



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 : 10/01/2020

	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)	199.51	137.08	0.8657	118.67	62.43	181.10
Routine Home Care (61 +)	157.69	108.35	0.8657	93.80	49.34	143.14
Continuous Home Care	1432.97	984.59	0.8657	852.36	448.38	1300.74
Continuous Home Care - SIA	59.71	41.02	0.8657	35.51	18.69	54.20
Inpatient Respite	485.36	262.72	0.8657	227.44	222.64	450.08
General Inpatient Care	1045.66	669.33	0.8657	579.44	376.33	955.77

Continuous Home Care Hourly Rate = $1300.74 / 24 \text{ hours} = \54.20

Continuous Home Care - SIA Rate = $54.20 / 4 \text{ quarters} = \13.55



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 : 10/01/2020

	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)	199.51	137.08	0.8807	120.73	62.43	183.16
Routine Home Care (61 +)	157.69	108.35	0.8807	95.42	49.34	144.76
Continuous Home Care	1432.97	984.59	0.8807	867.13	448.38	1315.51
Continuous Home Care - SIA	59.71	41.02	0.8807	36.13	18.69	54.82
Inpatient Respite	485.36	262.72	0.8807	231.38	222.64	454.02
General Inpatient Care	1045.66	669.33	0.8807	589.48	376.33	965.81

Continuous Home Care Hourly Rate = $1315.51 / 24 \text{ hours} = \54.81

Continuous Home Care - SIA Rate = $54.82 / 4 \text{ quarters} = \13.70



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 : 10/01/2020

	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)	199.51	137.08	0.9390	128.72	62.43	191.15
Routine Home Care (61 +)	157.69	108.35	0.9390	101.74	49.34	151.08
Continuous Home Care	1432.97	984.59	0.9390	924.53	448.38	1372.91
Continuous Home Care - SIA	59.71	41.02	0.9390	38.52	18.69	57.21
Inpatient Respite	485.36	262.72	0.9390	246.69	222.64	469.33
General Inpatient Care	1045.66	669.33	0.9390	628.50	376.33	1004.83

Continuous Home Care Hourly Rate = $1372.91 / 24 \text{ hours} = \57.20

Continuous Home Care - SIA Rate = $57.21 / 4 \text{ quarters} = \14.30



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 : 10/01/2020

	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)	199.51	137.08	0.8202	112.43	62.43	174.86
Routine Home Care (61 +)	157.69	108.35	0.8202	88.87	49.34	138.21
Continuous Home Care	1432.97	984.59	0.8202	807.56	448.38	1255.94
Continuous Home Care - SIA	59.71	41.02	0.8202	33.64	18.69	52.33
Inpatient Respite	485.36	262.72	0.8202	215.48	222.64	438.12
General Inpatient Care	1045.66	669.33	0.8202	548.98	376.33	925.31

Continuous Home Care Hourly Rate = $1255.94 / 24 \text{ hours} = \52.33

Continuous Home Care - SIA Rate = $52.33 / 4 \text{ quarters} = \13.08



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 : 10/01/2020

	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)	199.51	137.08	0.9474	129.87	62.43	192.30
Routine Home Care (61 +)	157.69	108.35	0.9474	102.65	49.34	151.99
Continuous Home Care	1432.97	984.59	0.9474	932.80	448.38	1381.18
Continuous Home Care - SIA	59.71	41.02	0.9474	38.86	18.69	57.55
Inpatient Respite	485.36	262.72	0.9474	248.90	222.64	471.54
General Inpatient Care	1045.66	669.33	0.9474	634.12	376.33	1010.45

Continuous Home Care Hourly Rate = $1381.18 / 24 \text{ hours} = \57.55

Continuous Home Care - SIA Rate = $57.55 / 4 \text{ quarters} = \14.39



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 : 10/01/2020

	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)	199.51	137.08	0.8913	122.18	62.43	184.61
Routine Home Care (61 +)	157.69	108.35	0.8913	96.57	49.34	145.91
Continuous Home Care	1432.97	984.59	0.8913	877.57	448.38	1325.95
Continuous Home Care - SIA	59.71	41.02	0.8913	36.56	18.69	55.25
Inpatient Respite	485.36	262.72	0.8913	234.16	222.64	456.80
General Inpatient Care	1045.66	669.33	0.8913	596.57	376.33	972.90

Continuous Home Care Hourly Rate = $1325.95 / 24 \text{ hours} = \55.25

Continuous Home Care - SIA Rate = $55.25 / 4 \text{ quarters} = \13.81



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 : 10/01/2020

	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)	199.51	137.08	0.8259	113.21	62.43	175.64
Routine Home Care (61 +)	157.69	108.35	0.8259	89.49	49.34	138.83
Continuous Home Care	1432.97	984.59	0.8259	813.17	448.38	1261.55
Continuous Home Care - SIA	59.71	41.02	0.8259	33.88	18.69	52.57
Inpatient Respite	485.36	262.72	0.8259	216.98	222.64	439.62
General Inpatient Care	1045.66	669.33	0.8259	552.80	376.33	929.13

Continuous Home Care Hourly Rate = $1261.55 / 24 \text{ hours} = \52.56

Continuous Home Care - SIA Rate = $52.57 / 4 \text{ quarters} = \13.14



Florida Agency for Health Care Administration

0152197-01

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 CENTRAL FLORIDA, INC

Provider Number : 0152197-01

County : Highlands (28)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8000	109.66	62.43	172.09
Routine Home Care (61 +)	157.69	108.35	0.8000	86.68	49.34	136.02
Continuous Home Care	1432.97	984.59	0.8000	787.67	448.38	1236.05
Continuous Home Care - SIA	59.71	41.02	0.8000	32.82	18.69	51.51
Inpatient Respite	485.36	262.72	0.8000	210.18	222.64	432.82
General Inpatient Care	1045.66	669.33	0.8000	535.46	376.33	911.79

Continuous Home Care Hourly Rate = $1236.05 / 24 \text{ hours} = \51.50

Continuous Home Care - SIA Rate = $51.51 / 4 \text{ quarters} = \12.88



Florida Agency for Health Care Administration

0152197-02

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 : 0152197-02

County : Polk (53)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8000	109.66	62.43	172.09
Routine Home Care (61 +)	157.69	108.35	0.8000	86.68	49.34	136.02
Continuous Home Care	1432.97	984.59	0.8000	787.67	448.38	1236.05
Continuous Home Care - SIA	59.71	41.02	0.8000	32.82	18.69	51.51
Inpatient Respite	485.36	262.72	0.8000	210.18	222.64	432.82
General Inpatient Care	1045.66	669.33	0.8000	535.46	376.33	911.79

Continuous Home Care Hourly Rate = $1236.05 / 24 \text{ hours} = \51.50

Continuous Home Care - SIA Rate = $51.51 / 4 \text{ quarters} = \12.88



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 : 10/01/2020

	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)	199.51	137.08	0.9474	129.87	62.43	192.30
Routine Home Care (61 +)	157.69	108.35	0.9474	102.65	49.34	151.99
Continuous Home Care	1432.97	984.59	0.9474	932.80	448.38	1381.18
Continuous Home Care - SIA	59.71	41.02	0.9474	38.86	18.69	57.55
Inpatient Respite	485.36	262.72	0.9474	248.90	222.64	471.54
General Inpatient Care	1045.66	669.33	0.9474	634.12	376.33	1010.45

Continuous Home Care Hourly Rate = $1381.18 / 24 \text{ hours} = \57.55

Continuous Home Care - SIA Rate = $57.55 / 4 \text{ quarters} = \14.39



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 : 10/01/2020

	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)	199.51	137.08	0.8202	112.43	62.43	174.86
Routine Home Care (61 +)	157.69	108.35	0.8202	88.87	49.34	138.21
Continuous Home Care	1432.97	984.59	0.8202	807.56	448.38	1255.94
Continuous Home Care - SIA	59.71	41.02	0.8202	33.64	18.69	52.33
Inpatient Respite	485.36	262.72	0.8202	215.48	222.64	438.12
General Inpatient Care	1045.66	669.33	0.8202	548.98	376.33	925.31

Continuous Home Care Hourly Rate = $1255.94 / 24 \text{ hours} = \52.33

Continuous Home Care - SIA Rate = $52.33 / 4 \text{ quarters} = \13.08



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 : 10/01/2020

	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)	199.51	137.08	0.8752	119.97	62.43	182.40
Routine Home Care (61 +)	157.69	108.35	0.8752	94.83	49.34	144.17
Continuous Home Care	1432.97	984.59	0.8752	861.71	448.38	1310.09
Continuous Home Care - SIA	59.71	41.02	0.8752	35.90	18.69	54.59
Inpatient Respite	485.36	262.72	0.8752	229.93	222.64	452.57
General Inpatient Care	1045.66	669.33	0.8752	585.80	376.33	962.13

Continuous Home Care Hourly Rate = $1310.09 / 24 \text{ hours} = \54.59

Continuous Home Care - SIA Rate = $54.59 / 4 \text{ quarters} = \13.65



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 : 10/01/2020

	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)	199.51	137.08	0.9390	128.72	62.43	191.15
Routine Home Care (61 +)	157.69	108.35	0.9390	101.74	49.34	151.08
Continuous Home Care	1432.97	984.59	0.9390	924.53	448.38	1372.91
Continuous Home Care - SIA	59.71	41.02	0.9390	38.52	18.69	57.21
Inpatient Respite	485.36	262.72	0.9390	246.69	222.64	469.33
General Inpatient Care	1045.66	669.33	0.9390	628.50	376.33	1004.83

Continuous Home Care Hourly Rate = $1372.91 / 24 \text{ hours} = \57.20

Continuous Home Care - SIA Rate = $57.21 / 4 \text{ quarters} = \14.30



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 : 10/01/2020

	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)	199.51	137.08	0.8913	122.18	62.43	184.61
Routine Home Care (61 +)	157.69	108.35	0.8913	96.57	49.34	145.91
Continuous Home Care	1432.97	984.59	0.8913	877.57	448.38	1325.95
Continuous Home Care - SIA	59.71	41.02	0.8913	36.56	18.69	55.25
Inpatient Respite	485.36	262.72	0.8913	234.16	222.64	456.80
General Inpatient Care	1045.66	669.33	0.8913	596.57	376.33	972.90

Continuous Home Care Hourly Rate = $1325.95 / 24 \text{ hours} = \55.25

Continuous Home Care - SIA Rate = $55.25 / 4 \text{ quarters} = \13.81



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 : 10/01/2020

	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)	199.51	137.08	0.8000	109.66	62.43	172.09
Routine Home Care (61 +)	157.69	108.35	0.8000	86.68	49.34	136.02
Continuous Home Care	1432.97	984.59	0.8000	787.67	448.38	1236.05
Continuous Home Care - SIA	59.71	41.02	0.8000	32.82	18.69	51.51
Inpatient Respite	485.36	262.72	0.8000	210.18	222.64	432.82
General Inpatient Care	1045.66	669.33	0.8000	535.46	376.33	911.79

Continuous Home Care Hourly Rate = $1236.05 / 24 \text{ hours} = \51.50

Continuous Home Care - SIA Rate = $51.51 / 4 \text{ quarters} = \12.88



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 : 10/01/2020

	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	0.9390	125.65	60.94	186.59
Routine Home Care (61 +)	153.92	105.76	0.9390	99.31	48.16	147.47
Continuous Home Care	1396.17	959.31	0.9390	900.79	436.86	1337.65
Continuous Home Care - SIA	58.17	39.97	0.9390	37.53	18.20	55.73
Inpatient Respite	473.79	256.46	0.9390	240.82	217.33	458.15
General Inpatient Care	1021.25	653.70	0.9390	613.82	367.55	981.37

Continuous Home Care Hourly Rate = $1337.65 / 24 \text{ hours} = \55.74

Continuous Home Care - SIA Rate = $55.73 / 4 \text{ quarters} = \13.93



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 : 10/01/2020

	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)	199.51	137.08	0.8807	120.73	62.43	183.16
Routine Home Care (61 +)	157.69	108.35	0.8807	95.42	49.34	144.76
Continuous Home Care	1432.97	984.59	0.8807	867.13	448.38	1315.51
Continuous Home Care - SIA	59.71	41.02	0.8807	36.13	18.69	54.82
Inpatient Respite	485.36	262.72	0.8807	231.38	222.64	454.02
General Inpatient Care	1045.66	669.33	0.8807	589.48	376.33	965.81

Continuous Home Care Hourly Rate = $1315.51 / 24 \text{ hours} = \54.81

Continuous Home Care - SIA Rate = $54.82 / 4 \text{ quarters} = \13.70



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 : 10/01/2020

	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)	199.51	137.08	0.8752	119.97	62.43	182.40
Routine Home Care (61 +)	157.69	108.35	0.8752	94.83	49.34	144.17
Continuous Home Care	1432.97	984.59	0.8752	861.71	448.38	1310.09
Continuous Home Care - SIA	59.71	41.02	0.8752	35.90	18.69	54.59
Inpatient Respite	485.36	262.72	0.8752	229.93	222.64	452.57
General Inpatient Care	1045.66	669.33	0.8752	585.80	376.33	962.13

Continuous Home Care Hourly Rate = $1310.09 / 24 \text{ hours} = \54.59

Continuous Home Care - SIA Rate = $54.59 / 4 \text{ quarters} = \13.65



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 : 10/01/2020

	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)	199.51	137.08	0.8657	118.67	62.43	181.10
Routine Home Care (61 +)	157.69	108.35	0.8657	93.80	49.34	143.14
Continuous Home Care	1432.97	984.59	0.8657	852.36	448.38	1300.74
Continuous Home Care - SIA	59.71	41.02	0.8657	35.51	18.69	54.20
Inpatient Respite	485.36	262.72	0.8657	227.44	222.64	450.08
General Inpatient Care	1045.66	669.33	0.8657	579.44	376.33	955.77

Continuous Home Care Hourly Rate = $1300.74 / 24 \text{ hours} = \54.20

Continuous Home Care - SIA Rate = $54.20 / 4 \text{ quarters} = \13.55



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 : 10/01/2020

	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)	199.51	137.08	0.8979	123.08	62.43	185.51
Routine Home Care (61 +)	157.69	108.35	0.8979	97.29	49.34	146.63
Continuous Home Care	1432.97	984.59	0.8979	884.06	448.38	1332.44
Continuous Home Care - SIA	59.71	41.02	0.8979	36.83	18.69	55.52
Inpatient Respite	485.36	262.72	0.8979	235.90	222.64	458.54
General Inpatient Care	1045.66	669.33	0.8979	600.99	376.33	977.32

Continuous Home Care Hourly Rate = $1332.44 / 24 \text{ hours} = \55.52

Continuous Home Care - SIA Rate = $55.52 / 4 \text{ quarters} = \13.88



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 : 10/01/2020

	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)	199.51	137.08	0.9081	124.48	62.43	186.91
Routine Home Care (61 +)	157.69	108.35	0.9081	98.39	49.34	147.73
Continuous Home Care	1432.97	984.59	0.9081	894.11	448.38	1342.49
Continuous Home Care - SIA	59.71	41.02	0.9081	37.25	18.69	55.94
Inpatient Respite	485.36	262.72	0.9081	238.58	222.64	461.22
General Inpatient Care	1045.66	669.33	0.9081	607.82	376.33	984.15

Continuous Home Care Hourly Rate = $1342.49 / 24 \text{ hours} = \55.94

Continuous Home Care - SIA Rate = $55.94 / 4 \text{ quarters} = \13.99



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 : 10/01/2020

	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)	199.51	137.08	0.8524	116.85	62.43	179.28
Routine Home Care (61 +)	157.69	108.35	0.8524	92.36	49.34	141.70
Continuous Home Care	1432.97	984.59	0.8524	839.26	448.38	1287.64
Continuous Home Care - SIA	59.71	41.02	0.8524	34.97	18.69	53.66
Inpatient Respite	485.36	262.72	0.8524	223.94	222.64	446.58
General Inpatient Care	1045.66	669.33	0.8524	570.54	376.33	946.87

Continuous Home Care Hourly Rate = $1287.64 / 24 \text{ hours} = \53.65

Continuous Home Care - SIA Rate = $53.66 / 4 \text{ quarters} = \13.41



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 : 10/01/2020

	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)	199.51	137.08	0.8807	120.73	62.43	183.16
Routine Home Care (61 +)	157.69	108.35	0.8807	95.42	49.34	144.76
Continuous Home Care	1432.97	984.59	0.8807	867.13	448.38	1315.51
Continuous Home Care - SIA	59.71	41.02	0.8807	36.13	18.69	54.82
Inpatient Respite	485.36	262.72	0.8807	231.38	222.64	454.02
General Inpatient Care	1045.66	669.33	0.8807	589.48	376.33	965.81

Continuous Home Care Hourly Rate = $1315.51 / 24 \text{ hours} = \54.81

Continuous Home Care - SIA Rate = $54.82 / 4 \text{ quarters} = \13.70



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 : 10/01/2020

	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)	199.51	137.08	0.8129	111.43	62.43	173.86
Routine Home Care (61 +)	157.69	108.35	0.8129	88.08	49.34	137.42
Continuous Home Care	1432.97	984.59	0.8129	800.37	448.38	1248.75
Continuous Home Care - SIA	59.71	41.02	0.8129	33.35	18.69	52.04
Inpatient Respite	485.36	262.72	0.8129	213.57	222.64	436.21
General Inpatient Care	1045.66	669.33	0.8129	544.10	376.33	920.43

Continuous Home Care Hourly Rate = $1248.75 / 24 \text{ hours} = \52.03

Continuous Home Care - SIA Rate = $52.04 / 4 \text{ quarters} = \13.01



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 : 10/01/2020

	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)	199.51	137.08	0.8189	112.25	62.43	174.68
Routine Home Care (61 +)	157.69	108.35	0.8189	88.73	49.34	138.07
Continuous Home Care	1432.97	984.59	0.8189	806.28	448.38	1254.66
Continuous Home Care - SIA	59.71	41.02	0.8189	33.59	18.69	52.28
Inpatient Respite	485.36	262.72	0.8189	215.14	222.64	437.78
General Inpatient Care	1045.66	669.33	0.8189	548.11	376.33	924.44

Continuous Home Care Hourly Rate = $1254.66 / 24 \text{ hours} = \52.28

Continuous Home Care - SIA Rate = $52.28 / 4 \text{ quarters} = \13.07



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 : 10/01/2020

	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)	199.51	137.08	0.8752	119.97	62.43	182.40
Routine Home Care (61 +)	157.69	108.35	0.8752	94.83	49.34	144.17
Continuous Home Care	1432.97	984.59	0.8752	861.71	448.38	1310.09
Continuous Home Care - SIA	59.71	41.02	0.8752	35.90	18.69	54.59
Inpatient Respite	485.36	262.72	0.8752	229.93	222.64	452.57
General Inpatient Care	1045.66	669.33	0.8752	585.80	376.33	962.13

Continuous Home Care Hourly Rate = $1310.09 / 24 \text{ hours} = \54.59

Continuous Home Care - SIA Rate = $54.59 / 4 \text{ quarters} = \13.65



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 : 10/01/2020

	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)	199.51	137.08	0.9245	126.73	62.43	189.16
Routine Home Care (61 +)	157.69	108.35	0.9245	100.17	49.34	149.51
Continuous Home Care	1432.97	984.59	0.9245	910.25	448.38	1358.63
Continuous Home Care - SIA	59.71	41.02	0.9245	37.92	18.69	56.61
Inpatient Respite	485.36	262.72	0.9245	242.88	222.64	465.52
General Inpatient Care	1045.66	669.33	0.9245	618.80	376.33	995.13

Continuous Home Care Hourly Rate = $1358.63 / 24 \text{ hours} = \56.61

Continuous Home Care - SIA Rate = $56.61 / 4 \text{ quarters} = \14.15



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 : 10/01/2020

	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)	199.51	137.08	0.8979	123.08	62.43	185.51
Routine Home Care (61 +)	157.69	108.35	0.8979	97.29	49.34	146.63
Continuous Home Care	1432.97	984.59	0.8979	884.06	448.38	1332.44
Continuous Home Care - SIA	59.71	41.02	0.8979	36.83	18.69	55.52
Inpatient Respite	485.36	262.72	0.8979	235.90	222.64	458.54
General Inpatient Care	1045.66	669.33	0.8979	600.99	376.33	977.32

Continuous Home Care Hourly Rate = $1332.44 / 24 \text{ hours} = \55.52

Continuous Home Care - SIA Rate = $55.52 / 4 \text{ quarters} = \13.88



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 : 10/01/2020

	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)	199.51	137.08	0.9081	124.48	62.43	186.91
Routine Home Care (61 +)	157.69	108.35	0.9081	98.39	49.34	147.73
Continuous Home Care	1432.97	984.59	0.9081	894.11	448.38	1342.49
Continuous Home Care - SIA	59.71	41.02	0.9081	37.25	18.69	55.94
Inpatient Respite	485.36	262.72	0.9081	238.58	222.64	461.22
General Inpatient Care	1045.66	669.33	0.9081	607.82	376.33	984.15

Continuous Home Care Hourly Rate = $1342.49 / 24 \text{ hours} = \55.94

Continuous Home Care - SIA Rate = $55.94 / 4 \text{ quarters} = \13.99



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 : 10/01/2020

	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)	199.51	137.08	0.8913	122.18	62.43	184.61
Routine Home Care (61 +)	157.69	108.35	0.8913	96.57	49.34	145.91
Continuous Home Care	1432.97	984.59	0.8913	877.57	448.38	1325.95
Continuous Home Care - SIA	59.71	41.02	0.8913	36.56	18.69	55.25
Inpatient Respite	485.36	262.72	0.8913	234.16	222.64	456.80
General Inpatient Care	1045.66	669.33	0.8913	596.57	376.33	972.90

Continuous Home Care Hourly Rate = $1325.95 / 24 \text{ hours} = \55.25

Continuous Home Care - SIA Rate = $55.25 / 4 \text{ quarters} = \13.81



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 : 10/01/2020

	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)	199.51	137.08	0.9099	124.73	62.43	187.16
Routine Home Care (61 +)	157.69	108.35	0.9099	98.59	49.34	147.93
Continuous Home Care	1432.97	984.59	0.9099	895.88	448.38	1344.26
Continuous Home Care - SIA	59.71	41.02	0.9099	37.32	18.69	56.01
Inpatient Respite	485.36	262.72	0.9099	239.05	222.64	461.69
General Inpatient Care	1045.66	669.33	0.9099	609.02	376.33	985.35

Continuous Home Care Hourly Rate = $1344.26 / 24 \text{ hours} = \56.01

Continuous Home Care - SIA Rate = $56.01 / 4 \text{ quarters} = \14.00



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 : 10/01/2020

	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)	199.51	137.08	0.8482	116.27	62.43	178.70
Routine Home Care (61 +)	157.69	108.35	0.8482	91.90	49.34	141.24
Continuous Home Care	1432.97	984.59	0.8482	835.13	448.38	1283.51
Continuous Home Care - SIA	59.71	41.02	0.8482	34.79	18.69	53.48
Inpatient Respite	485.36	262.72	0.8482	222.84	222.64	445.48
General Inpatient Care	1045.66	669.33	0.8482	567.73	376.33	944.06

Continuous Home Care Hourly Rate = $1283.51 / 24 \text{ hours} = \53.48

Continuous Home Care - SIA Rate = $53.48 / 4 \text{ quarters} = \13.37



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 : 10/01/2020

	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)	199.51	137.08	0.9390	128.72	62.43	191.15
Routine Home Care (61 +)	157.69	108.35	0.9390	101.74	49.34	151.08
Continuous Home Care	1432.97	984.59	0.9390	924.53	448.38	1372.91
Continuous Home Care - SIA	59.71	41.02	0.9390	38.52	18.69	57.21
Inpatient Respite	485.36	262.72	0.9390	246.69	222.64	469.33
General Inpatient Care	1045.66	669.33	0.9390	628.50	376.33	1004.83

Continuous Home Care Hourly Rate = $1372.91 / 24 \text{ hours} = \57.20

Continuous Home Care - SIA Rate = $57.21 / 4 \text{ quarters} = \14.30



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 : 10/01/2020

	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)	199.51	137.08	0.8913	122.18	62.43	184.61
Routine Home Care (61 +)	157.69	108.35	0.8913	96.57	49.34	145.91
Continuous Home Care	1432.97	984.59	0.8913	877.57	448.38	1325.95
Continuous Home Care - SIA	59.71	41.02	0.8913	36.56	18.69	55.25
Inpatient Respite	485.36	262.72	0.8913	234.16	222.64	456.80
General Inpatient Care	1045.66	669.33	0.8913	596.57	376.33	972.90

