




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: May 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.	Surrey Place Care Center	0 001135-00	FA	2
2.	Lake Eustis Health and Rehabilitation Center	0 005851-00	FA	1
3.	San Marco Terrace Rehab and Care	0 022293-00	FA	3
4.	Pines Nursing Home	0 155062-00	NFQA	1
5.	Port St. Lucie Rehabilitation and Healthcare	0 192835-00	NRP CHOP/CHOW	2
6.	Sunnyside Nursing Home	0 202711-00	FA	2
7.	Ybor City Healthcare and Rehabilitation Center	0 212164-00	FA	1
8.	Quality Health of North Port	0 225053-00	FA	3
9.	Bear Creek Nursing Center	0 228567-00	FA & RFA	3
10.	Cypress Cove Care Center	0 228940-00	FA & RFA	1
11.	Jackson Plaza Nursing and Rehabilitation Center	0 253723-00	FA	3
12.	Bayview Center	0 260444-00	FA	5
13.	Tierra Pines Center	0 260568-00	FA	3
14.	Bonifay Nursing and Rehab Center	0 263443-00	FA	2
15.	Hialeah Nursing and Rehabilitation Center	0 265730-00	FA	2
16.	Ponce Plaza	0 308251-00	FA	1
17.	Signature Healthcare of Brookwoods Gardens	0 324418-00	FA	2
18.	Signature Healthcare of Port Charlotte	0 324477-00	FA	2
			TOTAL:	39

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



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)		
000113500	20150101	233.44	0.00	233.44	233.44	85567-19	NH14-040C
000113500	20150901	229.52	0.00	229.52	229.52	85567-19	NH14-040C
000585100	20140701	216.93	0.00	216.93	216.93	85567-19	NH14-124C
002229300	20120701	194.60	343.81	194.60	194.60	85567-19	NH13-157L
002229300	20130101	204.72	355.53	204.72	204.72	85567-19	NH13-157L
002229300	20130701	210.65	0.00	210.65	210.65	85567-19	NH13-157L
015506200	20190101	294.74	0.00	294.74	294.74	85567-19	
019283500	20180808	256.32	0.00	256.32	256.32	85567-19	
019283500	20181001	245.60	0.00	245.60	245.60	85567-19	
020271100	20130701	261.90	0.00	261.90	261.90	85567-19	NH13-254C
020271100	20140101	263.12	0.00	263.12	263.12	85567-19	NH13-254C
021216400	20140701	221.32	0.00	221.32	221.32	85567-19	NH14-106C
022505300	20140701	243.13	0.00	243.13	243.13	85567-19	NH14-138C
022505300	20150101	248.22	0.00	248.22	248.22	85567-19	NH14-138C
022505300	20150901	248.63	0.00	248.63	248.63	85567-19	NH14-138C
022856700	20140101	186.35	0.00	186.35	186.35	85567-19	NH14-126C
022856700	20140701	192.62	0.00	192.62	192.62	85567-19	NH14-126C
022856700	20150101	193.49	0.00	193.49	193.49	85567-19	NH14-126C
022894000	20140701	196.23	0.00	196.23	196.23	85567-19	NH14-088C
025372300	20140701	263.35	0.00	263.35	263.35	85567-19	NH14-088C
025372300	20150101	269.33	0.00	269.33	269.33	85567-19	NH14-088C
025372300	20150901	269.82	0.00	269.82	269.82	85567-19	NH14-088C
026044400	20140701	232.66	0.00	232.66	232.66	85567-19	NH14-073C
026044400	20150101	234.98	0.00	234.98	234.98	85567-19	NH14-073C
026044400	20150901	232.60	0.00	232.60	232.60	85567-19	NH14-073C
026044400	20160901	230.07	0.00	230.07	230.07	85567-19	NH14-073C
026044400	20170901	235.36	0.00	235.36	235.36	85567-19	NH14-073C
026056800	20140701	222.28	0.00	222.28	222.28	85567-19	NH14-075C
026056800	20150101	225.30	0.00	225.30	225.30	85567-19	NH14-075C
026056800	20150901	223.04	0.00	223.04	223.04	85567-19	NH14-075C
026344300	20140101	184.33	0.00	184.33	184.33	85567-19	NH14-117W
026344300	20140701	193.14	0.00	193.14	193.14	85567-19	NH14-117W
026573000	20140701	201.53	0.00	201.53	201.53	85567-19	NH14-082C
026573000	20150101	204.04	0.00	204.04	204.04	85567-19	NH14-082C
030825100	20140101	236.90	0.00	236.90	236.90	85567-19	NH13-282C
032441800	20150101	223.32	0.00	223.32	223.32	85567-19	NH14-039C
032441800	20150901	220.61	0.00	220.61	220.61	85567-19	NH14-039C
032447700	20150101	217.77	0.00	217.77	217.77	85567-19	NH14-036C
032447700	20150901	216.92	0.00	216.92	216.92	85567-19	NH14-036C



