



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

MEMORANDUM

Date: December 26, 2024
To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking
YR **From:** Yndia Rutland, Regulatory Analyst Supervisor
Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. These rates are past the 7 year window for retro adjustment through the claims system (HP); therefore they were handled through gross adjustment and accounts receivable requests. Attached are the rate change notices.

Please update the rates in FLMMIS for information purposes only.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	THE REHABILITATION CENTER OF WINTER PARK	0 005380-00	FA	4
2.	WAVE CREST HEALTH AND REHABILITATION CENTER	0 005519-00	FA	1
3.	THE PARKS HEALTHCARE AND REHABILITATION CENTER	0 043850-00	FA & RFA	8
4.	WEDGEWOOD HEALTHCARE CENTER	0 043867-00	FA & RFA	9
5.	VISTA MANOR	0 061109-00	FA	2
6.	GOOD SAMARITAN SOCIETY-KISSIMMEE VILLAGE	0 205303-00	FA	2
7.	HIGHLAND PINES REHABILITATION CENTER	0 263907-00	FA & RFA	3
			<u>Total:</u>	29

If you have any questions regarding the above, contact Yndia Rutland at Yndia.Rutland@ahca.myflorida.com.

YR/kg



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
000538000	20150101	242.24	242.24	242.24	242.24	527.74	95532-24	NH17-039C
000538000	20150601	244.82	244.82	244.82	244.82	530.32	95532-24	NH17-039C
000538000	20150901	242.44	242.44	242.44	242.44	534.72	95532-24	NH17-039C
000538000	20160901	245.74	0.00	245.00	245.00	545.37	95532-24	NH17-039C
000551900	20170901	243.76	0.00	243.76	243.76	551.51	95532-24	NH17-044C
004385000	20120201	194.88	342.49	194.88	194.88	460.95	95532-24	NH13-197C
004385000	20120701	200.58	349.79	200.58	200.58	469.54	95532-24	NH13-197C
004385000	20120801	205.10	354.31	205.10	205.10	474.06	95532-24	NH13-197C
004385000	20130101	207.74	358.55	207.74	207.74	479.59	95532-24	NH13-197C
004385000	20130701	213.20	213.20	213.20	213.20	487.73	95532-24	NH13-197C
004385000	20140101	215.10	215.10	215.10	215.10	493.00	95532-24	NH13-197C
004385000	20140701	224.83	224.83	224.83	224.83	505.21	95532-24	NH13-197C
004385000	20160901	211.47	0.00	211.47	211.47	511.10	95532-24	NH16-098C
004386700	20120201	203.26	350.87	203.26	203.26	469.33	95532-24	NH13-209C
004386700	20120701	209.79	359.00	209.79	209.79	478.75	95532-24	NH13-209C
004386700	20120801	210.52	359.73	210.52	210.52	479.48	95532-24	NH13-209C
004386700	20130101	213.96	364.77	213.96	213.96	485.81	95532-24	NH13-209C
004386700	20130701	219.52	219.52	219.52	219.52	494.05	95532-24	NH13-209C
004386700	20140101	220.79	220.79	220.79	220.79	498.69	95532-24	NH13-209C
004386700	20140701	233.26	233.26	233.26	233.26	513.64	95532-24	NH13-209C
004386700	20160901	201.55	0.00	201.55	201.55	501.18	95532-24	NH16-147C
004386700	20170901	209.38	0.00	209.38	209.38	517.13	95532-24	NH16-147C
006110900	20160901	195.39	0.00	195.39	195.39	495.02	95532-24	NH16-155C
006110900	20170901	198.54	0.00	198.54	198.54	506.29	95532-24	NH16-155C
020530300	20160901	224.47	0.00	224.47	224.47	524.10	95531-24	NH16-031L
020530300	20170901	230.45	0.00	230.45	230.45	538.20	95531-24	NH16-031L
026390700	20140701	200.58	200.58	200.58	200.58	480.96	95532-24	NH14-093C
026390700	20150101	202.85	202.85	202.85	202.85	488.35	95532-24	NH14-093C
026390700	20150901	203.10	0.00	203.10	203.10	495.38	95532-24	NH14-093C



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

THE REHABILITATION CENTER OF WINTER PARK
1700 MONROE AVE
MAITLAND, FL 32751

Provider Number: 0 005380-00
Date: 12/4/2024
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **243.19** New Rate: **242.24** Effective Date: **1/1/2015**

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

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

Changes:	
<input checked="" type="checkbox"/> Rate Semester Change	

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Yndia Rutland

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Home Office:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE REHABILITATION CENTER OF WINTER PARK
1700 MONROE AVE
MAITLAND, FL 32751

Provider Number: 0 005380-00
Date: 12/4/2024
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **245.78** New Rate: **244.82** Effective Date: **6/1/2015**