Continuous Home Care Hourly Rate = $1325.95 / 24 \text{ hours} = \55.25

Continuous Home Care - SIA Rate = $55.25 / 4 \text{ quarters} = \13.81



Florida Agency for Health Care Administration

1003132-00

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 Broward Hospital District

Provider Number : 1003132-00

County : Broward (6)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.9474	129.87	62.43	192.30
Routine Home Care (61 +)	157.69	108.35	0.9474	102.65	49.34	151.99
Continuous Home Care	1432.97	984.59	0.9474	932.80	448.38	1381.18
Continuous Home Care - SIA	59.71	41.02	0.9474	38.86	18.69	57.55
Inpatient Respite	485.36	262.72	0.9474	248.90	222.64	471.54
General Inpatient Care	1045.66	669.33	0.9474	634.12	376.33	1010.45

Continuous Home Care Hourly Rate = $1381.18 / 24 \text{ hours} = \57.55

Continuous Home Care - SIA Rate = $57.55 / 4 \text{ quarters} = \14.39



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 : 10/01/2020

	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)	199.51	137.08	0.8913	122.18	62.43	184.61
Routine Home Care (61 +)	157.69	108.35	0.8913	96.57	49.34	145.91
Continuous Home Care	1432.97	984.59	0.8913	877.57	448.38	1325.95
Continuous Home Care - SIA	59.71	41.02	0.8913	36.56	18.69	55.25
Inpatient Respite	485.36	262.72	0.8913	234.16	222.64	456.80
General Inpatient Care	1045.66	669.33	0.8913	596.57	376.33	972.90

Continuous Home Care Hourly Rate = $1325.95 / 24 \text{ hours} = \55.25

Continuous Home Care - SIA Rate = $55.25 / 4 \text{ quarters} = \13.81



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 : 10/01/2020

	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)	199.51	137.08	0.8000	109.66	62.43	172.09
Routine Home Care (61 +)	157.69	108.35	0.8000	86.68	49.34	136.02
Continuous Home Care	1432.97	984.59	0.8000	787.67	448.38	1236.05
Continuous Home Care - SIA	59.71	41.02	0.8000	32.82	18.69	51.51
Inpatient Respite	485.36	262.72	0.8000	210.18	222.64	432.82
General Inpatient Care	1045.66	669.33	0.8000	535.46	376.33	911.79

Continuous Home Care Hourly Rate = $1236.05 / 24 \text{ hours} = \51.50

Continuous Home Care - SIA Rate = $51.51 / 4 \text{ quarters} = \12.88



Florida Agency for Health Care Administration

1018111-00

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 : 1018111-00

County : Lake (35)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8752	119.97	62.43	182.40
Routine Home Care (61 +)	157.69	108.35	0.8752	94.83	49.34	144.17
Continuous Home Care	1432.97	984.59	0.8752	861.71	448.38	1310.09
Continuous Home Care - SIA	59.71	41.02	0.8752	35.90	18.69	54.59
Inpatient Respite	485.36	262.72	0.8752	229.93	222.64	452.57
General Inpatient Care	1045.66	669.33	0.8752	585.80	376.33	962.13

Continuous Home Care Hourly Rate = $1310.09 / 24 \text{ hours} = \54.59

Continuous Home Care - SIA Rate = $54.59 / 4 \text{ quarters} = \13.65



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 : 10/01/2020

	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)	199.51	137.08	0.9390	128.72	62.43	191.15
Routine Home Care (61 +)	157.69	108.35	0.9390	101.74	49.34	151.08
Continuous Home Care	1432.97	984.59	0.9390	924.53	448.38	1372.91
Continuous Home Care - SIA	59.71	41.02	0.9390	38.52	18.69	57.21
Inpatient Respite	485.36	262.72	0.9390	246.69	222.64	469.33
General Inpatient Care	1045.66	669.33	0.9390	628.50	376.33	1004.83

Continuous Home Care Hourly Rate = $1372.91 / 24 \text{ hours} = \57.20

Continuous Home Care - SIA Rate = $57.21 / 4 \text{ quarters} = \14.30



Florida Agency for Health Care Administration

1038447-00

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 Inc

Provider Number : 1038447-00

County : Broward (6)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.9474	129.87	62.43	192.30
Routine Home Care (61 +)	157.69	108.35	0.9474	102.65	49.34	151.99
Continuous Home Care	1432.97	984.59	0.9474	932.80	448.38	1381.18
Continuous Home Care - SIA	59.71	41.02	0.9474	38.86	18.69	57.55
Inpatient Respite	485.36	262.72	0.9474	248.90	222.64	471.54
General Inpatient Care	1045.66	669.33	0.9474	634.12	376.33	1010.45

Continuous Home Care Hourly Rate = $1381.18 / 24 \text{ hours} = \57.55

Continuous Home Care - SIA Rate = $57.55 / 4 \text{ quarters} = \14.39



Florida Agency for Health Care Administration

1041776-00

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 : Morselife Hospice Institute