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

SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

1/2/2019

Fiscal Year End:

7/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

233.16

233.44

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 #NH14-040C FYE 7/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Signature Healthcare, LLC

12201 Bluegrass Parkway

Louisville, KY 40299

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

SURREY PLACE CARE CENTER

110 SE LEE AVE

LIVE OAK, FL 32060

Provider Number:

0 001135-00

Date:

1/2/2019

Fiscal Year End:

7/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

229.22

229.52

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 #NH14-040C FYE 7/31/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Signature Healthcare, LLC

12201 Bluegrass Parkway

Louisville, KY 40299



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Medicaid Reimbursement Per Diem Rates

LAKE EUSTIS HEALTH AND REHABILITATION CENTER
411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 8/10/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
217.49 216.93 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 #NH14-124C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

Lisa Smith



Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

SAN MARCO TERRACE REHAB AND CARE
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 022293-00
Date: 3/21/2019
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.33	194.60	7/1/2012
	Level H: Aids	348.54	343.81	7/1/2012

Rate Type:

<input type="checkbox"/> Interim	<input checked="" 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 checked="" 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 #NH13-157L FYE 12/31/2010

Distribution:

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 No Change in Rate

Zainab Day

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Medicaid Reimbursement Per Diem Rates

SAN MARCO TERRACE REHAB AND CARE	Provider Number:	0 022293-00
6209 BROOKS BARTRAM DRIVE	Date:	3/21/2019
BUIDLING 100	Fiscal Year End:	12/31/2011
JACKSONVILLE, FL 32258	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>204.71</u>	<u>204.72</u>	<u>1/1/2013</u>
Level H: Aids	<u>355.52</u>	<u>355.53</u>	<u>1/1/2013</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

Effects of Field Audit #NH13-157L FYE 12/31/2010

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Brooks Health System
3599 University Blvd, South
Jacksonville, FL 32216



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Medicaid Reimbursement Per Diem Rates

SAN MARCO TERRACE REHAB AND CARE
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 022293-00
Date: 3/21/2019
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
210.64 **210.65** **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

Effects of Field Audit #NH13-157L FYE
12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Brooks Health System
3599 University Blvd, South
Jacksonville, FL 32216

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Medicaid Reimbursement Per Diem Rates

PINES NURSING HOME	Provider Number:	0 155062-00
301 NE 141 STREET	Date:	4/5/2019
MIAMI, FL 33161	Fiscal Year End:	3/31/2017
	Audit Status:	Unaudited


Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	270.57	294.74	1/1/2019

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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Quality Assess-Medicaid Share removed effective 01/01/2019
<input type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Distribution:
 Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

PORT ST. LUCIE REHABILITATION AND HEALTHCARE	Provider Number:	0 192835-00
7300 OLEANDER AVE	Date:	10/24/2018
PORT ST LUCIE, FL 34952-8299	Fiscal Year End:	10/31/2017
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>235.96</u>	<u>256.32</u>	<u>8/8/2018</u>

