



MEMORANDUM

Date: November 29, 2022

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

Z From: Zainab Day, Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	Provider Number	Type of Action	Number of Rate Change
	Foods Later Name on O. Data Hillians	0.400044.00	First Arrella	<u>Notices</u>
1.	Eagle Lake Nursing & Rehabilitation	0 168944-00	Field Audit	4
	Care Center			
2.	KR at College Harbor	0 189252-00	Cost Settlement	3
3.	Jupiter Medical Center Pavilion Inc.	0 208485-00	Field Audit	1
4.	Harborchase of Venice	0 213322-00	Field Audit	1
5.	Ocean View Nursing & Rehab. Center	0 226351-00	FA & RFA and	2
	_		IRR Settlement	
6.	University East Rehabilitation Center	0 250993-00	Cost Settlement	1
			<u>TOTAL:</u>	12

If you have any questions regarding the above contact Zainab Day at Zainab.Day@ahca.myflorida.com. ZD/nr



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
016894400	20160407	252.85	0.00	252.85	252.85	92353-22	NH17-084C
016894400	20160901	251.72	0.00	251.72	251.72	92353-22	NH17-084C
016894400	20170901	248.40	0.00	248.40	248.40	92353-22	NH17-084C
016894400	20171001	261.37	0.00	261.37	261.37	92353-22	NH17-084C
018925200	20161101	262.78	0.00	262.78	262.78	92353-22	
018925200	20170501	263.61	0.00	263.61	263.61	92353-22	
018925200	20170901	270.50	0.00	270.50	270.50	92353-22	
020848500	20160901	250.81	0.00	250.81	250.81	92353-22	NH16-005L
021332200	20160901	225.39	0.00	225.39	225.39	92353-22	NH16-038L
022635100	20161016	232.28	0.00	232.28	232.28	92353-22	
022635100	20170901	228.78	0.00	228.78	228.78	92353-22	NH17-101C
025099300	20180504	249.43	0.00	249.43	249.43	92353-22	



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Tallahassee, Florida 32308

EAGLE LAKE NUR	SING AND REHAB CARE CENTER	Provider Number:		0 168944-00		
1100 66TH ST N				11/16/2020		
ST PETERSBURG,	FL 33710-6224	Fiscal Year End:		9/30/20	17	
		Audit Status:		Field Aud	lited	
Provider Type:			·			
			Current	New	Effective	
			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Home	Single Level		<u>257.88</u>	<u>252.85</u>	<u>4/7/2016</u>	
Doto Twr						
Rate Typ	Je:					
X Inte	rim	Prospective				
	Total Interim		al Prospective			
	Interim Component		al Prospective		Component	
	X Settlement based on cost		•		•	
	Prior Provider Prospective	data				
Basis:		Changes:				
		Rate Semes	ster Change			
В	udget		t #NH17-084	C FYE 9/30/2	2017	
U	naudited costs					
X Fi	eld audited costs					
D	esk audited costs					
Distribution:			7			
Contract Manageme	ent / Fiscal Agent	W.F. H.C. (D.)	Zainab Day	1 1 1 1 1		
Permanent File		Medicaid Cost Rein	nbursement P	lanning and F	inance	
For Informa	tion Only					
No Change i						
_						
Home O		agement LLC				
	2700 N. 29th Ave					
	Suite 308					
	Hollywood, FL 33020					
6LAPC R	eport Calculated: 11/16/2020 10:57:48 AM	Report Printed: 11/16/2020 ID: 16	894409302017	040720160419	92018141025	



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Tallahassee, Florida 32308

EAGLE LAKE	NURSING A	ND REHAB CARE CENTER	Provider Number:		0 168944-00 11/16/2020 9/30/2017		
1100 66TH ST	N		Date:				
ST PETERSBU	JRG, FL 3371	10-6224	Fiscal Year End:				
			Audit Status:		Field Aud	lited	
Provider Ty	pe:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	gle Level		<u>257.98</u>	<u>251.72</u>	<u>9/1/2016</u>	
Rate	Type:						
X	_Interim		Prospective				
		Total Interim		al Prospective			
		Interim Component	Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
			Rate Seme	ster Change			
	Budget		X Field Audi	it #NH17-084	C FYE 9/30/2	2017	
	Unaudited						
X	Field audi	ted costs					
	Desk audi	ted costs					
Distribution	n•						
Contract Mana		al Agant		Zainab Day			
Permanent File	•	ai Agein	Medicaid Cost Reir	nbursement P	lanning and F	inance	
For Inf	formation Onl	у					
No Cha	ange in Rate						
Но	me Office:	Symmetry Healthcare Managemer	nt LLC				
		2700 N. 29th Ave					
		Suite 308					
		Hollywood, FL 33020					
6LAPC	Report Cal	lculated: 11/16/2020 10:57:48 AM Repo	ort Printed :11/16/2020 ID: 10	689440930201	7040720160419	92018141025	



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Tallahassee, Florida 32308

EAGLE LAKE NURSING AND REHAB CARE CENTER		Provider Number:		0 168944-00		
1100 66TH ST N		Date:		11/16/2020		
ST PETERSBU	JRG, FL 3371	0-6224	Fiscal Year End:		9/30/20	17
			Audit Status:		Field Aud	ited
Provider Ty	pe:					
v	•			Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Ho	me Sing	le Level		<u>254.58</u>	<u>248.40</u>	<u>9/1/2017</u>
Rate	Type:					
**	T		D			
X	_Interim	Total Interim	Prospective	al Dunama atirra		
		Interim Component		al Prospective	with Interim	Component
	X	Settlement based on cost		u r iospecuve	with interim	Component
	Λ	Prior Provider Prospective data				
Basis:			Changes:			
Dusis:			Rate Semes	eter Change		
	Budget			_	C FYE 9/30/2	017
	Unaudited	costs	Treat radi	· // · · · · · · · · · · · · · · · · ·	C11E 7/30/2	.017
X	Field audit					
	Desk audit					
Distribution	<u>n:</u>			Zainab Day		
Contract Mana	igement / Fisca	al Agent	Medicaid Cost Rein			inance
Permanent File	e				C	
For Inf	formation Only	y				
No Cha	ange in Rate					
Но	me Office:	Symmetry Healthcare Management	LLC			
		2700 N. 29th Ave				
		Suite 308				
		Hollywood, FL 33020				
SI APC	Report Cal	culated: 11/16/2020 10:57:48 AM Repor	t Printed :11/16/2020 ID: 16	38944003020201°	7040720160410	20181/1025



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Tallahassee, Florida 32308

EAGLE LAKE NURS	SING AND REHAB CARE CENTER	Provider Number:		0 168944	00
1100 66TH ST N				11/16/20)20
ST PETERSBURG, F	L 33710-6224	Fiscal Year End:		9/30/20	17
		Audit Status:		Field Aud	dited
Provider Type:					
••			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>267.89</u>	<u>261.37</u>	<u>10/1/2017</u>
Rate Type	:				
Interi	m	X Prospective			
	Total Interim	Tota	al Prospective		
	Interim Component	Tota	ıl Prospective	with Interim	Component
	X Settlement based on cost				
	Prior Provider Prospective de	ata			
Basis:		Changes:			
		Rate Semes	ster Change		
Bu	dget	X Field Audi	t #NH17-084	C FYE 9/30/2	2017
Un	audited costs				
X Fie	ld audited costs				
Des	sk audited costs				
D:-4-:14:					
Distribution:	. (Zainab Day		
Contract Managemen Permanent File	t / Fiscal Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance
For Informati	on Only				
No Change in					
Home Off		ramant II C			
Home Off	2700 N. 29th Ave	gennent LLC			
	Suite 308				
	Hollywood, FL 33020				
6LAPC Re	port Calculated: 11/16/2020 10:57:48 AM	Report Printed: 11/16/2020 ID: 16	894409302017	704072016041	92018141025



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KR AT COLL	KR AT COLLEGE HARBOR		Provider Number:		0 189252-00		
4600 54TH A	VE S		Date:		11/7/202	22	
SAINT PETE	RSBURG, FL	33711	Fiscal Year End:		4/30/20	17	
			Audit Status:		Unaudit	ed	
Provider T	ype:						
·	. •			Current	New	Effective	
				<u>Rate</u>	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level		<u>274.62</u>	<u>262.78</u>	<u>11/1/2016</u>	
Rat	e Type:						
X	Interim		Prospective				
		Total Interim	Tot	al Prospective			
		Interim Component	Tot	al Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
				ster Change			
	Budget			ement FYE 04	/30/2017		
X	Unaudited	costs					
	Field audi	ted costs					
	Desk audi	ted costs					
Distributio				Zainab Day			
Contract Man Permanent Fil	agement / Fisc	al Agent	Medicaid Cost Rein	mbursement P	lanning and F	Finance	
	nformation Onl	y					
No Ch	nange in Rate						
Н	ome Office:	KR Management, LLC					
		20001 Gulf Boulevard					
		Suite 10					
		Indian Shores, FL 33785					
RGBGP	Report Cal	lculated: 11/7/2022 10:18:50 AM Repo	ort Printed :11/7/2022 ID: 1	8925204302017	7110120161128	32018093354	



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Tallahassee, Florida 32308

KR AT COLLEGE HARBOR 4600 54TH AVE S		Provider Number:		0 189252-00		
		Date:		11/7/202	22	
SAINT PETERSBURG, I	FL 33711	Fiscal Year End:		4/30/2017		
		Audit Status:		Unaudit	ed	
Provider Type:						
• •			Current	New	Effective	
			<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home S	ingle Level		<u>274.62</u>	<u>263.61</u>	<u>5/1/2017</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim	Tota	l Prospective			
	Interim Component	Tota	l Prospective	with Interim	Component	
X	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	ter Change			
Budge	t		ment FYE 04	/30/2017		
X Unaud	ited costs					
Field a	audited costs					
Desk a	udited costs					
Distributions						
Distribution:	The self Assessed		Zainab Day			
Contract Management / F Permanent File	iscal Agent	Medicaid Cost Reim	ibursement P	lanning and F	inance	
For Information	Only					
No Change in Ra	te					
Home Office	KR Management, LLC					
	20001 Gulf Boulevard					
	Suite 10					
	Indian Shores, FL 33785					
RGBGP Report	Calculated: 11/7/2022 10:18:50 AM Rep.	ort Printed :11/7/2022 ID: 18	925204302017	110120161128	32018093354	



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Tallahassee, Florida 32308

KR AT COLLI	EGE HARBO	R	Provider Number	:	0 189252	-00
4600 54TH AV	'E S		Date:		11/7/202	22
SAINT PETER	SBURG, FL	33711	Fiscal Year End:		4/30/20	17
			Audit Status:		Unaudit	ed
Provider Ty	pe:					
•	-			Current	New	Effective
				Rate	<u>Rate</u>	<u>Date</u>
Nursing Ho	me Sing	gle Level		<u>273.85</u>	<u>270.50</u>	<u>9/1/2017</u>
Rate	Туре:					
Tute	у турс.					
	Interim		X Prospective			
	_	Total Interim		tal Prospective		
		Interim Component	To	tal Prospective	with Interim	Component
	X	Settlement based on cost				
		Prior Provider Prospective data				
Basis:			Changes:			
	_			ester Change		
	Budget			lement FYE 04	/30/2017	
X	Unaudited	costs				
	Field audi	ted costs				
	Desk audi	ted costs				
Distribution	<u>n:</u>			Zainab Day		
Contract Mana	igement / Fisc	al Agent	Medicaid Cost Re	imbursement P	lanning and F	inance
Permanent File	e					
For In	formation Onl	у				
No Cha	ange in Rate					
Но	me Office:	KR Management, LLC				
		20001 Gulf Boulevard				
		Suite 10				
		Indian Shores, FL 33785				
RGBGP	Report Cal		oort Printed :11/7/2022 ID:	18925204302017	7110120161128	32018093354



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Tallahassee, Florida 32308

JUPITER MEDI	ICAL CENTE	R PAVILION INC.		Provider Number:		0 208485	-00	
1230 SOUTH O	LD DIXIE H	WY		Date:		5/4/2020		
JUPITER, FL 33458-7297			Fiscal Year End:		9/30/20	15		
				Audit Status:		Field Aud	ited	
Provider Typ		le Level			Current <u>Rate</u> 250.89	New <u>Rate</u> 250.81	Effective <u>Date</u> 9/1/2016	
Rate '	Туре:							
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:	ter Change			
	Budget				_	L FYE 9/30/2	015	
	Unaudited	costs						
X	Field audite							
	Desk audite	ed costs						
Distribution	:							
Contract Manag		l Agent		Medicaid Cost Rein	Zainab Day	lanning and E	inence	
Permanent File				Medicald Cost Kelli	ioursement r	iaiiiiiig and i	mance	
For Info	ormation Only	,						
	nge in Rate							
Hon	ne Office:	No Home Office						
6DA8T	Report Calc	eulated: 5/4/2020 3:26:02 PM Repo	ort Printed	:5/4/2020 ID: 20	848509302015	5100120140307	72016093135	