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

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

Changes:	
<input checked="" type="checkbox"/> Rate Semester Change	

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THE REHABILITATION CENTER OF WINTER PARK
1700 MONROE AVE
MAITLAND, FL 32751

Provider Number: 0 005380-00
Date: 12/4/2024
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
243.40 **242.44** **9/1/2015**

Rate Type:	
<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	

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

Changes:	
<input checked="" type="checkbox"/> Rate Semester Change	
<input type="checkbox"/>	

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THE REHABILITATION CENTER OF WINTER PARK
1700 MONROE AVE
MAITLAND, FL 32751

Provider Number: 0 005380-00
Date: 12/4/2024
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
246.71 **245.74** **9/1/2016**

Rate Type:	
<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	

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

Changes:	
<input checked="" type="checkbox"/> Rate Semester Change	
<input type="checkbox"/>	

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WAVE CREST HEALTH AND REHABILITATION CENTER	Provider Number:	0 005519-00
1415 S HICKORY ST	Date:	12/5/2024
MELBOURNE, FL 32901	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		243.85	243.76	9/1/2017

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit NH17-044C FYE 12/31/2015

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Medicaid Reimbursement Per Diem Rates

THE PARKS HEALTHCARE AND REHABILITATION CENTER
9311 S ORANGE BLOSSOM TRL
ORLANDO, FL 32837-8301

Provider Number: 0 043850-00
Date: 12/9/2021
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>195.06</u>	<u>194.88</u>	<u>2/1/2012</u>
	Level H: Aids	<u>342.67</u>	<u>342.49</u>	<u>2/1/2012</u>

Rate Type:	
<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	

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-197C FYE 07/31/2012	

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THE PARKS HEALTHCARE AND REHABILITATION CENTER
9311 S ORANGE BLOSSOM TRL
ORLANDO, FL 32837-8301

Provider Number: 0 043850-00
Date: 12/9/2021
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.75</u>	<u>200.58</u>	<u>7/1/2012</u>
	Level H: Aids	<u>349.96</u>	<u>349.79</u>	<u>7/1/2012</u>

Rate Type:	
<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	

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-197C FYE 07/31/2012	

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THE PARKS HEALTHCARE AND REHABILITATION CENTER
9311 S ORANGE BLOSSOM TRL
ORLANDO, FL 32837-8301

Provider Number: 0 043850-00
Date: 12/9/2021
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.28</u>	<u>205.10</u>	<u>8/1/2012</u>
	Level H: Aids	<u>354.49</u>	<u>354.31</u>	<u>8/1/2012</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-197C FYE 07/31/2012	

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THE PARKS HEALTHCARE AND REHABILITATION CENTER
9311 S ORANGE BLOSSOM TRL
ORLANDO, FL 32837-8301

Provider Number: 0 043850-00
Date: 12/9/2021
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.93	207.74	1/1/2013
	Level H: Aids	358.74	358.55	1/1/2013

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-197C FYE 07/31/2012	

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Medicaid Reimbursement Per Diem Rates

THE PARKS HEALTHCARE AND REHABILITATION CENTER
9311 S ORANGE BLOSSOM TRL
ORLANDO, FL 32837-8301

Provider Number: 0 043850-00
Date: 12/9/2021
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **213.39** New Rate: **213.20** Effective Date: **7/1/2013**

Rate Type:	
<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	

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-197C FYE 07/31/2012	

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Medicaid Reimbursement Per Diem Rates

THE PARKS HEALTHCARE AND REHABILITATION CENTER
9311 S ORANGE BLOSSOM TRL
ORLANDO, FL 32837-8301

Provider Number: 0 043850-00
Date: 12/9/2021
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.29 **215.10** **1/1/2014**

Rate Type:	
<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	

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-197C FYE 07/31/2012	

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9311 S ORANGE BLOSSOM TRL
ORLANDO, FL 32837-8301

Provider Number: 0 043850-00
Date: 12/9/2021
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **225.02**
New Rate: **224.83**
Effective Date: **7/1/2014**

Rate Type:	
<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	

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-197C FYE 07/31/2012	

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9311 S ORANGE BLOSSOM TRL
ORLANDO, FL 32837-8301

Provider Number: 0 043850-00
Date: 12/9/2021
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
211.96 **211.47** **9/1/2016**

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA #NH16-098C FYE 12/31/2014 with Effect of FA & RFA #NH13-197C FYE 07/31/2012	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTERS WAY
LAKELAND, FL 33809-3926

Provider Number: 0 043867-00
Date: 12/4/2024
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.45</u>	<u>203.26</u>	<u>2/1/2012</u>
	Level H: Aids	<u>351.06</u>	<u>350.87</u>	<u>2/1/2012</u>

Rate Type:	
<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	

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-209C FYE 7/31/2012	

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WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTERS WAY
LAKELAND, FL 33809-3926