Rate Type:

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

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"/> NRP CHOP/CHOW effective 8/8/2018

Distribution:


Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office: No Home Office


 Zainab Day
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Medicaid Reimbursement Per Diem Rates

PORT ST. LUCIE REHABILITATION AND HEALTHCARE
7300 OLEANDER AVE
PORT ST. LUCIE, FL 34952

Provider Number: 0 192835-00
Date: 10/24/2018
Fiscal Year End: 10/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
245.60	245.60	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/CHOW effective 8/8/2018

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

SUNNYSIDE NURSING HOME	Provider Number:	0 202711-00
5201 BAHIA VISTA STREET	Date:	8/22/2018
SARASOTA, FL 34232	Fiscal Year End:	6/30/2012
	Audit Status:	Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>261.98</u>	<u>261.90</u>	<u>7/1/2013</u>

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:

<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 #NH13-254C FYE 6/30/2012

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

SUNNYSIDE NURSING HOME
5201 BAHIA VISTA STREET
SARASOTA, FL 34232

Provider Number: 0 202711-00
Date: 8/22/2018
Fiscal Year End: 6/30/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>263.20</u>	<u>263.12</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 #NH13-254C FYE 6/30/2012

Lisa Smith



Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: Sunnyside Properties
5201 Bahia Vista Street
Sarasota, FL 34232



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

YBOR CITY HEALTHCARE AND REHABILITATION CENTER
1709 TALIAFERRO AVE
TAMPA, FL 33602

Provider Number: 0 212164-00
Date: 8/14/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
221.52 221.32 7/1/2014

Rate Type:

 Interim

 X Prospective

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

 X Total Prospective
 Total Prospective with Interim Component

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit #NH14-106C FYE 7/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Home Office: Summit Care II, Inc
 2123 Centre Pointe Blvd.
 Tallahassee, FL 32308

Lisa Smith

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

QUALITY HEALTH OF NORTH PORT
6940 OUTREACH WAY
NORTH PORT, FL 34287-0947

Provider Number: 0 225053-00
Date: 3/28/2019
Fiscal Year End: 2/28/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
243.90 **243.13** **7/1/2014**

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 #NH14-138C FYE 2/28/2014	

Distribution:

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

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Home Office: M-K Management, LLC
1181 Vickery Lane, Suite 200
Cordova, TN 38016-0633



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

QUALITY HEALTH OF NORTH PORT
6940 OUTREACH WAY
NORTH PORT, FL 34287-0947

Provider Number: 0 225053-00
Date: 3/28/2019
Fiscal Year End: 2/28/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
249.00	248.22	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 #NH14-138C FYE 2/28/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

M-K Management, LLC
1181 Vickery Lane, Suite 200
Cordova, TN 38016-0633



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

QUALITY HEALTH OF NORTH PORT
6940 OUTREACH WAY
NORTH PORT, FL 34287-0947

Provider Number: 0 225053-00
Date: 3/28/2019
Fiscal Year End: 2/28/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level


Current Rate New Rate Effective Date
249.53 **248.63** **9/1/2015**

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 #NH14-138C FYE 2/28/2014	

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

Zainab Day 
Medicaid Cost Reimbursement Planning and Finance

Home Office: M-K Management, LLC
1181 Vickery Lane, Suite 200
Cordova, TN 38016-0633



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

BEAR CREEK NURSING CENTER

8041 STATE RD 52

HUDSON, FL 34667-6726

Provider Number:

0 228567-00

Date:

12/20/2018

Fiscal Year End:

7/31/2013

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
188.96	186.35	1/1/2014

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

FA & RFA #NH14-126C 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:

Health Services Management
206 Fortress Blvd.
Murfreesboro, TN 37128



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

BEAR CREEK NURSING CENTER

8041 STATE RD 52

HUDSON, FL 34667-6726

Provider Number:

