



Florida Agency for Health Care Administration  
 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: 000141800-00

County: Duval(16)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9124	96.32	48.08	144.40
<b>Continuous Home Care</b>	895.91	615.58	0.9124	561.66	280.33	841.99
<b>Inpatient Respite</b>	167.07	90.44	0.9124	82.52	76.63	159.15
<b>General Inpatient Care</b>	682.59	436.93	0.9124	398.65	245.66	644.31

Continuous Home Care Hourly Rate =  $841.99 / 24 \text{ hours} = \$35.08$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Samaritan Care Hospice of Osceola, LLC  
 Provider Number: 000532400-00  
 County: Orange (48)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9376	98.98	48.08	147.06
<b>Continuous Home Care</b>	895.91	615.58	0.9376	577.17	280.33	857.50
<b>Inpatient Respite</b>	167.07	90.44	0.9376	84.80	76.63	161.43
<b>General Inpatient Care</b>	682.59	436.93	0.9376	409.67	245.66	655.33

Continuous Home Care Hourly Rate =  $857.50 / 24 \text{ hours} = \$35.73$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Vitas Healthcare Corp of Central Florida  
 Provider Number: 000602600-00  
 County: Brevard(5)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9288	98.05	48.08	146.13
<b>Continuous Home Care</b>	895.91	615.58	0.9288	571.75	280.33	852.08
<b>Inpatient Respite</b>	167.07	90.44	0.9288	84.00	76.63	160.63
<b>General Inpatient Care</b>	682.59	436.93	0.9288	405.82	245.66	651.48

Continuous Home Care Hourly Rate =  $852.08 / 24 \text{ hours} = \$35.50$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Odyssey Health Care Miami-Dade

Provider Number: 001572800-00

County: Dade(13)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0359	109.36	48.08	157.44
<b>Continuous Home Care</b>	895.91	615.58	1.0359	637.68	280.33	918.01
<b>Inpatient Respite</b>	167.07	90.44	1.0359	93.69	76.63	170.32
<b>General Inpatient Care</b>	682.59	436.93	1.0359	452.62	245.66	698.28

Continuous Home Care Hourly Rate =  $918.01 / 24 \text{ hours} = \$38.25$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Regency Hospice of NW Florida, Inc.

Provider Number: 001636100-00

County: Escambia(17)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8231	86.89	48.08	134.97
<b>Continuous Home Care</b>	895.91	615.58	0.8231	506.68	280.33	787.01
<b>Inpatient Respite</b>	167.07	90.44	0.8231	74.44	76.63	151.07
<b>General Inpatient Care</b>	682.59	436.93	0.8231	359.64	245.66	605.30

Continuous Home Care Hourly Rate =  $787.01 / 24 \text{ hours} = \$32.79$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Seasons Hospice and Palliative Care of Southern FL

Provider Number: 002782200-00

County: Dade(13)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0359	109.36	48.08	157.44
<b>Continuous Home Care</b>	895.91	615.58	1.0359	637.68	280.33	918.01
<b>Inpatient Respite</b>	167.07	90.44	1.0359	93.69	76.63	170.32
<b>General Inpatient Care</b>	682.59	436.93	1.0359	452.62	245.66	698.28

Continuous Home Care Hourly Rate =  $918.01 / 24 \text{ hours} = \$38.25$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Brevard HMA, LLC

Provider Number: 003694700-00

County: Brevard (5)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9288	98.05	48.08	146.13
<b>Continuous Home Care</b>	895.91	615.58	0.9288	571.75	280.33	852.08
<b>Inpatient Respite</b>	167.07	90.44	0.9288	84.00	76.63	160.63
<b>General Inpatient Care</b>	682.59	436.93	0.9288	405.82	245.66	651.48

Continuous Home Care Hourly Rate =  $852.08 / 24 \text{ hours} = \$35.50$



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**Hospice Care Reimbursement Rate Calculation Sheet**

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

Provider Number: 003815300-00

County: Broward(6)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0436	110.17	48.08	158.25
<b>Continuous Home Care</b>	895.91	615.58	1.0436	642.42	280.33	922.75
<b>Inpatient Respite</b>	167.07	90.44	1.0436	94.38	76.63	171.01
<b>General Inpatient Care</b>	682.59	436.93	1.0436	455.98	245.66	701.64

Continuous Home Care Hourly Rate =  $922.75 / 24 \text{ hours} = \$38.45$





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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: HCR Manor Care Services of FL II, Inc.

Provider Number: 004244800-00

County: Miami-Dade (13)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0359	109.36	48.08	157.44
<b>Continuous Home Care</b>	895.91	615.58	1.0359	637.68	280.33	918.01
<b>Inpatient Respite</b>	167.07	90.44	1.0359	93.69	76.63	170.32
<b>General Inpatient Care</b>	682.59	436.93	1.0359	452.62	245.66	698.28

Continuous Home Care Hourly Rate =  $918.01 / 24 \text{ hours} = \$38.25$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Compassionate Care Hospice of Miami Dade, Inc.  
 Provider Number: 004579400-00  
 County: Polk (53)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8661	91.43	48.08	139.51
<b>Continuous Home Care</b>	895.91	615.58	0.8661	533.15	280.33	813.48
<b>Inpatient Respite</b>	167.07	90.44	0.8661	78.33	76.63	154.96
<b>General Inpatient Care</b>	682.59	436.93	0.8661	378.43	245.66	624.09

Continuous Home Care Hourly Rate =  $813.48 / 24 \text{ hours} = \$33.90$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of I.R.C.

Provider Number: 087000500-00

County: Indian River(31)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9278	97.95	48.08	146.03
<b>Continuous Home Care</b>	895.91	615.58	0.9278	571.14	280.33	851.47
<b>Inpatient Respite</b>	167.07	90.44	0.9278	83.91	76.63	160.54
<b>General Inpatient Care</b>	682.59	436.93	0.9278	405.38	245.66	651.04

Continuous Home Care Hourly Rate =  $851.47 / 24 \text{ hours} = \$35.48$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Vitas Healthcare Corporation - Dade County

Provider Number: 087246600-00

County: Dade(13)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0359	109.36	48.08	157.44
<b>Continuous Home Care</b>	895.91	615.58	1.0359	637.68	280.33	918.01
<b>Inpatient Respite</b>	167.07	90.44	1.0359	93.69	76.63	170.32
<b>General Inpatient Care</b>	682.59	436.93	1.0359	452.62	245.66	698.28

Continuous Home Care Hourly Rate =  $918.01 / 24 \text{ hours} = \$38.25$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: St. Francis Hospice  
 Provider Number: 087255500-00  
 County: Brevard(5)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9288	98.05	48.08	146.13
<b>Continuous Home Care</b>	895.91	615.58	0.9288	571.75	280.33	852.08
<b>Inpatient Respite</b>	167.07	90.44	0.9288	84.00	76.63	160.63
<b>General Inpatient Care</b>	682.59	436.93	0.9288	405.82	245.66	651.48

Continuous Home Care Hourly Rate =  $852.08 / 24 \text{ hours} = \$35.50$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of the Comforter

Provider Number: 087256300-00

County: Seminole(59)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9376	98.98	48.08	147.06
<b>Continuous Home Care</b>	895.91	615.58	0.9376	577.17	280.33	857.50
<b>Inpatient Respite</b>	167.07	90.44	0.9376	84.80	76.63	161.43
<b>General Inpatient Care</b>	682.59	436.93	0.9376	409.67	245.66	655.33

Continuous Home Care Hourly Rate =  $857.50 / 24 \text{ hours} = \$35.73$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Community Hospice of Northeast  
 Provider Number: 087407800-00  
 County: Duval(16)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9124	96.32	48.08	144.40
<b>Continuous Home Care</b>	895.91	615.58	0.9124	561.66	280.33	841.99
<b>Inpatient Respite</b>	167.07	90.44	0.9124	82.52	76.63	159.15
<b>General Inpatient Care</b>	682.59	436.93	0.9124	398.65	245.66	644.31

Continuous Home Care Hourly Rate =  $841.99 / 24 \text{ hours} = \$35.08$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Martin & St. Lucie  
 Provider Number: 087514700-00  
 County: Martin(43)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0050	106.10	48.08	154.18
<b>Continuous Home Care</b>	895.91	615.58	1.0050	618.66	280.33	898.99
<b>Inpatient Respite</b>	167.07	90.44	1.0050	90.89	76.63	167.52
<b>General Inpatient Care</b>	682.59	436.93	1.0050	439.11	245.66	684.77

Continuous Home Care Hourly Rate =  $898.99 / 24 \text{ hours} = \$37.46$





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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hernando-Pasco Hospice, Inc.

Provider Number: 087515500-00

County: Pasco(51)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9319	98.38	48.08	146.46
<b>Continuous Home Care</b>	895.91	615.58	0.9319	573.66	280.33	853.99
<b>Inpatient Respite</b>	167.07	90.44	0.9319	84.28	76.63	160.91
<b>General Inpatient Care</b>	682.59	436.93	0.9319	407.18	245.66	652.84

Continuous Home Care Hourly Rate =  $853.99 / 24 \text{ hours} = \$35.58$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Palm Beach County  
 Provider Number: 087516300-00  
 County: Palm Beach(50)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0090	106.52	48.08	154.60
<b>Continuous Home Care</b>	895.91	615.58	1.0090	621.12	280.33	901.45
<b>Inpatient Respite</b>	167.07	90.44	1.0090	91.25	76.63	167.88
<b>General Inpatient Care</b>	682.59	436.93	1.0090	440.86	245.66	686.52

Continuous Home Care Hourly Rate =  $901.45 / 24 \text{ hours} = \$37.56$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Covenant Hospice, Inc  
 Provider Number: 087517100-00  
 County: Escambia(17)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8231	86.89	48.08	134.97
<b>Continuous Home Care</b>	895.91	615.58	0.8231	506.68	280.33	787.01
<b>Inpatient Respite</b>	167.07	90.44	0.8231	74.44	76.63	151.07
<b>General Inpatient Care</b>	682.59	436.93	0.8231	359.64	245.66	605.30

Continuous Home Care Hourly Rate =  $787.01 / 24 \text{ hours} = \$32.79$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: North Central Florida Hospice

Provider Number: 087519800-00

County: Alachua(1)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9630	101.66	48.08	149.74
<b>Continuous Home Care</b>	895.91	615.58	0.9630	592.80	280.33	873.13
<b>Inpatient Respite</b>	167.07	90.44	0.9630	87.09	76.63	163.72
<b>General Inpatient Care</b>	682.59	436.93	0.9630	420.76	245.66	666.42

Continuous Home Care Hourly Rate =  $873.13 / 24 \text{ hours} = \$36.38$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Marion County

Provider Number: 087520100-00

County: Marion(42)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8679	91.62	48.08	139.70
<b>Continuous Home Care</b>	895.91	615.58	0.8679	534.26	280.33	814.59
<b>Inpatient Respite</b>	167.07	90.44	0.8679	78.49	76.63	155.12
<b>General Inpatient Care</b>	682.59	436.93	0.8679	379.21	245.66	624.87

Continuous Home Care Hourly Rate =  $814.59 / 24 \text{ hours} = \$33.94$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Health First  
 Provider Number: 087522800-00  
 County: Brevard(5)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9288	98.05	48.08	146.13
<b>Continuous Home Care</b>	895.91	615.58	0.9288	571.75	280.33	852.08
<b>Inpatient Respite</b>	167.07	90.44	0.9288	84.00	76.63	160.63
<b>General Inpatient Care</b>	682.59	436.93	0.9288	405.82	245.66	651.48

Continuous Home Care Hourly Rate =  $852.08 / 24 \text{ hours} = \$35.50$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Volusia  
 Provider Number: 087523600-00  
 County: Volusia(64)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9106	96.13	48.08	144.21
<b>Continuous Home Care</b>	895.91	615.58	0.9106	560.55	280.33	840.88
<b>Inpatient Respite</b>	167.07	90.44	0.9106	82.35	76.63	158.98
<b>General Inpatient Care</b>	682.59	436.93	0.9106	397.87	245.66	643.53

Continuous Home Care Hourly Rate =  $840.88 / 24 \text{ hours} = \$35.04$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Big Bend Hospice

Provider Number: 087524400-00

County: Leon(37)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8827	93.19	48.08	141.27
<b>Continuous Home Care</b>	895.91	615.58	0.8827	543.37	280.33	823.70
<b>Inpatient Respite</b>	167.07	90.44	0.8827	79.83	76.63	156.46
<b>General Inpatient Care</b>	682.59	436.93	0.8827	385.68	245.66	631.34

Continuous Home Care Hourly Rate =  $823.70 / 24 \text{ hours} = \$34.32$





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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of the Florida Keys, Inc.

Provider Number: 087525200-00

County: Monroe(44)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8588	90.66	48.08	138.74
<b>Continuous Home Care</b>	895.91	615.58	0.8588	528.66	280.33	808.99
<b>Inpatient Respite</b>	167.07	90.44	0.8588	77.67	76.63	154.30
<b>General Inpatient Care</b>	682.59	436.93	0.8588	375.24	245.66	620.90

Continuous Home Care Hourly Rate =  $808.99 / 24 \text{ hours} = \$33.71$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Lake and Sumter

Provider Number: 087526100-00

County: Lake(35)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9376	98.98	48.08	147.06
<b>Continuous Home Care</b>	895.91	615.58	0.9376	577.17	280.33	857.50
<b>Inpatient Respite</b>	167.07	90.44	0.9376	84.80	76.63	161.43
<b>General Inpatient Care</b>	682.59	436.93	0.9376	409.67	245.66	655.33

Continuous Home Care Hourly Rate =  $857.50 / 24 \text{ hours} = \$35.73$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Tidewell Hospice & Palliative Care  
 Provider Number: 087527900-00  
 County: Sarasota(58)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9692	102.32	48.08	150.40
<b>Continuous Home Care</b>	895.91	615.58	0.9692	596.62	280.33	876.95
<b>Inpatient Respite</b>	167.07	90.44	0.9692	87.65	76.63	164.28
<b>General Inpatient Care</b>	682.59	436.93	0.9692	423.47	245.66	669.13

Continuous Home Care Hourly Rate =  $876.95 / 24 \text{ hours} = \$36.54$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of the Treasure Coast  
 Provider Number: 087528700-00  
 County: St Lucie(56)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0050	106.10	48.08	154.18
<b>Continuous Home Care</b>	895.91	615.58	1.0050	618.66	280.33	898.99
<b>Inpatient Respite</b>	167.07	90.44	1.0050	90.89	76.63	167.52
<b>General Inpatient Care</b>	682.59	436.93	1.0050	439.11	245.66	684.77

Continuous Home Care Hourly Rate =  $898.99 / 24 \text{ hours} = \$37.46$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice by the Sea  
 Provider Number: 087529500-00  
 County: Palm Beach(50)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0090	106.52	48.08	154.60
<b>Continuous Home Care</b>	895.91	615.58	1.0090	621.12	280.33	901.45
<b>Inpatient Respite</b>	167.07	90.44	1.0090	91.25	76.63	167.88
<b>General Inpatient Care</b>	682.59	436.93	1.0090	440.86	245.66	686.52

Continuous Home Care Hourly Rate =  $901.45 / 24 \text{ hours} = \$37.56$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of the Florida Suncoast

Provider Number: 087532500-00

County: Pinellas(52)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9319	98.38	48.08	146.46
<b>Continuous Home Care</b>	895.91	615.58	0.9319	573.66	280.33	853.99
<b>Inpatient Respite</b>	167.07	90.44	0.9319	84.28	76.63	160.91
<b>General Inpatient Care</b>	682.59	436.93	0.9319	407.18	245.66	652.84

Continuous Home Care Hourly Rate =  $853.99 / 24 \text{ hours} = \$35.58$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hope Hospice & Palliative Care

Provider Number: 087535000-00

County: Lee(36)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9595	101.29	48.08	149.37
<b>Continuous Home Care</b>	895.91	615.58	0.9595	590.65	280.33	870.98
<b>Inpatient Respite</b>	167.07	90.44	0.9595	86.78	76.63	163.41
<b>General Inpatient Care</b>	682.59	436.93	0.9595	419.23	245.66	664.89

Continuous Home Care Hourly Rate =  $870.98 / 24 \text{ hours} = \$36.29$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Citrus County  
 Provider Number: 087536800-00  
 County: Citrus(9)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8588	90.66	48.08	138.74
<b>Continuous Home Care</b>	895.91	615.58	0.8588	528.66	280.33	808.99
<b>Inpatient Respite</b>	167.07	90.44	0.8588	77.67	76.63	154.30
<b>General Inpatient Care</b>	682.59	436.93	0.8588	375.24	245.66	620.90

Continuous Home Care Hourly Rate =  $808.99 / 24 \text{ hours} = \$33.71$





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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Avow Hospice  
 Provider Number: 087537600-00  
 County: Collier(11)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0005	105.62	48.08	153.70
<b>Continuous Home Care</b>	895.91	615.58	1.0005	615.89	280.33	896.22
<b>Inpatient Respite</b>	167.07	90.44	1.0005	90.49	76.63	167.12
<b>General Inpatient Care</b>	682.59	436.93	1.0005	437.15	245.66	682.81

Continuous Home Care Hourly Rate =  $896.22 / 24 \text{ hours} = \$37.34$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Okeechobee  
 Provider Number: 087538400-00  
 County: Okeechobee(47)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8588	90.66	48.08	138.74
<b>Continuous Home Care</b>	895.91	615.58	0.8588	528.66	280.33	808.99
<b>Inpatient Respite</b>	167.07	90.44	0.8588	77.67	76.63	154.30
<b>General Inpatient Care</b>	682.59	436.93	0.8588	375.24	245.66	620.90

Continuous Home Care Hourly Rate =  $808.99 / 24 \text{ hours} = \$33.71$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Catholic Hospice  
 Provider Number: 087569400-00  
 County: Dade(13)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0359	109.36	48.08	157.44
<b>Continuous Home Care</b>	895.91	615.58	1.0359	637.68	280.33	918.01
<b>Inpatient Respite</b>	167.07	90.44	1.0359	93.69	76.63	170.32
<b>General Inpatient Care</b>	682.59	436.93	1.0359	452.62	245.66	698.28

Continuous Home Care Hourly Rate =  $918.01 / 24 \text{ hours} = \$38.25$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Gulfside Regional Hospice

Provider Number: 087570800-00

County: Pasco(51)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9319	98.38	48.08	146.46
<b>Continuous Home Care</b>	895.91	615.58	0.9319	573.66	280.33	853.99
<b>Inpatient Respite</b>	167.07	90.44	0.9319	84.28	76.63	160.91
<b>General Inpatient Care</b>	682.59	436.93	0.9319	407.18	245.66	652.84

Continuous Home Care Hourly Rate =  $853.99 / 24 \text{ hours} = \$35.58$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Gold Coast

Provider Number: 150000700-00

County: Broward(6)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0436	110.17	48.08	158.25
<b>Continuous Home Care</b>	895.91	615.58	1.0436	642.42	280.33	922.75
<b>Inpatient Respite</b>	167.07	90.44	1.0436	94.38	76.63	171.01
<b>General Inpatient Care</b>	682.59	436.93	1.0436	455.98	245.66	701.64

Continuous Home Care Hourly Rate =  $922.75 / 24 \text{ hours} = \$38.45$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice Care of South Fl.

Provider Number: 150001500-00

County: Dade(13)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0359	109.36	48.08	157.44
<b>Continuous Home Care</b>	895.91	615.58	1.0359	637.68	280.33	918.01
<b>Inpatient Respite</b>	167.07	90.44	1.0359	93.69	76.63	170.32
<b>General Inpatient Care</b>	682.59	436.93	1.0359	452.62	245.66	698.28

Continuous Home Care Hourly Rate =  $918.01 / 24 \text{ hours} = \$38.25$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Florida Hospital Hospice Care

Provider Number: 150003100-00

County: Volusia(64)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9106	96.13	48.08	144.21
<b>Continuous Home Care</b>	895.91	615.58	0.9106	560.55	280.33	840.88
<b>Inpatient Respite</b>	167.07	90.44	0.9106	82.35	76.63	158.98
<b>General Inpatient Care</b>	682.59	436.93	0.9106	397.87	245.66	643.53

Continuous Home Care Hourly Rate =  $840.88 / 24 \text{ hours} = \$35.04$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Hospice of Emerald Coast

Provider Number: 150009100-00

County: Bay(3)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8616	90.96	48.08	139.04
<b>Continuous Home Care</b>	895.91	615.58	0.8616	530.38	280.33	810.71
<b>Inpatient Respite</b>	167.07	90.44	0.8616	77.92	76.63	154.55
<b>General Inpatient Care</b>	682.59	436.93	0.8616	376.46	245.66	622.12

Continuous Home Care Hourly Rate =  $810.71 / 24 \text{ hours} = \$33.78$





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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Vitas Healthcare Corp of Florida - Congress Ave

Provider Number: 150013900-00

County: Palm Beach(50)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	1.0090	106.52	48.08	154.60
<b>Continuous Home Care</b>	895.91	615.58	1.0090	621.12	280.33	901.45
<b>Inpatient Respite</b>	167.07	90.44	1.0090	91.25	76.63	167.88
<b>General Inpatient Care</b>	682.59	436.93	1.0090	440.86	245.66	686.52

Continuous Home Care Hourly Rate =  $901.45 / 24 \text{ hours} = \$37.56$



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: Good Shepherd Hospice, Inc  
 Provider Number: 150021000-00  
 County: Polk(53)  
 Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.8661	91.43	48.08	139.51
<b>Continuous Home Care</b>	895.91	615.58	0.8661	533.15	280.33	813.48
<b>Inpatient Respite</b>	167.07	90.44	0.8661	78.33	76.63	154.96
<b>General Inpatient Care</b>	682.59	436.93	0.8661	378.43	245.66	624.09

Continuous Home Care Hourly Rate = 813.48 / 24 hours = \$33.90



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**Hospice Care Reimbursement Rate Calculation Sheet**

Provider Name: LifePath Hospice, Inc.

Provider Number: 150022800-00

County: Hillsborough(29)

Effective Date: 10/01/2012

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
<b>Routine Home Care</b>	153.65	105.57	0.9319	98.38	48.08	146.46
<b>Continuous Home Care</b>	895.91	615.58	0.9319	573.66	280.33	853.99
<b>Inpatient Respite</b>	167.07	90.44	0.9319	84.28	76.63	160.91
<b>General Inpatient Care</b>	682.59	436.93	0.9319	407.18	245.66	652.84

Continuous Home Care Hourly Rate =  $853.99 / 24 \text{ hours} = \$35.58$