



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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9047	97.14	48.89	146.03
Continuous Home Care	911.14	626.05	0.9047	566.39	285.09	851.48
Inpatient Respite	169.92	91.98	0.9047	83.21	77.94	161.15
General Inpatient Care	694.19	444.35	0.9047	402.00	249.84	651.84

Continuous Home Care Hourly Rate = $851.48 / 24 \text{ hours} = \35.48



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9250	99.32	48.89	148.21
Continuous Home Care	911.14	626.05	0.9250	579.10	285.09	864.19
Inpatient Respite	169.92	91.98	0.9250	85.08	77.94	163.02
General Inpatient Care	694.19	444.35	0.9250	411.02	249.84	660.86

Continuous Home Care Hourly Rate = $864.19 / 24 \text{ hours} = \36.01



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9001	96.64	48.89	145.53
Continuous Home Care	911.14	626.05	0.9001	563.51	285.09	848.60
Inpatient Respite	169.92	91.98	0.9001	82.79	77.94	160.73
General Inpatient Care	694.19	444.35	0.9001	399.96	249.84	649.80

Continuous Home Care Hourly Rate = $848.60 / 24 \text{ hours} = \35.36



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	1.0317	110.77	48.89	159.66
Continuous Home Care	911.14	626.05	1.0317	645.90	285.09	930.99
Inpatient Respite	169.92	91.98	1.0317	94.90	77.94	172.84
General Inpatient Care	694.19	444.35	1.0317	458.44	249.84	708.28

Continuous Home Care Hourly Rate = $930.99 / 24 \text{ hours} = \38.79



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8000	85.90	48.89	134.79
Continuous Home Care	911.14	626.05	0.8000	500.84	285.09	785.93
Inpatient Respite	169.92	91.98	0.8000	73.58	77.94	151.52
General Inpatient Care	694.19	444.35	0.8000	355.48	249.84	605.32

Continuous Home Care Hourly Rate = $785.93 / 24 \text{ hours} = \32.75



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	1.0317	110.77	48.89	159.66
Continuous Home Care	911.14	626.05	1.0317	645.90	285.09	930.99
Inpatient Respite	169.92	91.98	1.0317	94.90	77.94	172.84
General Inpatient Care	694.19	444.35	1.0317	458.44	249.84	708.28

Continuous Home Care Hourly Rate = $930.99 / 24 \text{ hours} = \38.79



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Brevard HMA, LLC
 Provider Number: 003694700-00
 County: Brevard (5)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9001	96.64	48.89	145.53
Continuous Home Care	911.14	626.05	0.9001	563.51	285.09	848.60
Inpatient Respite	169.92	91.98	0.9001	82.79	77.94	160.73
General Inpatient Care	694.19	444.35	0.9001	399.96	249.84	649.80

Continuous Home Care Hourly Rate = $848.60 / 24 \text{ hours} = \35.36



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	1.0554	113.32	48.89	162.21
Continuous Home Care	911.14	626.05	1.0554	660.73	285.09	945.82
Inpatient Respite	169.92	91.98	1.0554	97.08	77.94	175.02
General Inpatient Care	694.19	444.35	1.0554	468.97	249.84	718.81

Continuous Home Care Hourly Rate = $945.82 / 24 \text{ hours} = \39.41



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	1.0317	110.77	48.89	159.66
Continuous Home Care	911.14	626.05	1.0317	645.90	285.09	930.99
Inpatient Respite	169.92	91.98	1.0317	94.90	77.94	172.84
General Inpatient Care	694.19	444.35	1.0317	458.44	249.84	708.28

Continuous Home Care Hourly Rate = $930.99 / 24 \text{ hours} = \38.79



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8415	90.35	48.89	139.24
Continuous Home Care	911.14	626.05	0.8415	526.82	285.09	811.91
Inpatient Respite	169.92	91.98	0.8415	77.40	77.94	155.34
General Inpatient Care	694.19	444.35	0.8415	373.92	249.84	623.76

Continuous Home Care Hourly Rate = $811.91 / 24 \text{ hours} = \33.83



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9013	96.77	48.89	145.66
Continuous Home Care	911.14	626.05	0.9013	564.26	285.09	849.35
Inpatient Respite	169.92	91.98	0.9013	82.90	77.94	160.84
General Inpatient Care	694.19	444.35	0.9013	400.49	249.84	650.33

