

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:		Unaud	ted		
Provider T	'vpe:							
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Single Level - Bed Hold				$\underline{0.00}$	<u>256.88</u>	<u>5/1/2020</u>		
	Inte	rmediate I - Standard Medicaio	l Rate	<u>0.00</u>	<u>582.58</u>	5/1/2020		
Rat	te Type:							
X	Interim		Prospective					
Λ	— X	Total Interim		Total Prospective				
		Interim Component		•		n Component		
		Settlement based on cost		ar roop oour o	***************************************	r component		
		Prior Provider Prospective data						
Basis:			Changes:					
X	Budget		Rate Semes COVID-19	ter Change Rate Adjust	mant affactiv	ro 5/1/2020		
Λ	Unaudited	costs	<u>X</u> COVID-19	Rate Adjust	ment effectiv	e 3/1/2020		
	Field audit							
	Desk audit							
Distribution:			Zainab Day					
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance					
Permanent File			2	ainab Z	Day			
For I	nformation Onl	у	0		0			
No C	hange in Rate							
H	Iome Office:	Pensacola Administrative Services, 40 South Palafox Place, Suite 400 Pensacola, FL 32502	LLC					
XXX220	Report Cal	culated: 6/4/2020 3:19 PM Repor	t Printed :6/4/2020 ID:					



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DOLPHIN POINTE HEALTH CARE CENTER		Provider Number:	1 059993-00				
5355 DOLPHIN HEALTH CARE CENTER			Date: 6/4/2020			20	
JACKSONVILLE, FL 32211			Fiscal Year End:		N/A		
			Audit Status:		Unaudi	ted	
Provider Ty	v pe:						
,	1			Current	New	Effective	
				Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Singl	e Level - Bed Hold		$\underline{0.00}$	<u>257.87</u>	<u>4/14/2020</u>	
	Inter	mediate I - Standard Medicaid Ra	ate	<u>0.00</u>	<u>583.57</u>	4/14/2020	
Doto	Town						
Kate	Type:						
X	Interim		Prospective				
	- X	Total Interim	Tota	al Prospective	;		
		Interim Component	Tota	al Prospective	with Interin	n Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:		C	hanges:				
Dusis.			Rate Semes	eter Change			
X	Budget			Rate Adjust	ment effectiv	e 4/14/2020	
	Unaudited of	costs		J			
	— Field audite	ed costs					
	Desk audite	ed costs					
Distribution	n•						
<u>Distribution:</u> Contract Management / Fiscal Agent		Agent	Zainab Day Medicaid Cost Reimbursement Planning and Finance				
Permanent File	_		Medicaid Cost Rein	nbursement P	lanning and	Finance	
For In	formation Only						
No Cha	ange in Rate						
Но	ome Office:	Clear Choice Health Care LLC 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901					
XXX219	Report Cala	ulated: 6/4/2020 2:59 PM Report Prin	ated :6/4/2020 ID:				



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OAKBRIDGE HEALTHCA	Provider Number:	Provider Number: 1					
3110 OAKBRIDGE BLVD	Date:	6/4/2020					
LAKELAND, FL 33803		Fiscal Year End:		12/31/2017			
		Audit Status:		Unaud	ted		
Provider Type:							
J.F			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Sir	ngle Level - Bed Hold		<u>0.00</u>	<u>206.37</u>	<u>5/14/2020</u>		
Int	termediate I - Standard Medicaid	Rate	<u>0.00</u>	532.07	5/14/2020		
Rate Type:							
Interim		X Prospective					
	Total Interim		l Prospective	;			
	Interim Component		l Prospective	with Interin	n Component		
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Changes:					
**		Rate Semes	_	20 1	7/1 //2020		
X Budget	-	X COVID-19	Rate Adjust	ment effectiv	e 5/14/2020		
Unaudite	dited costs						
	dited costs						
Desk auc	anted costs						
Distribution:			Zainab Day				
Contract Management / Fis	scal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File		Zainab Day					
For Information On	nly	J		J			
No Change in Rate							
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751						
XXX221 Report C	Calculated: 6/4/2020 4:20 PM Report I	Printed :6/4/2020 ID:					