0 228567-00

Date:

12/20/2018

Fiscal Year End:

7/31/2013

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
195.29	192.62	7/1/2014

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

FA & RFA #NH14-126C FYE 7/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office: Health Services Management
206 Fortress Blvd.
Murfreesboro, TN 37128



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

BEAR CREEK NURSING CENTER

8041 STATE RD 52

HUDSON, FL 34667-6726

Provider Number:

0 228567-00

Date:

12/20/2018

Fiscal Year End:

7/31/2013

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
196.21	193.49	1/1/2015

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

FA & RFA #NH14-126C FYE 7/31/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Health Services Management

206 Fortress Blvd.

Murfreesboro, TN 37128

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

CYPRESS COVE CARE CENTER

700 SE 8TH AVE

CRYSTAL RIVER, FL 34429

Provider Number:

0 228940-00

Date:

12/21/2018

Fiscal Year End:

7/31/2013

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

198.53

196.23

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

FA & RFA #NH14-086C FYE 7/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

Health Services Management

206 Fortress Blvd.

Murfreesboro, TN 37128



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

JACKSON PLAZA NURSING & REHABILITATION CENTER
1861 NW 8TH AVENUE
MIAMI, FL 33136

Provider Number: 0 253723-00
Date: 7/26/2018
Fiscal Year End: 2/28/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
265.25	263.35	7/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> 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

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-088C FYE 02/28/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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



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

JACKSON PLAZA NURSING & REHABILITATION CENTER
1861 NW 8TH AVENUE
MIAMI, FL 33136

Provider Number: 0 253723-00
Date: 7/26/2018
Fiscal Year End: 2/28/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate 271.24
New Rate 269.33
Effective Date 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 #NH14-088C FYE 02/28/2014

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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

Lisa Smith



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

JACKSON PLAZA NURSING & REHABILITATION CENTER
1861 NW 8TH AVENUE
MIAMI, FL 33136

Provider Number: 0 253723-00
Date: 7/26/2018
Fiscal Year End: 2/28/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 271.69, 269.82, 9/1/2015

Rate Type:

Interim Total Interim
X Prospective 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 #NH14-088C FYE 02/28/2014

Distribution:

Contract Management / Fiscal Agent
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No Change in Rate

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

BAYVIEW CENTER
301 S BAY ST
EUSTIS, FL 32726

Provider Number: 0 260444-00
Date: 12/27/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
233.14	232.66	7/1/2014

Rate Type:

Interim

Total Interim

Prospective

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 #NH14-073C 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: OPIS Management Resources, LLC
10150 Highland Manor Drive
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

BAYVIEW CENTER
301 S BAY ST
EUSTIS, FL 32726

Provider Number: 0 260444-00
Date: 12/27/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
235.47 234.98 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 #NH14-073C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYVIEW CENTER

301 S BAY ST

EUSTIS, FL 32726

Provider Number:

0 260444-00

Date:

12/27/2018

Fiscal Year End:

12/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

233.09

232.60

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 #NH14-073C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

OPIS Management Resources, LLC
10150 Highland Manor Drive
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Tampa, FL 33610

Zainab Day

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYVIEW CENTER

301 S BAY ST

EUSTIS, FL 32726

Provider Number:

0 260444-00

Date:

12/27/2018

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>230.06</u>	<u>230.07</u>	<u>9/1/2016</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

Effects of Field Audit #NH14-073C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

Zainab Day



Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYVIEW CENTER

301 S BAY ST

EUSTIS, FL 32726

Provider Number:

0 260444-00

Date:

12/27/2018

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
235.35	235.36	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 Field Audit #NH14-073C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TIERRA PINES CENTER
7380 ULMERTON RD
LARGO, FL 33771

Provider Number: 0 260568-00
Date: 11/29/2017
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
222.32	222.28	7/1/2014