Continuous Home Care Hourly Rate = $849.35 / 24 \text{ hours} = \35.39



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	1.0317	110.77	48.89	159.66
Continuous Home Care	911.14	626.05	1.0317	645.90	285.09	930.99
Inpatient Respite	169.92	91.98	1.0317	94.90	77.94	172.84
General Inpatient Care	694.19	444.35	1.0317	458.44	249.84	708.28

Continuous Home Care Hourly Rate = $930.99 / 24 \text{ hours} = \38.79



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: St. Francis Hospice
 Provider Number: 087255500-00
 County: Brevard(5)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9001	96.64	48.89	145.53
Continuous Home Care	911.14	626.05	0.9001	563.51	285.09	848.60
Inpatient Respite	169.92	91.98	0.9001	82.79	77.94	160.73
General Inpatient Care	694.19	444.35	0.9001	399.96	249.84	649.80

Continuous Home Care Hourly Rate = $848.60 / 24 \text{ hours} = \35.36



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9250	99.32	48.89	148.21
Continuous Home Care	911.14	626.05	0.9250	579.10	285.09	864.19
Inpatient Respite	169.92	91.98	0.9250	85.08	77.94	163.02
General Inpatient Care	694.19	444.35	0.9250	411.02	249.84	660.86

Continuous Home Care Hourly Rate = $864.19 / 24 \text{ hours} = \36.01



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9047	97.14	48.89	146.03
Continuous Home Care	911.14	626.05	0.9047	566.39	285.09	851.48
Inpatient Respite	169.92	91.98	0.9047	83.21	77.94	161.15
General Inpatient Care	694.19	444.35	0.9047	402.00	249.84	651.84

Continuous Home Care Hourly Rate = $851.48 / 24 \text{ hours} = \35.48



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9754	104.73	48.89	153.62
Continuous Home Care	911.14	626.05	0.9754	610.65	285.09	895.74
Inpatient Respite	169.92	91.98	0.9754	89.72	77.94	167.66
General Inpatient Care	694.19	444.35	0.9754	433.42	249.84	683.26

Continuous Home Care Hourly Rate = $895.74 / 24 \text{ hours} = \37.32



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9199	98.77	48.89	147.66
Continuous Home Care	911.14	626.05	0.9199	575.90	285.09	860.99
Inpatient Respite	169.92	91.98	0.9199	84.61	77.94	162.55
General Inpatient Care	694.19	444.35	0.9199	408.76	249.84	658.60

Continuous Home Care Hourly Rate = $860.99 / 24 \text{ hours} = \35.87



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9839	105.64	48.89	154.53
Continuous Home Care	911.14	626.05	0.9839	615.97	285.09	901.06
Inpatient Respite	169.92	91.98	0.9839	90.50	77.94	168.44
General Inpatient Care	694.19	444.35	0.9839	437.20	249.84	687.04

Continuous Home Care Hourly Rate = $901.06 / 24 \text{ hours} = \37.54



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Covenant Hospice, Inc
 Provider Number: 087517100-00
 County: Escambia(17)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8000	85.90	48.89	134.79
Continuous Home Care	911.14	626.05	0.8000	500.84	285.09	785.93
Inpatient Respite	169.92	91.98	0.8000	73.58	77.94	151.52
General Inpatient Care	694.19	444.35	0.8000	355.48	249.84	605.32

Continuous Home Care Hourly Rate = $785.93 / 24 \text{ hours} = \32.75



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9809	105.32	48.89	154.21
Continuous Home Care	911.14	626.05	0.9809	614.09	285.09	899.18
Inpatient Respite	169.92	91.98	0.9809	90.22	77.94	168.16
General Inpatient Care	694.19	444.35	0.9809	435.86	249.84	685.70

Continuous Home Care Hourly Rate = $899.18 / 24 \text{ hours} = \37.47



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8611	92.46	48.89	141.35
Continuous Home Care	911.14	626.05	0.8611	539.09	285.09	824.18
Inpatient Respite	169.92	91.98	0.8611	79.20	77.94	157.14
General Inpatient Care	694.19	444.35	0.8611	382.63	249.84	632.47

Continuous Home Care Hourly Rate = $824.18 / 24 \text{ hours} = \34.34



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9001	96.64	48.89	145.53
Continuous Home Care	911.14	626.05	0.9001	563.51	285.09	848.60
Inpatient Respite	169.92	91.98	0.9001	82.79	77.94	160.73
General Inpatient Care	694.19	444.35	0.9001	399.96	249.84	649.80

Continuous Home Care Hourly Rate = $848.60 / 24 \text{ hours} = \35.36



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Volusia
 Provider Number: 087523600-00
 County: Volusia(64)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8877	95.31	48.89	144.20
Continuous Home Care	911.14	626.05	0.8877	555.74	285.09	840.83
Inpatient Respite	169.92	91.98	0.8877	81.65	77.94	159.59
General Inpatient Care	694.19	444.35	0.8877	394.45	249.84	644.29

Continuous Home Care Hourly Rate = $840.83 / 24 \text{ hours} = \35.03



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Big Bend Hospice
 Provider Number: 087524400-00
 County: Leon(37)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8678	93.18	48.89	142.07
Continuous Home Care	911.14	626.05	0.8678	543.29	285.09	828.38
Inpatient Respite	169.92	91.98	0.8678	79.82	77.94	157.76
General Inpatient Care	694.19	444.35	0.8678	385.61	249.84	635.45

Continuous Home Care Hourly Rate = $828.38 / 24 \text{ hours} = \34.52



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8211	88.16	48.89	137.05
Continuous Home Care	911.14	626.05	0.8211	514.05	285.09	799.14
Inpatient Respite	169.92	91.98	0.8211	75.52	77.94	153.46
General Inpatient Care	694.19	444.35	0.8211	364.86	249.84	614.70

Continuous Home Care Hourly Rate = $799.14 / 24 \text{ hours} = \33.30



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9250	99.32	48.89	148.21
Continuous Home Care	911.14	626.05	0.9250	579.10	285.09	864.19
Inpatient Respite	169.92	91.98	0.9250	85.08	77.94	163.02
General Inpatient Care	694.19	444.35	0.9250	411.02	249.84	660.86

Continuous Home Care Hourly Rate = $864.19 / 24 \text{ hours} = \36.01



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9548	102.52	48.89	151.41
Continuous Home Care	911.14	626.05	0.9548	597.75	285.09	882.84
Inpatient Respite	169.92	91.98	0.9548	87.82	77.94	165.76
General Inpatient Care	694.19	444.35	0.9548	424.27	249.84	674.11

Continuous Home Care Hourly Rate = $882.84 / 24 \text{ hours} = \36.79



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9754	104.73	48.89	153.62
Continuous Home Care	911.14	626.05	0.9754	610.65	285.09	895.74
Inpatient Respite	169.92	91.98	0.9754	89.72	77.94	167.66
General Inpatient Care	694.19	444.35	0.9754	433.42	249.84	683.26

Continuous Home Care Hourly Rate = $895.74 / 24 \text{ hours} = \37.32



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9839	105.64	48.89	154.53
Continuous Home Care	911.14	626.05	0.9839	615.97	285.09	901.06
Inpatient Respite	169.92	91.98	0.9839	90.50	77.94	168.44
General Inpatient Care	694.19	444.35	0.9839	437.20	249.84	687.04

Continuous Home Care Hourly Rate = $901.06 / 24 \text{ hours} = \37.54



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9199	98.77	48.89	147.66
Continuous Home Care	911.14	626.05	0.9199	575.90	285.09	860.99
Inpatient Respite	169.92	91.98	0.9199	84.61	77.94	162.55
General Inpatient Care	694.19	444.35	0.9199	408.76	249.84	658.60

Continuous Home Care Hourly Rate = $860.99 / 24 \text{ hours} = \35.87



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9322	100.09	48.89	148.98
Continuous Home Care	911.14	626.05	0.9322	583.60	285.09	868.69
Inpatient Respite	169.92	91.98	0.9322	85.74	77.94	163.68
General Inpatient Care	694.19	444.35	0.9322	414.22	249.84	664.06

Continuous Home Care Hourly Rate = $868.69 / 24 \text{ hours} = \36.20



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8211	88.16	48.89	137.05
Continuous Home Care	911.14	626.05	0.8211	514.05	285.09	799.14
Inpatient Respite	169.92	91.98	0.8211	75.52	77.94	153.46
General Inpatient Care	694.19	444.35	0.8211	364.86	249.84	614.70

Continuous Home Care Hourly Rate = $799.14 / 24 \text{ hours} = \33.30



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Avow Hospice
 Provider Number: 087537600-00
 County: Collier(11)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9436	101.31	48.89	150.20
Continuous Home Care	911.14	626.05	0.9436	590.74	285.09	875.83
Inpatient Respite	169.92	91.98	0.9436	86.79	77.94	164.73
General Inpatient Care	694.19	444.35	0.9436	419.29	249.84	669.13