Provider Number : 1041776-00

County : Palm Beach (50)

Effective Date : 10/01/2020

	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	0.9081	121.51	60.94	182.45
Routine Home Care (61 +)	153.92	105.76	0.9081	96.04	48.16	144.20
Continuous Home Care	1396.17	959.31	0.9081	871.15	436.86	1308.01
Continuous Home Care - SIA	58.17	39.97	0.9081	36.30	18.20	54.50
Inpatient Respite	473.79	256.46	0.9081	232.89	217.33	450.22
General Inpatient Care	1021.25	653.70	0.9081	593.63	367.55	961.18

Continuous Home Care Hourly Rate = $1308.01 / 24 \text{ hours} = \54.50

Continuous Home Care - SIA Rate = $54.50 / 4 \text{ quarters} = \13.62



Florida Agency for Health Care Administration

1042138-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Brevard HMA Hospice

Provider Number : 1042138-00

County : Brevard (5)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8807	120.73	62.43	183.16
Routine Home Care (61 +)	157.69	108.35	0.8807	95.42	49.34	144.76
Continuous Home Care	1432.97	984.59	0.8807	867.13	448.38	1315.51
Continuous Home Care - SIA	59.71	41.02	0.8807	36.13	18.69	54.82
Inpatient Respite	485.36	262.72	0.8807	231.38	222.64	454.02
General Inpatient Care	1045.66	669.33	0.8807	589.48	376.33	965.81

Continuous Home Care Hourly Rate = $1315.51 / 24 \text{ hours} = \54.81

Continuous Home Care - SIA Rate = $54.82 / 4 \text{ quarters} = \13.70



Florida Agency for Health Care Administration

1051975-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Okeechobee

Provider Number : 1051975-00

County : Okeechobee (47)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8259	113.21	62.43	175.64
Routine Home Care (61 +)	157.69	108.35	0.8259	89.49	49.34	138.83
Continuous Home Care	1432.97	984.59	0.8259	813.17	448.38	1261.55
Continuous Home Care - SIA	59.71	41.02	0.8259	33.88	18.69	52.57
Inpatient Respite	485.36	262.72	0.8259	216.98	222.64	439.62
General Inpatient Care	1045.66	669.33	0.8259	552.80	376.33	929.13

Continuous Home Care Hourly Rate = $1261.55 / 24 \text{ hours} = \52.56

Continuous Home Care - SIA Rate = $52.57 / 4 \text{ quarters} = \13.14



Florida Agency for Health Care Administration

1054219-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Bristol Hospice - Miami Dade

Provider Number : 1054219-00

County : Dade (13)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.9390	128.72	62.43	191.15
Routine Home Care (61 +)	157.69	108.35	0.9390	101.74	49.34	151.08
Continuous Home Care	1432.97	984.59	0.9390	924.53	448.38	1372.91
Continuous Home Care - SIA	59.71	41.02	0.9390	38.52	18.69	57.21
Inpatient Respite	485.36	262.72	0.9390	246.69	222.64	469.33
General Inpatient Care	1045.66	669.33	0.9390	628.50	376.33	1004.83

Continuous Home Care Hourly Rate = $1372.91 / 24 \text{ hours} = \57.20

Continuous Home Care - SIA Rate = $57.21 / 4 \text{ quarters} = \14.30



Florida Agency for Health Care Administration

1060264-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : North Central Florida Hospice

Provider Number : 1060264-00

County : Alachua (1)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.9021	123.66	62.43	186.09
Routine Home Care (61 +)	157.69	108.35	0.9021	97.74	49.34	147.08
Continuous Home Care	1432.97	984.59	0.9021	888.20	448.38	1336.58
Continuous Home Care - SIA	59.71	41.02	0.9021	37.00	18.69	55.69
Inpatient Respite	485.36	262.72	0.9021	237.00	222.64	459.64
General Inpatient Care	1045.66	669.33	0.9021	603.80	376.33	980.13

Continuous Home Care Hourly Rate = $1336.58 / 24 \text{ hours} = \55.69

Continuous Home Care - SIA Rate = $55.69 / 4 \text{ quarters} = \13.92



Florida Agency for Health Care Administration

1067491-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Odyssey Healthcare of Marion County

Provider Number : 1067491-00

County : Osceola (49)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8752	119.97	62.43	182.40
Routine Home Care (61 +)	157.69	108.35	0.8752	94.83	49.34	144.17
Continuous Home Care	1432.97	984.59	0.8752	861.71	448.38	1310.09
Continuous Home Care - SIA	59.71	41.02	0.8752	35.90	18.69	54.59
Inpatient Respite	485.36	262.72	0.8752	229.93	222.64	452.57
General Inpatient Care	1045.66	669.33	0.8752	585.80	376.33	962.13

Continuous Home Care Hourly Rate = $1310.09 / 24 \text{ hours} = \54.59

Continuous Home Care - SIA Rate = $54.59 / 4 \text{ quarters} = \13.65



Florida Agency for Health Care Administration

1500015-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice Care of South FL.

Provider Number : 1500015-00

County : Dade (13)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.9390	128.72	62.43	191.15
Routine Home Care (61 +)	157.69	108.35	0.9390	101.74	49.34	151.08
Continuous Home Care	1432.97	984.59	0.9390	924.53	448.38	1372.91
Continuous Home Care - SIA	59.71	41.02	0.9390	38.52	18.69	57.21
Inpatient Respite	485.36	262.72	0.9390	246.69	222.64	469.33
General Inpatient Care	1045.66	669.33	0.9390	628.50	376.33	1004.83

Continuous Home Care Hourly Rate = $1372.91 / 24 \text{ hours} = \57.20

Continuous Home Care - SIA Rate = $57.21 / 4 \text{ quarters} = \14.30



Florida Agency for Health Care Administration

1500031-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Florida Hospital Hospice Care

Provider Number : 1500031-00

County : Volusia (64)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8129	111.43	62.43	173.86
Routine Home Care (61 +)	157.69	108.35	0.8129	88.08	49.34	137.42
Continuous Home Care	1432.97	984.59	0.8129	800.37	448.38	1248.75
Continuous Home Care - SIA	59.71	41.02	0.8129	33.35	18.69	52.04
Inpatient Respite	485.36	262.72	0.8129	213.57	222.64	436.21
General Inpatient Care	1045.66	669.33	0.8129	544.10	376.33	920.43

Continuous Home Care Hourly Rate = $1248.75 / 24 \text{ hours} = \52.03

Continuous Home Care - SIA Rate = $52.04 / 4 \text{ quarters} = \13.01



Florida Agency for Health Care Administration

1500091-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Hospice of Emerald Coast

Provider Number : 1500091-00

County : Bay (3)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8295	113.71	62.43	176.14
Routine Home Care (61 +)	157.69	108.35	0.8295	89.88	49.34	139.22
Continuous Home Care	1432.97	984.59	0.8295	816.72	448.38	1265.10
Continuous Home Care - SIA	59.71	41.02	0.8295	34.03	18.69	52.72
Inpatient Respite	485.36	262.72	0.8295	217.93	222.64	440.57
General Inpatient Care	1045.66	669.33	0.8295	555.21	376.33	931.54

Continuous Home Care Hourly Rate = $1265.10 / 24 \text{ hours} = \52.71

Continuous Home Care - SIA Rate = $52.72 / 4 \text{ quarters} = \13.18



Florida Agency for Health Care Administration

1500139-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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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 : 10/01/2020

	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	0.9081	121.51	60.94	182.45
Routine Home Care (61 +)	153.92	105.76	0.9081	96.04	48.16	144.20
Continuous Home Care	1396.17	959.31	0.9081	871.15	436.86	1308.01
Continuous Home Care - SIA	58.17	39.97	0.9081	36.30	18.20	54.50
Inpatient Respite	473.79	256.46	0.9081	232.89	217.33	450.22
General Inpatient Care	1021.25	653.70	0.9081	593.63	367.55	961.18

Continuous Home Care Hourly Rate = $1308.01 / 24 \text{ hours} = \54.50

Continuous Home Care - SIA Rate = $54.50 / 4 \text{ quarters} = \13.62



Florida Agency for Health Care Administration

1500210-00

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Hospice Care Reimbursement Rate Calculation Sheet

Provider Name : Good Shepherd Hospice, Inc

Provider Number : 1500210-00

County : Polk (53)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8000	109.66	62.43	172.09
Routine Home Care (61 +)	157.69	108.35	0.8000	86.68	49.34	136.02
Continuous Home Care	1432.97	984.59	0.8000	787.67	448.38	1236.05
Continuous Home Care - SIA	59.71	41.02	0.8000	32.82	18.69	51.51
Inpatient Respite	485.36	262.72	0.8000	210.18	222.64	432.82
General Inpatient Care	1045.66	669.33	0.8000	535.46	376.33	911.79

Continuous Home Care Hourly Rate = $1236.05 / 24 \text{ hours} = \51.50

Continuous Home Care - SIA Rate = $51.51 / 4 \text{ quarters} = \12.88



Florida Agency for Health Care Administration

1500228-00

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 : LifePath Hospice, Inc.

Provider Number : 1500228-00

County : Hillsborough (29)

Effective Date : 10/01/2020

	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)	199.51	137.08	0.8913	122.18	62.43	184.61
Routine Home Care (61 +)	157.69	108.35	0.8913	96.57	49.34	145.91
Continuous Home Care	1432.97	984.59	0.8913	877.57	448.38	1325.95
Continuous Home Care - SIA	59.71	41.02	0.8913	36.56	18.69	55.25
Inpatient Respite	485.36	262.72	0.8913	234.16	222.64	456.80
General Inpatient Care	1045.66	669.33	0.8913	596.57	376.33	972.90

Continuous Home Care Hourly Rate = $1325.95 / 24 \text{ hours} = \55.25

Continuous Home Care - SIA Rate = $55.25 / 4 \text{ quarters} = \13.81