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 #NH14-075C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

Lisa Smith

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

TIERRA PINES CENTER
7380 ULMERTON RD
LARGO, FL 33771

Provider Number: 0 260568-00
Date: 11/29/2017
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	225.34	225.30	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 #NH14-075C FYE 12/31/2013	

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:

OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

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

TIERRA PINES CENTER
7380 ULMERTON RD
LARGO, FL 33771

Provider Number: 0 260568-00
Date: 11/29/2017
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
223.08	223.04	9/1/2015

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 #NH14-075C FYE 12/31/2013	

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BONIFAY NURSING AND REHAB CENTER
306 WEST BROCK AVENUE
BONIFAY, FL 32425

Provider Number: 0 263443-00
Date: 3/21/2018
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 185.35
New Rate: 184.33
Effective Date: 1/1/2014

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 #NH14-117W FYE 12/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Southern HealthCare Management, LLC
5887 Glenridge Drive, Suite 150
Atlanta, GA 30328



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

BONIFAY NURSING AND REHAB CENTER
306 WEST BROCK AVENUE
BONIFAY, FL 32425

Provider Number: 0 263443-00
Date: 3/21/2018
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
194.18	193.14	7/1/2014

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
 Field Audit #NH14-117W FYE 12/31/2012

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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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER
190 W 28TH STREET
HIALEAH, FL 33010

Provider Number: 0 265730-00
Date: 11/8/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 204.20
New Rate: 201.53
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 #NH14-082C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

BrightSNFCare,LLC d/b/a/ Carestrong
10800 Biscayne Boulevard
Suite 650
Miami, FL 33161

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

<u>HIALEAH NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 265730-00</u>
<u>190 W 28TH STREET</u>	Date:	<u>11/8/2018</u>
<u>HIALEAH, FL 33010</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		206.75	204.04	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 #NH14-082C FYE 12/31/2013	

Distribution:


Contract Management / Fiscal Agent

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No Change in Rate

Home Office: BrightSNFCare, LLC d/b/a/ Carestrong
10800 Biscayne Boulevard
Suite 650
Miami, FL 33161

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

PONCE PLAZA NURSING & REHABILITATION CENTER
335 SW 12 AVENUE
MIAMI, FL 33130

Provider Number: 0 308251-00
Date: 10/31/2018
Fiscal Year End: 1/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
240.97	236.90	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 #NH13-282C FYE 01/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

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



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

SIGNATURE HEALTHCARE OF BROOKWOOD GARDENS
1990 S CANAL DRIVE
HOMESTEAD, FL 33035

Provider Number: 0 324418-00
Date: 7/18/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 223.12, 223.32, 1/1/2015

Rate Type:

Interim Total Interim
X Prospective Total Prospective
X 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 #NH14-039C FYE 07/31/2014

Distribution:

Contract Management / Fiscal Agent
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No Change in Rate

Lisa Smith

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

SIGNATURE HEALTHCARE OF BROOKWOOD GARDENS
1990 S CANAL DRIVE
HOMESTEAD, FL 33035

Provider Number: 0 324418-00
Date: 7/18/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.41	220.61	9/1/2015

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

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-039C FYE 07/31/2014


Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith 

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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

SIGNATURE HEALTHCARE OF PORT CHARLOTTE
4033 BEAVER LANE
PORT CHARLOTTE, FL 33952

Provider Number: 0 324477-00
Date: 7/16/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
218.68 **217.77** **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 #NH14-036C FYE 7/31/2014

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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

SIGNATURE HEALTHCARE OF PORT CHARLOTTE

4033 BEAVER LANE

PORT CHARLOTTE, FL 33952

Provider Number:

0 324477-00

Date:

7/16/2018

Fiscal Year End:

7/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

217.84

New
Rate

216.92

Effective
Date

9/1/2015

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

Field Audit #NH14-036C FYE 7/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance