



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

## MEMORANDUM

**Date:** November 29, 2022  
**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
**From:** ZD 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>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	Eagle Lake Nursing & Rehabilitation Care Center	0 168944-00	Field Audit	4
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 IRR Settlement	2
6.	University East Rehabilitation Center	0 250993-00	Cost Settlement	1
			<b><u>TOTAL:</u></b>	12

If you have any questions regarding the above contact Zainab Day at [Zainab.Day@ahca.myflorida.com](mailto: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	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

EAGLE LAKE NURSING AND REHAB CARE CENTER  
1100 66TH ST N  
ST PETERSBURG, FL 33710-6224

Provider Number: 0 168944-00  
Date: 11/16/2020  
Fiscal Year End: 9/30/2017  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **257.88**      New Rate: **252.85**      Effective Date: **4/7/2016**

<b>Rate Type:</b>	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH17-084C FYE 9/30/2017	

**Distribution:**

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Home Office:

Symmetry Healthcare Management LLC  
2700 N. 29th Ave  
Suite 308  
Hollywood, FL 33020

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

EAGLE LAKE NURSING AND REHAB CARE CENTER  
1100 66TH ST N  
ST PETERSBURG, FL 33710-6224

Provider Number: 0 168944-00  
Date: 11/16/2020  
Fiscal Year End: 9/30/2017  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **257.98**      New Rate: **251.72**      Effective Date: **9/1/2016**

<b>Rate Type:</b>	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH17-084C FYE 9/30/2017	

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**Medicaid Reimbursement Per Diem Rates**

EAGLE LAKE NURSING AND REHAB CARE CENTER  
1100 66TH ST N  
ST PETERSBURG, FL 33710-6224

Provider Number: 0 168944-00  
Date: 11/16/2020  
Fiscal Year End: 9/30/2017  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **254.58**      New Rate: **248.40**      Effective Date: **9/1/2017**

<b>Rate Type:</b>	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>
<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

<b>Changes:</b>
<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH17-084C FYE 9/30/2017

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

EAGLE LAKE NURSING AND REHAB CARE CENTER  
1100 66TH ST N  
ST PETERSBURG, FL 33710-6224

Provider Number: 0 168944-00  
Date: 11/16/2020  
Fiscal Year End: 9/30/2017  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **267.89**      New Rate: **261.37**      Effective Date: **10/1/2017**

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH17-084C FYE 9/30/2017	

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**Medicaid Reimbursement Per Diem Rates**

KR AT COLLEGE HARBOR

4600 54TH AVE S

SAINT PETERSBURG, FL 33711

Provider Number:

0 189252-00

Date:

11/7/2022

Fiscal Year End:

4/30/2017

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**274.62**

New  
Rate

**262.78**

Effective  
Date

**11/1/2016**

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

\_\_\_\_\_ Budget

Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

Cost Settlement FYE 04/30/2017

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**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

KR Management, LLC

20001 Gulf Boulevard

Suite 10

Indian Shores, FL 33785



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**Medicaid Reimbursement Per Diem Rates**

KR AT COLLEGE HARBOR

4600 54TH AVE S

SAINT PETERSBURG, FL 33711

Provider Number:

0 189252-00

Date:

11/7/2022

Fiscal Year End:

4/30/2017

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

New  
Rate

Effective  
Date

**274.62**

**263.61**

**5/1/2017**

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

Settlement based on cost

\_\_\_\_\_ Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 04/30/2017

**Distribution:**

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Medicaid Cost Reimbursement Planning and Finance

Home Office:

KR Management, LLC

20001 Gulf Boulevard

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Indian Shores, FL 33785





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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

KR AT COLLEGE HARBOR

4600 54TH AVE S

SAINT PETERSBURG, FL 33711

Provider Number:

0 189252-00

Date:

11/7/2022

Fiscal Year End:

4/30/2017

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**273.85**

New  
Rate

**270.50**

Effective  
Date

**9/1/2017**

**Rate Type:**

Interim

Total Interim

Prospective

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

Cost Settlement FYE 04/30/2017

**Distribution:**

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For Information Only

No Change in Rate

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

Home Office:

KR Management, LLC

20001 Gulf Boulevard

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Indian Shores, FL 33785



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

JUPITER MEDICAL CENTER PAVILION INC.

1230 SOUTH OLD DIXIE HWY

JUPITER, FL 33458-7297

Provider Number:

0 208485-00

Date:

5/4/2020

Fiscal Year End:

9/30/2015

Audit Status:

Field Audited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**250.89**

New  
Rate

**250.81**

Effective  
Date

**9/1/2016**

**Rate Type:**

Interim

X Prospective

                     Total Interim

                     X

                     Total Prospective

                     Interim Component

                     Total Prospective with Interim Component

                     Settlement based on cost

                     Prior Provider Prospective data

**Basis:**

                     Budget

                     Unaudited costs

X                      Field audited costs

                     Desk audited costs

**Changes:**

                     Rate Semester Change

X                      Field Audit #NH16-005L FYE 9/30/2015

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                     For Information Only

                     No Change in Rate

Home Office:

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**Medicaid Reimbursement Per Diem Rates**

HARBORCHASE OF VENICE  
950 PINEBROOK ROAD  
VENICE, FL 34285-7147

Provider Number: 0 213322-00  
Date: 10/28/2020  
Fiscal Year End: 12/31/2015  
Audit Status: Field Audited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate: **226.18**    New Rate: **225.39**    Effective Date: **9/1/2016**

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-038L FYE 12/31/2015	

**Distribution:**

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For Information Only

No Change in Rate

Home Office:

No Home Office

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**Medicaid Reimbursement Per Diem Rates**

OCEAN VIEW NURSING & REHABILITATION CENTER LLC	Provider Number:	0 226351-00
2810 SOUTH ATLANTIC AVENUE	Date:	10/19/2022
NEW SMYRNA BEACH, FL 32169	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>221.40</u></b>	<b><u>232.28</u></b>	<b><u>10/16/2016</u></b>

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> IRR Settlement FYE 12/31/2014	

**Distribution:**

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For Information Only

No Change in Rate

Home Office:

Millenium Health Systems  
5310 NW 33rd Avenue  
Suite 211  
Ft. Lauderdale, FL 33309

**Zainab Day**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

OCEAN VIEW NURSING & REHABILITATION CENTER LLC  
2810 SOUTH ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169

Provider Number: 0 226351-00  
Date: 10/19/2022  
Fiscal Year End: 12/31/2016  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **229.93**      New Rate: **228.78**      Effective Date: **9/1/2017**

<b>Rate Type:</b>	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input type="checkbox"/> Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH17-101C FYE 12/31/2016 with Effects of IRR Settlement FYE 12/31/2014	

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For Information Only

No Change in Rate

Home Office:

Millenium Health Systems  
5310 NW 33rd Avenue  
Suite 211  
Ft. Lauderdale, FL 33309

**Zainab Day**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

UNIVERSITY EAST REHABILITATION CENTER  
991 E NEW YORK AVE  
DELAND, FL 32724

Provider Number: 0 250993-00  
Date: 11/3/2022  
Fiscal Year End: 12/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **254.59**      New Rate: **249.43**      Effective Date: **5/4/2018**

<b>Rate Type:</b>	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

<b>Basis:</b>	
<input type="checkbox"/> Budget	
<input checked="" type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2018	

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\_\_\_\_\_ No Change in Rate

Home Office:

No Home Office

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