




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: March 1, 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.	Vista Manor	0 061109-00	FA & RFA	7
2.	Pines Nursing Home	0 155062-00	NFQA	1
3.	TimberRidge Nursing and Rehab Center	0 203335-00	FA & RFA	4
4.	Huntington Place	0 211281-00	FA	2
5.	Daytona Beach Health and Rehabilitation Center	0 217743-00	FA	2
6.	Rockledge Health and Rehabilitation Center	0 227587-00	FA	2
7.	Palmetto Subacute Care Center	0 237766-00	NRP CHOP	2
8.	Oakhurst Center	0 251721-00	FA	2
9.	Sinai Plaza Nursing and Rehab Center	0 260771-00	FA	2
10.	Heartland Health Care Center- Orange Park	0 325261-00	FA	2
			<u>TOTAL:</u>	26

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

ZD/tc



		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
006110900	20120201	193.70	341.31	193.70	193.70	85091-19	NH13-223C
006110900	20120701	198.29	347.50	198.29	198.29	85091-19	NH13-223C
006110900	20120801	200.81	350.02	200.81	200.81	85091-19	NH13-223C
006110900	20130101	202.75	353.56	202.75	202.75	85091-19	NH13-223C
006110900	20130701	207.54	0.00	207.54	207.54	85091-19	NH13-223C
006110900	20140101	209.88	0.00	209.88	209.88	85091-19	NH13-223C
006110900	20140701	217.97	0.00	217.97	217.97	85091-19	NH13-223C
015506200	20190101	270.57	0.00	270.57	270.57	85091-20	
020333500	20150101	233.10	0.00	233.10	233.10	85091-19	NH14-056C
020333500	20150901	237.47	0.00	237.47	237.47	85091-19	NH14-056C
020333500	20160901	240.30	0.00	240.30	240.30	85091-19	NH14-056C
020333500	20170901	239.54	0.00	239.54	239.54	85091-19	NH14-056C
021128100	20140701	190.19	0.00	190.19	190.19	85091-19	NH14-005G
021128100	20150101	193.56	0.00	193.56	193.56	85091-19	NH14-005G
021774300	20150101	243.17	0.00	243.17	243.17	85091-19	NH14-044C
021774300	20150901	242.96	0.00	242.96	242.96	85091-19	NH14-044C
022758700	20140701	234.73	0.00	234.73	234.73	85091-19	NH14-108C
022758700	20150101	237.47	0.00	237.47	237.47	85091-19	NH14-108C
023776600	20180201	267.46	0.00	267.46	267.46	85091-19	
023776600	20181001	263.44	0.00	263.44	263.44	85091-19	
025172100	20140701	204.89	0.00	204.89	204.89	85091-19	NH14-009G
025172100	20150101	208.39	0.00	208.39	208.39	85091-19	NH14-009G
026077100	20140101	254.09	0.00	254.09	254.09	85091-19	NH13-279C
026077100	20140701	266.44	0.00	266.44	266.44	85091-19	NH13-279C
032526100	20150101	209.20	0.00	209.20	209.20	85091-19	NH14-034C
032526100	20150901	207.15	0.00	207.15	207.15	85091-19	NH14-034C



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
1550 JESS PARRISH CT
TITUSVILLE, FL 32796-2147

Provider Number: 0 061109-00
Date: 3/13/2018
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.23	193.70	2/1/2012
	Level H: Aids	341.84	341.31	2/1/2012

Rate Type:

<input checked="" type="checkbox"/> Interim	_____ Total Interim	<input type="checkbox"/> Prospective	_____ Total Prospective
_____ Interim Component	_____ 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 #NH13-223C FYE 7/31/2012	

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751

Lisa Smith
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

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

Provider Number: 0 061109-00
Date: 3/13/2018
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.84	198.29	7/1/2012
	Level H: Aids	348.05	347.50	7/1/2012

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

FA & RFA #NH13-223C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 061109-00
Date: 3/13/2018
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 201.36
New Rate: 200.81
Effective Date: 8/1/2012

Level H: Aids

350.57 350.02 8/1/2012

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
 FA & RFA #NH13-223C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 061109-00
Date: 3/13/2018
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.31	202.75	1/1/2013
	Level H: Aids	354.12	353.56	1/1/2013

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 #NH13-223C FYE 7/31/2012

Distribution:

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

Provider Number: 0 061109-00
Date: 3/13/2018
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.12	207.54	7/1/2013

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

FA & RFA #NH13-223C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 061109-00
 Date: 3/13/2018
 Fiscal Year End: 7/31/2012
 Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
210.46	209.88	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
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH13-223C FYE 7/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 061109-00
Date: 3/13/2018
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>218.57</u>	<u>217.97</u>	<u>7/1/2014</u>

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
 Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH13-223C FYE 7/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

PINES NURSING HOME

301 NE 141 STREET

MIAMI, FL 33161

Provider Number:

0 155062-00

Date:

3/4/2019

Fiscal Year End:

3/31/2017

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>294.74</u>	<u>270.57</u>	<u>1/1/2019</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

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

Zainab Day

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Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

TIMBERRIDGE NURSING & REHAB CENTER
9848 SW 110TH ST
OCALA, FL 34481

Provider Number: 0 203335-00
Date: 1/23/2019
Fiscal Year End: 12/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.94</u>	<u>233.10</u>	<u>1/1/2015</u>

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
- FA & RFA #NH14-056C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TIMBERRIDGE NURSING & REHAB CENTER

9848 SW 110TH ST

OCALA, FL 34481

Provider Number:

0 203335-00

Date:

1/23/2019

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

236.95

New
Rate

237.47

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

Effects of FA & RFA #NH14-056C FYE
12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TIMBERRIDGE NURSING & REHAB CENTER

9848 SW 110TH ST

Ocala, FL 34481

Provider Number:

0 203335-00

Date:

1/23/2019

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

239.78

240.30

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

Effects of FA & RFA #NH14-056C FYE
12/31/2013

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

TIMBERRIDGE NURSING & REHAB CENTER
9848 SW 110TH ST
OCALA, FL 34481

Provider Number: 0 203335-00
Date: 1/23/2019
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
239.03 **239.54** **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

Effects of FA & RFA #NH14-056C 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



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Medicaid Reimbursement Per Diem Rates

HUNTINGTON PLACE
 1775 HUNTINGTON LANE
 ROCKLEDGE, FL 32955

Provider Number: 0 211281-00
 Date: 8/11/2017
 Fiscal Year End: 7/31/2013
 Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
193.57	190.19	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 #NH14-005G FYE 07/31/2013

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Genesis HealthCare Corp
 101 East State Street
 Kennett Square, PA 19348

EUH3R

Report Calculated: 8/11/2017 2:52:14 PM

Report Printed :9/15/2017

ID: 211281073120130801201204022014150902



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Medicaid Reimbursement Per Diem Rates

HUNTINGTON PLACE
 1775 HUNTINGTON LANE
 ROCKLEDGE, FL 32955

Provider Number: 0 211281-00
 Date: 8/11/2017
 Fiscal Year End: 7/31/2013
 Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>197.03</u>	<u>193.56</u>	<u>1/1/2015</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:	
<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 #NH14-005G FYE 07/31/2013	

Distribution:

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

Home Office: Genesis HealthCare Corp
 101 East State Street
 Kennett Square, PA 19348

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Medicaid Reimbursement Per Diem Rates

DAYTONA BEACH HEALTH AND REHABILITATION CENTER
1055 3RD STREET
DAYTONA BEACH, FL 32117-4196

Provider Number: 0 217743-00
Date: 12/6/2018
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 242.55, 243.17, 1/1/2015

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 Field Audit #NH14-044C FYE 6/30/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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

U0HWU

Report Calculated: 12/6/2018 10:30:06 AM

Report Printed :12/6/2018

ID: 217743063020140701201310222014161937



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Medicaid Reimbursement Per Diem Rates

DAYTONA BEACH HEALTH AND REHABILITATION CENTER
1055 3RD STREET
DAYTONA BEACH, FL 32117-4196

Provider Number: 0 217743-00
Date: 12/6/2018
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 242.33, 242.96, 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

Field Audit #NH14-044C FYE 6/30/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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

ROCKLEDGE HEALTH AND REHABILITATION CENTER	Provider Number:	0 227587-00
587 BARTON BLVD	Date:	10/18/2018
ROCKLEDGE, FL 32955	Fiscal Year End:	12/31/2013
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.21</u>	<u>234.73</u>	<u>7/1/2014</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"/> Field Audit #NH14-108C FYE 12/31/2013

Distribution:

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

Home Office: Greystone Healthcare Management
 4042 Park Oaks Blvd, Suite 300
 Tampa, FL 33610

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Medicaid Reimbursement Per Diem Rates

ROCKLEDGE HEALTH AND REHABILITATION CENTER
587 BARTON BLVD
ROCKLEDGE, FL 32955

Provider Number: 0 227587-00
Date: 10/18/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>240.45</u>	<u>237.47</u>	<u>1/1/2015</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 #NH14-108C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office: Greystone Healthcare Management
4042 Park Oaks Blvd, Suite 300
Tampa, FL 33610



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

PALMETTO SUBACUTE CARE CENTER
7600 SW 8TH STREET
MIAMI, FL 33144

Provider Number: 0 237766-00
Date: 11/29/2018
Fiscal Year End: 1/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
268.21	267.46	2/1/2018

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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP effective 02/01/2018

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



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMETTO SUBACUTE CARE CENTER

7600 SW 8TH STREET

MIAMI, FL 33144

Provider Number:

0 237766-00

Date:

11/29/2018

Fiscal Year End:

1/31/2019

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

263.44

263.44

10/1/2018

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

NRP CHOP effective 02/01/2018

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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_____ No Change in Rate

Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OAKHURST CENTER
1501 SE 24TH RD
OCALA, FL 34471-6005

Provider Number: 0 251721-00
Date: 9/5/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
210.28 **204.89** **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 #NH14-009G FYE 7/31/2013


Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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_____ No Change in Rate

Home Office: Genesis HealthCare
515 Fairmount Ave
STE 800
Towson, MD 21286



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OAKHURST CENTER
1501 SE 24TH RD
OCALA, FL 34471-6005

Provider Number: 0 251721-00
Date: 9/5/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
213.84 **208.39** **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 #NH14-009G FYE 7/31/2013

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Genesis HealthCare
515 Fairmount Ave
STE 800
Towson, MD 21286



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SINAI PLAZA NURSING & REHAB CENTER
 201 NE 112TH STREET
 MIAMI, FL 33161

Provider Number: 0 260771-00
 Date: 11/9/2018
 Fiscal Year End: 7/31/2013
 Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>254.10</u>	<u>254.09</u>	<u>1/1/2014</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 #NH13-279C FYE 7/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Hebrew Homes Management Services
 1800 NE 168th Street, Suite 200
 North Miami Beach, FL 33162



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SINAI PLAZA NURSING & REHAB CENTER

201 NE 112TH STREET

MIAMI, FL 33161

Provider Number:

0 260771-00

Date:

11/9/2018

Fiscal Year End:

7/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

266.45

New
Rate

266.44

Effective
Date

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 #NH13-279C FYE 7/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Hebrew Homes Management Services

1800 NE 168th Street, Suite 200

North Miami Beach, FL 33162

Zainab Day



Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-ORANGE PARK
570 WELLS RD
ORANGE PARK, FL 32073-2999

Provider Number: 0 325261-00
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>209.71</u>	<u>209.20</u>	<u>1/1/2015</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 #NH14-034C FYE 9/30/2014

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-ORANGE PARK
570 WELLS RD
ORANGE PARK, FL 32073-2999

Provider Number: 0 325261-00
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>207.65</u>	<u>207.15</u>	<u>9/1/2015</u>

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 #NH14-034C FYE 9/30/2014

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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