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Tallahassee, Florida 32308

HARBORCHASE O	F VENICE	Provider Numbe	r:	0 213322	-00	
950 PINEBROOK ROAD		Date:		10/28/2020		
VENICE, FL 34285	-7147	Fiscal Year End:	:	12/31/20)15	
		Audit Status:		Field Aud	lited	
Provider Type: Nursing Home	Single Level		Current <u>Rate</u> 226.18	New <u>Rate</u> 225.39	Effective	
Rate Typ	e:					
Inter	im	X Prospective				
	Total Interim	XT	otal Prospective	;		
	Interim Component	T	otal Prospective	with Interim	Component	
	Settlement based on cos	t				
	Prior Provider Prospecti	ve data				
Basis:		Changes:				
			nester Change			
	ıdget	X Field A	udit #NH16-038	L FYE 12/31.	/2015	
	naudited costs eld audited costs					
	esk audited costs					
Distribution:			Zainab Day			
Contract Manageme	nt / Fiscal Agent	Medicaid Cost R			Finance	
Permanent File				_		
For Informa	tion Only					
No Change in	n Rate					
Home O	ffice: No Home Office					
	Tionic office					
LQ7ZU R	eport Calculated: 10/28/2020 11:56:44 A	M Report Printed: 10/28/2020 ID:	: 2133221231201:	5010120150408	82016105049	



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Tallahassee, Florida 32308

OCEAN VIEW NURSING & REHABILITATION CENTER LLC	Provider Number:		0 226351	-00
2810 SOUTH ATLANTIC AVENUE	Date:		10/19/20)22
NEW SMYRNA BEACH, FL 32169	Fiscal Year End:		12/31/20	014
	Audit Status:		Unaudi	ted
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 221.40	New <u>Rate</u> 232.28	Effective <u>Date</u> 10/16/2016
Rate Type:				
Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Tota	l Prospective l Prospective		n Component
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semes IRR Settler	ter Change nent FYE 12,	/31/2014	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rein	Zainab Day abursement P	lanning and l	Finance
Home Office: Millenium Health Systems 5310 NW 33rd Avenue Suite 211 Ft. Lauderdale, FL 33309 MFJO9 Report Calculated: 10/19/2022 1:08:27 PM Report Prin	ted:10/19/2022 ID: 22	635112312014	102012014042	82015002842



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Tallahassee, Florida 32308

OCEAN VIEW NURSING & REHABILITATION CENTER LLC				vider Number:		0 226351-00 10/19/2022			
2810 SOUTH ATLANTIC AVENUE				te:					
NEW SMYRN	A BEACH, FI	. 32169	Fise	cal Year End:		12/31/2016			
			Aud	dit Status:		Revised Field	d Audit		
Provider Ty	pe:								
-	_				Current	New	Effective		
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>		
Nursing Home Single Level					<u>229.93</u>	<u>228.78</u>	<u>9/1/2017</u>		
Rate	Type:								
	Interim		X Pı	rospective					
	-	Total Interim		Total Prospective					
		Interim Component	_		al Prospective		Component		
		Settlement based on cost	_		F				
		Prior Provider Prospective data							
Basis:			Change	s:					
	_		change		ster Change				
	Budget		X		4NH17-101	C FYE 12/31/	2016 with		
Unaudited costs					IRR Settleme				
X	— Field audit	red costs							
Desk audited costs									
									
Distribution	<u>1:</u>				Zainah Day				
Contract Management / Fiscal Agent			Mad	Zainab Day Medicaid Cost Reimbursement Planning and Finance					
Permanent File	_	•	WIEC	iicaiu Cost Keii	iibursement r	iaiiiiiig aiid i	mance		
For Inf	formation Only	y							
No Cha	inge in Rate								
Home Office:		Millenium Health Systems							
-10.		5310 NW 33rd Avenue							
		Suite 211							
		Ft. Lauderdale, FL 33309							
MFIO9	Report Cal		rt Printed ·10/	19/2022 ID: 22	2635112312014	5010120160414	12017162633		



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Tallahassee, Florida 32308

UNIVERSITY EAST REHABILITATION CENTER 991 E NEW YORK AVE DELAND, FL 32724			Provider Number:		0 250993-00 11/3/2022 12/31/2018				
			Date:						
			Fiscal Year End:						
			Audit Status:		Unaudit	ed			
Provider T	Гуре:								
	• •			Current	New	Effective			
				<u>Rate</u>	Rate	<u>Date</u>			
Nursing Home Single Level				<u>254.59</u>	<u>249.43</u>	<u>5/4/2018</u>			
Rat	te Type:								
X	Interim	_	Prospective						
		Total Interim		l Prospective					
		Interim Component	Tota	l Prospective	with Interim	Component			
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Changes:						
Dasis.			Rate Semes	tor Changa					
	Budget			ment FYE 12	/31/2018				
X	Unaudited	costs	71		, ,				
Field audited costs									
Desk audited costs		ed costs							
Distribution:			Zainab Day						
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance						
Permanent F	ïile				-				
For I	Information Only	y							
No C	Change in Rate								
Home Office: No Home Office		No Home Office							
1									
OD987	Report Calo	culated: 11/3/2022 11:49:33 AM Report	Printed:11/3/2022 ID: 25	099312312018	3050420180216	2021115447			