



RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

MEMORANDUM

Date: April 14, 2025

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.	San Jose Health and Rehabilitation Center	0-061102-00	FA	2
2.	Bay Center	0-128848-00	RFA	1
3.	VI at Lakeside Village	0-213837-00	FA	1
4.	Treasure Isle Care Center	0-226602-00	FA	2
5.	The Sands at South Beach Care Center	0-235832-00	CS	1
6.	Signature Healthcare at Courtyard	0-324426-00	RFA	1
7.	Heartland of Zephyrhills	0-325708-00	FA	1
			<u>Total:</u>	9

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

YR/ah



		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
006110200	20160901	191.17	191.17	191.17	191.17	96015-25	NH16-159C
006110200	20170901	195.11	195.11	195.11	195.11	96015-25	NH16-159C
012884800	20160901	209.23	209.23	209.23	209.23	96015-25	NH16-017L
021383700	20160901	279.33	279.33	279.33	279.33	96015-25	NH16-035L
022660200	20150901	211.18	211.18	211.18	211.18	96015-25	NH17-012G
022660200	20160901	212.22	212.22	212.22	212.22	96015-25	NH17-012G
023583200	20170901	190.02	190.02	190.02	190.02	96015-25	
032442600	20150901	208.16	208.16	208.16	208.16	96015-25	NH15-074C
032570800	20150901	196.54	196.54	196.54	196.54	96015-25	NH15-024W



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

SAN JOSE HEALTH AND REHABILITATION CENTER

9355 SAN JOSE BLVD

JACKSONVILLE, FL 32257

Provider Number:

0 061102-00

Date:

10/20/2020

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

191.47

New
Rate

191.17

Effective
Date

9/1/2016

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

Distribution:

~~Contract Management / Fiscal Agent~~

Permanent File

☒ For Information Only

☐ No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751

W6IG2

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAN JOSE HEALTH AND REHABILITATION CENTER

9355 SAN JOSE BLVD

JACKSONVILLE, FL 32257

Provider Number:

0 061102-00

Date:

10/20/2020

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

195.42

New
Rate

195.11

Effective
Date

9/1/2017

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

Distribution:

~~Contract Management / Fiscal Agent~~

Permanent File

☒ For Information Only

☐ No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751

Yndia Rutland

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BAY CENTER

1336 ST ANDREWS BLVD

PANAMA CITY, FL 32405

Provider Number:

0 128848-00

Date:

2/19/2021

Fiscal Year End:

2/29/2016

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current
Rate

210.12

New
Rate

209.23

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

FA & RFA #NH16-017L FYE 2/29/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day

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VI AT LAKESIDE VILLAGE

2792 DONNELLY DRIVE

LANTANA, FL 33462

Provider Number:

0 213837-00

Date:

10/16/2020

Fiscal Year End:

12/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

280.14

New
Rate

279.33

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 #NH16-035L FYE 12/31/2014

Distribution:

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Permanent File

X For Information Only

 No Change in Rate

Home Office:

No Home Office

Yndia Rutland

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Medicaid Reimbursement Per Diem Rates

TREASURE ISLE CARE CENTER
1735 N TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

Provider Number: 0 226602-00
Date: 1/20/2021
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>217.50</u>	<u>211.18</u>	<u>9/1/2015</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:

☐ Budget
☐ Unaudited costs
☒ Field audited costs
☐ Desk audited costs

Changes:

☐ Rate Semester Change
☒ Field Audit #NH17-012G FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

☐ For Information Only

☐ No Change in Rate

Home Office:

No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TREASURE ISLE CARE CENTER

1735 N TREASURE DRIVE

NORTH BAY VILLAGE, FL 33141

Provider Number:

0 226602-00

Date:

1/20/2021

Fiscal Year End:

12/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Current
Rate

218.62

New
Rate

212.22

Effective
Date

9/1/2016

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

☒

Field Audit #NH17-012G FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

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☐ No Change in Rate

Home Office:

No Home Office

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THE SANDS AT SOUTH BEACH CARE CENTER

42 COLLINS AVENUE

MIAMI BEACH, FL 33139

Provider Number:

0 235832-00

Date:

2/21/2025

Fiscal Year End:

10/31/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Current
Rate

217.32

New
Rate

190.02

Effective
Date

5/1/2018

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

Distribution:

Contract Management / Fiscal Agent

Permanent File

☐ For Information Only

☐ No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE AT THE COURTYARD

2600 FOREST GLEN TRAIL

MARIANNA, FL 32446

Provider Number:

0 324426-00

Date:

10/14/2020

Fiscal Year End:

7/31/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

208.39

New
Rate

208.16

Effective
Date

9/1/2015

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

☒

Field Audit #NH15-074C FYE 7/31/2014

Distribution:

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Permanent File

☐ For Information Only

☐ No Change in Rate

Home Office:

Signature Healthcare, LLC

12201 Bluegrass Parkway

Louisville, KY 40299

Zainab Day

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Tallahassee, Florida 32308

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HEARTLAND OF ZEPHYRHILLS

38220 HENRY DR

ZEPHYRHILLS, FL 33540

Provider Number:

0 325708-00

Date:

11/10/2020

Fiscal Year End:

9/30/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

198.15

New
Rate

196.54

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 #NH15-024W FYE 09/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

HCR ManorCare Services, LLC

333 North Summit Street

Toledo, OH 43604

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance