




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: February 4, 2019
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From:  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.	River Garden Hebrew Home	0 200859-00	FA	2
2.	Good Samaritan Society-Florida Lutheran	0 212792-00	Quality Assess-Medicaid Share	1
3.	Crystal River Health and Rehabilitation Center	0 217263-00	FA	4
4.	West Melbourne Health and Rehabilitation Center	0 217727-00	FA	2
5.	Gandy Crossing Care Center	0 249749-00	NRP CHOP/CHOW	2
6.	Avalon Healthcare Center	0 261629-00	FA	4
7.	Manorcare Health Services-West Palm Beach	0 325481-00	FA	4
8.	Fountain Inn Nursing and Rehabilitation Center, Inc.	1 009647-00	Chow/New Facility	2
			<u>TOTAL:</u>	21

If you have any questions regarding the above contact Zainab Day 412-4798.

ZD/tc



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MFAO number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
020085900	20140701	253.87	0.00	253.87	253.87	84927-19	NH14-079C
020085900	20150101	257.43	0.00	257.43	257.43	84927-19	NH14-079C
021279200	20190101	250.65	0.00	250.65	250.65	84927-19	
021726300	20150101	214.73	0.00	214.73	214.73	84927-19	NH14-046C
021726300	20150901	212.06	0.00	212.06	212.06	84927-19	NH14-046C
021726300	20160901	217.13	0.00	217.13	217.13	84927-19	NH14-046C
021726300	20170901	221.49	0.00	221.49	221.49	84927-19	NH14-046C
021772700	20150101	221.09	0.00	221.09	221.09	84927-19	NH14-045C
021772700	20150901	218.96	0.00	218.96	218.96	84927-19	NH14-045C
024974900	20180601	219.32	0.00	219.32	219.32	84927-19	
024974900	20181001	225.16	0.00	225.16	225.16	84927-19	
026162900	20140101	198.04	0.00	198.04	198.04	84927-19	NH14-132C
026162900	20140701	217.00	0.00	217.00	217.00	84927-19	NH14-133C
026162900	20150101	219.63	0.00	219.63	219.63	84927-19	NH14-133C
026162900	20150901	216.77	0.00	216.77	216.77	84927-19	NH14-133C
032548100	20150101	216.03	0.00	216.03	216.03	84927-19	NH14-033C
032548100	20150901	214.84	0.00	214.84	214.84	84927-19	NH14-033C
032548100	20160901	214.52	0.00	214.52	214.52	84927-19	NH14-033C
032548100	20170901	216.61	0.00	216.61	216.61	84927-19	NH14-033C
100964700	20180917	240.15	0.00	240.15	240.15	84927-19	
100964700	20181001	248.82	0.00	248.82	248.82	84927-19	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RIVER GARDEN HEBREW HOME
11401 OLD SAINT AUGUSTINE RD
JACKSONVILLE, FL 32258-1402

Provider Number: 0 200859-00
Date: 8/31/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate 254.29
New Rate 253.87
Effective Date 7/1/2014

Rate Type:

Interim Total Interim
Prospective Total Prospective
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 #NH14-079C FYE 12/31/13

Distribution:

Contract Management / Fiscal Agent
Permanent File
For Information Only
No Change in Rate

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Home Office: River Garden Holding Company
11401 Old St. Augustine Road
Jacksonville, FL 32258



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

RIVER GARDEN HEBREW HOME	Provider Number:	0 200859-00
11401 OLD SAINT AUGUSTINE RD	Date:	8/31/2018
JACKSONVILLE, FL 32258-1402	Fiscal Year End:	12/31/2013
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	257.86	257.43	1/1/2015

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 #NH14-079C FYE 12/31/13

Distribution:

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Lisa Smith



Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

GOOD SAMARITAN SOCIETY-FLORIDA LUTHERAN
450 NORTH MCDONALD AVENUE
DELAND, FL 32724

Provider Number: 0 212792-00
Date: 1/31/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
227.78	250.65	1/1/2019

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

Quality Assess-Medicaid Share added effective 01/01/2019

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 12/6/2018
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.81 **214.73** **1/1/2015**

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 #NH14-046C FYE 6/30/14

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406

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

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
 Date: 12/6/2018
 Fiscal Year End: 6/30/2014
 Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>213.12</u>	<u>212.06</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 #NH14-046C FYE 6/30/14

Distribution:

Contract Management / Fiscal Agent
 Permanent File
 For Information Only
 No Change in Rate

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406

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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 12/6/2018
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
217.83	217.13	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 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 #NH14-046C FYE 6/30/14

Distribution:

Contract Management / Fiscal Agent
Permanent File
 For Information Only
 No Change in Rate

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 12/6/2018
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.18</u>	<u>221.49</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH14-046C FYE 6/30/14

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

WEST MELBOURNE HEALTH & REHABILITATION CENTER
2125 WEST NEW HAVEN AVE
WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00
 Date: 12/5/2018
 Fiscal Year End: 6/30/2014
 Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
221.36	221.09	1/1/2015

Rate Type:

Interim

Prospective

- Total Interim
- Interim Component
- Settlement based on cost
- Prior Provider Prospective data

- Total Prospective
- Total Prospective with Interim Component

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- Rate Semester Change
- Field Audit #NH14-045C FYE 6/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

