



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

DE LUNA HEALTH AND REHABILITATION CENTER
9310 FOWLER AVE
PENSACOLA, FL 32534

Provider Number: 1 059598-00
Date: 6/4/2020
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home

Single Level - Bed Hold

Intermediate I - Standard Medicaid Rate

Current Rate	New Rate	Effective Date
<u>0.00</u>	<u>256.88</u>	<u>5/1/2020</u>
<u>0.00</u>	<u>582.58</u>	<u>5/1/2020</u>

Rate Type:	
<input checked="" type="checkbox"/>	Interim
<input type="checkbox"/>	Prospective
<input checked="" type="checkbox"/>	Total Interim
<input 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 checked="" type="checkbox"/>	Budget
<input 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"/>	COVID-19 Rate Adjustment effective 5/1/2020

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Pensacola Administrative Services, LLC
40 South Palafox Place, Suite 400
Pensacola, FL 32502

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day



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

DOLPHIN POINTE HEALTH CARE CENTER	Provider Number:	1 059993-00
5355 DOLPHIN HEALTH CARE CENTER	Date:	6/4/2020
JACKSONVILLE, FL 32211	Fiscal Year End:	N/A
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level - Bed Hold	<u>0.00</u>	<u>257.87</u>	<u>4/14/2020</u>
	Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>583.57</u>	<u>4/14/2020</u>

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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 checked="" type="checkbox"/> Budget	
<input 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"/> COVID-19 Rate Adjustment effective 4/14/2020	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Clear Choice Health Care LLC 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901

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

OAKBRIDGE HEALTHCARE CENTER
3110 OAKBRIDGE BLVD E
LAKELAND, FL 33803

Provider Number: 1 062639-00
Date: 6/4/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home

Single Level - Bed Hold

Intermediate I - Standard Medicaid Rate

Current Rate	New Rate	Effective Date
<u>0.00</u>	<u>206.37</u>	<u>5/14/2020</u>
<u>0.00</u>	<u>532.07</u>	<u>5/14/2020</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 checked="" type="checkbox"/> Budget	
<input 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"/> COVID-19 Rate Adjustment effective 5/14/2020	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII
800 Concourse Parkway South
Maitland, FL 32751

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day