.22

Continuous Home Care - SIA Rate = 50.22 / 4 quarters = \$12.56



Florida Agency for Health Care Administration

1500228-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : LifePath Hospice, Inc.

Provider Number : 1500228-00

County : Hillsborough (29)

Effective Date : 10/01/2019

	Daily Rate	Wage Component Subject to Index	County Index for Area	Wage Adjusted Wage Component	Non-Weighted Component	Wage Adjusted Rates for Area
Routine Home Care (1-60)	194.75	133.81	0.8835	118.22	60.94	179.16
Routine Home Care (61 +)	153.92	105.76	0.8835	93.44	48.16	141.60
Continuous Home Care	1396.17	959.31	0.8835	847.55	436.86	1284.41
Continuous Home Care - SIA	58.17	39.97	0.8835	35.31	18.20	53.51
Inpatient Respite	473.79	256.46	0.8835	226.58	217.33	443.91
General Inpatient Care	1021.25	653.70	0.8835	577.54	367.55	945.09

Continuous Home Care Hourly Rate = 1284.41 / 24 hours = \$53.52

Continuous Home Care - SIA Rate = 53.51 / 4 quarters = \$13.38