Continuous Home Care Hourly Rate = $875.83 / 24 \text{ hours} = \36.49



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Hospice of Okeechobee
 Provider Number: 087538400-00
 County: Okeechobee(47)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8211	88.16	48.89	137.05
Continuous Home Care	911.14	626.05	0.8211	514.05	285.09	799.14
Inpatient Respite	169.92	91.98	0.8211	75.52	77.94	153.46
General Inpatient Care	694.19	444.35	0.8211	364.86	249.84	614.70

Continuous Home Care Hourly Rate = $799.14 / 24 \text{ hours} = \33.30



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Catholic Hospice
 Provider Number: 087569400-00
 County: Dade(13)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	1.0317	110.77	48.89	159.66
Continuous Home Care	911.14	626.05	1.0317	645.90	285.09	930.99
Inpatient Respite	169.92	91.98	1.0317	94.90	77.94	172.84
General Inpatient Care	694.19	444.35	1.0317	458.44	249.84	708.28

Continuous Home Care Hourly Rate = $930.99 / 24 \text{ hours} = \38.79



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: Gulfside Regional Hospice
 Provider Number: 087570800-00
 County: Pasco(51)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9199	98.77	48.89	147.66
Continuous Home Care	911.14	626.05	0.9199	575.90	285.09	860.99
Inpatient Respite	169.92	91.98	0.9199	84.61	77.94	162.55
General Inpatient Care	694.19	444.35	0.9199	408.76	249.84	658.60

Continuous Home Care Hourly Rate = $860.99 / 24 \text{ hours} = \35.87



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	1.0554	113.32	48.89	162.21
Continuous Home Care	911.14	626.05	1.0554	660.73	285.09	945.82
Inpatient Respite	169.92	91.98	1.0554	97.08	77.94	175.02
General Inpatient Care	694.19	444.35	1.0554	468.97	249.84	718.81

Continuous Home Care Hourly Rate = $945.82 / 24 \text{ hours} = \39.41



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	1.0317	110.77	48.89	159.66
Continuous Home Care	911.14	626.05	1.0317	645.90	285.09	930.99
Inpatient Respite	169.92	91.98	1.0317	94.90	77.94	172.84
General Inpatient Care	694.19	444.35	1.0317	458.44	249.84	708.28

Continuous Home Care Hourly Rate = $930.99 / 24 \text{ hours} = \38.79



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8877	95.31	48.89	144.20
Continuous Home Care	911.14	626.05	0.8877	555.74	285.09	840.83
Inpatient Respite	169.92	91.98	0.8877	81.65	77.94	159.59
General Inpatient Care	694.19	444.35	0.8877	394.45	249.84	644.29

Continuous Home Care Hourly Rate = $840.83 / 24 \text{ hours} = \35.03



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8123	87.22	48.89	136.11
Continuous Home Care	911.14	626.05	0.8123	508.54	285.09	793.63
Inpatient Respite	169.92	91.98	0.8123	74.72	77.94	152.66
General Inpatient Care	694.19	444.35	0.8123	360.95	249.84	610.79

Continuous Home Care Hourly Rate = $793.63 / 24 \text{ hours} = \33.07



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9839	105.64	48.89	154.53
Continuous Home Care	911.14	626.05	0.9839	615.97	285.09	901.06
Inpatient Respite	169.92	91.98	0.9839	90.50	77.94	168.44
General Inpatient Care	694.19	444.35	0.9839	437.20	249.84	687.04

Continuous Home Care Hourly Rate = $901.06 / 24 \text{ hours} = \37.54



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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: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.8415	90.35	48.89	139.24
Continuous Home Care	911.14	626.05	0.8415	526.82	285.09	811.91
Inpatient Respite	169.92	91.98	0.8415	77.40	77.94	155.34
General Inpatient Care	694.19	444.35	0.8415	373.92	249.84	623.76

Continuous Home Care Hourly Rate = 811.91 / 24 hours = \$33.83



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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name: LifePath Hospice, Inc.
 Provider Number: 150022800-00
 County: Hillsborough(29)
 Effective Date: 10/01/2013

	National Rate	Component Subject to Index	Index For Area	Wage Adjusted Wage Component	Non-Wage Component	Wage Adjusted Rates for Area
Routine Home Care	156.26	107.37	0.9199	98.77	48.89	147.66
Continuous Home Care	911.14	626.05	0.9199	575.90	285.09	860.99
Inpatient Respite	169.92	91.98	0.9199	84.61	77.94	162.55
General Inpatient Care	694.19	444.35	0.9199	408.76	249.84	658.60

Continuous Home Care Hourly Rate = $860.99 / 24 \text{ hours} = \35.87