Provider Number: 0 043867-00
Date: 12/4/2024
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.98</u>	<u>209.79</u>	<u>7/1/2012</u>
	Level H: Aids	<u>359.19</u>	<u>359.00</u>	<u>7/1/2012</u>

Rate Type:	
<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	

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-209C FYE 7/31/2012	

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Yndia Rutland

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Home Office:



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

WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTERS WAY
LAKELAND, FL 33809-3926

Provider Number: 0 043867-00
Date: 12/4/2024
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.72</u>	<u>210.52</u>	<u>8/1/2012</u>
	Level H: Aids	<u>359.93</u>	<u>359.73</u>	<u>8/1/2012</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-209C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTERS WAY
LAKELAND, FL 33809-3926

Provider Number: 0 043867-00
Date: 12/4/2024
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>214.28</u>	<u>213.96</u>	<u>1/1/2013</u>
	Level H: Aids	<u>365.09</u>	<u>364.77</u>	<u>1/1/2013</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-209C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTERS WAY
LAKELAND, FL 33809-3926

Provider Number: 0 043867-00
Date: 12/4/2024
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **220.19** New Rate: **219.52** Effective Date: **7/1/2013**

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-209C FYE 7/31/2012	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTERS WAY
LAKELAND, FL 33809-3926

Provider Number: 0 043867-00
Date: 12/4/2024
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **221.47** New Rate: **220.79** Effective Date: **1/1/2014**

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-209C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTERS WAY
LAKELAND, FL 33809-3926

Provider Number: 0 043867-00
Date: 12/4/2024
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
233.76 **233.26** **7/1/2014**

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-209C FYE 7/31/2012	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTERS WAY
LAKELAND, FL 33809-3926

Provider Number: 0 043867-00
Date: 12/4/2024
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
201.89 **201.55** **9/1/2016**

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-147C FYE 12/31/2015 with effects of FA & RFA #NH13-209C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

WEDGEWOOD HEALTHCARE CENTER
1010 CARPENTERS WAY
LAKELAND, FL 33809-3926

Provider Number: 0 043867-00
Date: 12/4/2024
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
209.73 **209.38** **9/1/2017**

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-147C FYE 12/31/2015 with effects of FA & RFA #NH13-209C FYE 7/31/2012	

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Home Office:



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VISTA MANOR
1550 JESS PARRISH CT
TITUSVILLE, FL 32796-2147

Provider Number: 0 061109-00
Date: 10/8/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **195.83** New Rate: **195.39** Effective Date: **9/1/2016**

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA #NH16-155C FYE 12/31/2015	

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No Change in Rate

Home Office:

CMCII
800 Concourse Parkway South
Maitland, FL 32751

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



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

VISTA MANOR	Provider Number:	0 061109-00
1550 JESS PARRISH CT	Date:	10/8/2020
TITUSVILLE, FL 32796-2147	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>199.00</u>	<u>198.54</u>	<u>9/1/2017</u>

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA #NH16-155C FYE 12/31/2015

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No Change in Rate

Home Office:

CMCII 800 Concourse Parkway South Maitland, FL 32751

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOOD SAMARITAN SOCIETY-KISSIMMEE VILLAGE
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 4/23/2020
Fiscal Year End: 1/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
224.61 **224.47** **9/1/2016**

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #16-031L FYE 1/31/2016	

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No Change in Rate

Home Office:

Evangelical Lutheran Good Samaritan
4800 West 57th Street
Sioux Falls, SD 57117

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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

GOOD SAMARITAN SOCIETY-KISSIMMEE VILLAGE
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 4/23/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
230.32 **230.45** **9/1/2017**

Rate Type:	
<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	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of Field Audit #16-031L FYE 1/31/2016	

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No Change in Rate

Home Office:

Evangelical Lutheran Good Samaritan
4800 West 57th Street
Sioux Falls, SD 57117

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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

HIGHLAND PINES REHABILITATION CENTER

1111 S HIGHLAND AVE

CLEARWATER, FL 33756

Provider Number:

0 263907-00

Date:

10/28/2024

Fiscal Year End:

12/31/2013

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

205.14

New
Rate

200.58

Effective
Date

7/1/2014

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 FA & RFA #NH14-093C FYE 12/31/2013

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Yndia Rutland

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Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIGHLAND PINES REHABILITATION CENTER

1111 S HIGHLAND AVE

CLEARWATER, FL 33756

Provider Number:

0 263907-00

Date:

10/28/2024

Fiscal Year End:

12/31/2013

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

207.72

New
Rate

203.10

Effective
Date

9/1/2015

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 FA & RFA #NH14-093C FYE 12/31/2013

Distribution:

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 No Change in Rate

Yndia Rutland

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Home Office:

No Home Office