WEST MELBOURNE HEALTH & REHABILITATION CENTER
 2125 WEST NEW HAVEN AVE
 WEST MELBOURNE, FL 32904

Provider Number: 0 217727-00
 Date: 12/5/2018
 Fiscal Year End: 6/30/2014
 Audit Status: Field Audited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>219.23</u>	<u>218.96</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 #NH14-045C FYE 6/30/2014

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406

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

GANDY CROSSING CARE CENTER
4610 S MANHATTAN AVE
TAMPA, FL 33611

Provider Number: 0 249749-00
Date: 11/26/2018
Fiscal Year End: 5/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>225.49</u>	<u>219.32</u>	<u>6/1/2018</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP/CHOW effective 6/1/2018

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GANDY CROSSING CARE CENTER
4610 S MANHATTAN AVE
TAMPA, FL 33611

Provider Number: 0 249749-00
Date: 11/26/2018
Fiscal Year End: 9/30/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 225.16, 225.16, 10/1/2018

Rate Type:

Form with checkboxes for Interim, Prospective, Total Interim, Total Prospective, etc.

Basis:

Form with checkboxes for Budget, Unaudited costs, Field audited costs, Desk audited costs

Changes:

Form with checkboxes for Rate Semester Change, NRP CHOP/CHOW effective 6/1/2018

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, No Change in Rate

Home Office: No Home Office

Zainab Day (Signature)

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVALON HEALTHCARE CENTER
1270 SW MAIN BLVD
LAKE CITY, FL 32025

Provider Number: 0 261629-00
Date: 7/26/2018
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
198.48 **198.04** **1/1/2014**

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 #NH14-132C FYE 12/31/2012

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



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

AVALON HEALTHCARE CENTER

1270 SW MAIN BLVD

LAKE CITY, FL 32025

Provider Number:

0 261629-00

Date:

7/26/2018

Fiscal Year End:

12/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

217.60

217.00

7/1/2014

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 #NH14-133C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No 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

AVALON HEALTHCARE CENTER
1270 SW MAIN BLVD
LAKE CITY, FL 32025

Provider Number: 0 261629-00
Date: 7/26/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
220.24 **219.63** **1/1/2015**

Rate Type:

Interim

Prospective

Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH14-133C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No 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

AVALON HEALTHCARE CENTER

1270 SW MAIN BLVD

LAKE CITY, FL 32025

Provider Number:

0 261629-00

Date:

7/26/2018

Fiscal Year End:

12/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

217.39

216.77

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 #NH14-133C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-WEST PALM BEACH	Provider Number:	0 325481-00
2300 VILLAGE BLVD	Date:	8/20/2018
WEST PALM BEACH, FL 33409	Fiscal Year End:	9/30/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.58	216.03	1/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ 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"/> Field Audit #NH14-033C FYE 9/30/2014

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Lisa Smith 
 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR ManorCare Services, LLC
 333 North Summit Street
 Toledo, OH 43604



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

MANORCARE HEALTH SERVICES-WEST PALM BEACH
2300 VILLAGE BLVD
WEST PALM BEACH, FL 33409

Provider Number: 0 325481-00
Date: 8/20/2018
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>215.39</u>	<u>214.84</u>	<u>9/1/2015</u>

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 #NH14-033C FYE 9/30/2014

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office: HCR ManorCare Services, LLC
333 North Summit Street
Toledo, OH 43604



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-WEST PALM BEACH
2300 VILLAGE BLVD
WEST PALM BEACH, FL 33409

Provider Number: 0 325481-00
Date: 8/20/2018
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.07	214.52	9/1/2016

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> 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 #NH14-033C FYE 9/30/2014

Distribution:

Contract Management / Fiscal Agent

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_____ For Information Only

_____ No Change in Rate

Home Office: HCR ManorCare Services, LLC
333 North Summit Street
Toledo, OH 43604

Lisa Smith



Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>MANORCARE HEALTH SERVICES-WEST PALM BEACH</u>	Provider Number:	<u>0 325481-00</u>
<u>2300 VILLAGE BLVD</u>	Date:	<u>8/20/2018</u>
<u>WEST PALM BEACH, FL 33409</u>	Fiscal Year End:	<u>12/31/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>216.62</u>	<u>216.61</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 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 #NH14-033C FYE 9/30/2014

Distribution:

Contract Management / Fiscal Agent
 Permanent File
 For Information Only
 No Change in Rate

Lisa Smith 
 Medicaid Cost Reimbursement Planning and Finance

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 333 North Summit Street
 Toledo, OH 43604



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

FOUNTAIN INN NURSING & REHABILITATION CENTER, INC.
4501 WATERMAN WAY
TAVARES, FL 32778

Provider Number: 1 009647-00
Date: 12/6/2018
Fiscal Year End: 6/30/2019
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	0.00	240.15	9/17/2018

Rate Type:

<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 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"/> New facility effective 09/17/2018

Distribution:

Contract Management / Fiscal Agent
Permanent File
 For Information Only
 No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

FOUNTAIN INN NURSING & REHABILITATION CENTER, INC.	Provider Number:	1 009647-00
4501 WATERMAN WAY	Date:	12/6/2018
TAVARES, FL 32778	Fiscal Year End:	6/30/2019
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	0.00	248.82	10/1/2018

Rate Type:

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

Basis:


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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> New facility effective 09/17/2018

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate


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