



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: August 30, 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. ✓	Plantation Key Nursing Center	0 044975-00	IRR Settlement	2
2. ✓	W. Frank Wells Nursing Home	0 211052-00	FA	2
3. ✓	Springtree Rehabilitation and Healthcare Center	0 225631-00	Interest Rate Correction	8
4. ✓	Pinellas Point Nursing and Rehab Center	0 263486-00	FA	2
5. ✓	Jacksonville Nursing and Rehab Center	0 263494-00	FA	2
6. ✓	Moultrie Creek Nursing and Rehab Center	0 263559-00	FA	1
7. ✓	Bayshore Pointe Nursing and Rehab Center	0 263575-00	FA	2
8. ✓	West Gables Healthcare Center	0 282359-00	FA	3
9. ✓	Tarpon Point Nursing and Rehabilitation Center	0 323781-00	FA	3
			<u>TOTAL:</u>	25

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



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)		
004497500	20170831	253.30	0.00	253.30	253.30	86615-19	
004497500	20170901	239.26	0.00	239.26	239.26	86615-19	
021105200	20140701	260.18	0.00	260.18	260.18	86615-19	NH14-145C
021105200	20150101	267.75	0.00	267.75	267.75	86615-19	NH14-145C
022563100	20130101	214.76	365.57	214.76	214.76	86615-19	
022563100	20130701	218.81	0.00	218.81	218.81	86615-19	
022563100	20140101	215.42	0.00	215.42	215.42	86615-19	
022563100	20140701	223.80	0.00	223.80	223.80	86615-19	
022563100	20150101	228.26	0.00	228.26	228.26	86615-19	
022563100	20150901	226.51	0.00	226.51	226.51	86615-19	
022563100	20160901	229.83	0.00	229.83	229.83	86615-19	
022563100	20170901	238.14	0.00	238.14	238.14	86615-19	
026348600	20160901	219.73	0.00	219.73	219.73	86615-19	NH15-113C
026348600	20170901	224.49	0.00	224.49	224.49	86615-19	NH15-113C
026349400	20160901	205.15	0.00	205.15	205.15	86615-19	NH15-112C
026349400	20170901	209.77	0.00	209.77	209.77	86615-19	NH15-112C
026355900	20140101	209.73	0.00	209.73	209.73	86615-19	NH14-118W
026357500	20160901	225.20	0.00	225.20	225.20	86615-19	NH15-117C
026357500	20170901	229.51	0.00	229.51	229.51	86615-19	NH15-117C
028235900	20140701	246.58	0.00	246.58	246.58	86615-19	NH14-128C
028235900	20150101	251.37	0.00	251.37	251.37	86615-19	NH14-128C
028235900	20150901	251.65	0.00	251.65	251.65	86615-19	NH14-128C
032378100	20140701	252.53	0.00	252.53	252.53	86615-19	NH14-129C
032378100	20150101	257.84	0.00	257.84	257.84	86615-19	NH14-129C
032378100	20150901	255.70	0.00	255.70	255.70	86615-19	NH14-129C



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

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 4/9/2019
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
254.49 **253.30** **8/31/2017**

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 checked="" 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"/> IRR Settlement FYE 7/31/2014	

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: Lyric Healthcare Holdings III, Inc
1423 Clarkview Road
Suite 500
Baltimore, MD 21090

Zainab Day
Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 4/9/2019
Fiscal Year End: 7/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 240.43, 239.26, 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, IRR Settlement FYE 7/31/2014

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Suite 500
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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

W. FRANK WELLS NURSING HOME

210 N 2ND ST

MACCLENNY, FL 32063

Provider Number:

0 211052-00

Date:

5/14/2019

Fiscal Year End:

9/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>259.62</u>	<u>260.18</u>	<u>7/1/2014</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 #NH14-145C FYE 9/30/2013

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Medicaid Cost Reimbursement Planning and Finance

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Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

W. FRANK WELLS NURSING HOME

210 N 2ND ST

MACCLENNY, FL 32063

Provider Number:

0 211052-00

Date:

5/14/2019

Fiscal Year End:

9/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
267.19	267.75	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 #NH14-145C FYE 9/30/2013

Zainab Day

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Distribution:

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Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPRINGTREE REHABILITATION & HEALTH CARE CENTER
4251 SPRINGTREE DRIVE
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00
Date: 8/22/2019
Fiscal Year End: 8/31/2011
Audit Status: Unaudited

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

Rate Type:

Form with checkboxes for Interim and Prospective rate types, and sub-options like Total Interim, Interim Component, etc.

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change and Interest Rate Correction effective 07/01/2011.

Distribution:

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

Home Office: Millenium Health Systems
5310 NW 33rd Avenue
Suite 211
Ft. Lauderdale, FL 33309

Zainab Day (Signature)

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

SPRINGTREE REHABILITATION & HEALTH CARE CENTER
4251 SPRINGTREE DRIVE
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00
Date: 8/22/2019
Fiscal Year End: 8/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.78	218.81	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

Interest Rate Correction effective 07/01/2011

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office: Millenium Health Systems
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Medicaid Reimbursement Per Diem Rates

SPRINGTREE REHABILITATION & HEALTH CARE CENTER
4251 SPRINGTREE DRIVE
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00
Date: 8/22/2019
Fiscal Year End: 8/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
211.36	215.42	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

Interest Rate Correction effective 07/01/2011

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SPRINGTREE REHABILITATION & HEALTH CARE CENTER
4251 SPRINGTREE DRIVE
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00
Date: 8/22/2019
Fiscal Year End: 8/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 219.60, 223.80, 7/1/2014

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

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Interest Rate Correction effective 07/01/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

SPRINGTREE REHABILITATION & HEALTH CARE CENTER
4251 SPRINGTREE DRIVE
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00
Date: 8/22/2019
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>224.05</u>	<u>228.26</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

Interest Rate Correction effective 07/01/2011

Zainab Day

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Medicaid Reimbursement Per Diem Rates

SPRINGTREE REHABILITATION & HEALTH CARE CENTER
4251 SPRINGTREE DRIVE
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00
Date: 8/22/2019
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
222.33	226.51	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

Interest Rate Correction effective 07/01/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

SPRINGTREE REHABILITATION & HEALTH CARE CENTER
4251 SPRINGTREE DRIVE
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00
Date: 8/22/2019
Fiscal Year End: 2/29/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 225.66
New Rate: 229.83
Effective Date: 9/1/2016

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

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Interest Rate Correction effective 07/01/2011

Zainab Day

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Distribution:

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No Change in Rate

Home Office:

Millenium Health Systems

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Suite 211

Ft. Lauderdale, FL 33309



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPRINGTREE REHABILITATION & HEALTH CARE CENTER
4251 SPRINGTREE DRIVE
SUNRISE, FL 33351-6119

Provider Number: 0 225631-00
Date: 8/22/2019
Fiscal Year End: 2/28/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 233.98
New Rate: 238.14
Effective Date: 9/1/2017

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

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Interest Rate Correction effective 07/01/2011

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office:

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5310 NW 33rd Avenue
Suite 211
Ft. Lauderdale, FL 33309



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PINELLAS POINT NURSING AND REHAB CENTER
5601 31ST ST S
SAINT PETERSBURG, FL 33712

Provider Number: 0 263486-00
Date: 8/14/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 220.26, 219.73, 9/1/2016

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 #NH15-113C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

PINELLAS POINT NURSING AND REHAB CENTER
5601 31ST ST S
SAINT PETERSBURG, FL 33712

Provider Number: 0 263486-00
Date: 8/14/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>225.03</u>	<u>224.49</u>	<u>9/1/2017</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 #NH15-113C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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_____ For Information Only

_____ No Change in Rate

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JACKSONVILLE NURSING AND REHAB CENTER

4134 DUNN AVENUE

JACKSONVILLE, FL 32218

Provider Number:

0 263494-00

Date:

5/29/2019

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate

205.84

New Rate

205.15

Effective Date

9/1/2016

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 #NH15-112C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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For Information Only

No Change in Rate

Home Office:

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Atlanta, GA 30328



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JACKSONVILLE NURSING AND REHAB CENTER
4134 DUNN AVENUE
JACKSONVILLE, FL 32218

Provider Number: 0 263494-00
Date: 5/29/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
210.47	209.77	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

Field Audit #NH15-112C FYE 12/31/2015

Distribution:

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No Change in Rate

Zainab Day

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MOULTRIE CREEK NURSING AND REHAB CENTER
200 MARINER HEALTH WAY
SAINT AUGUSTINE, FL 32086

Provider Number: 0 263559-00
Date: 7/18/2018
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
210.27 209.73 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
 Field Audit #NH14-118W FYE 12/31/2012

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

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

YC85C

Report Calculated: 7/18/2018 3:47:21 PM

Report Printed :7/18/2018

ID: 263559123120120101201209122013102406



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYSHORE POINTE NURSING AND REHAB CENTER
3117 W GANDY BLVD
TAMPA, FL 33611-2927

Provider Number: 0 263575-00
Date: 5/23/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 225.73, 225.20, 9/1/2016

Rate Type: Interim, Prospective. Total Interim, Total Prospective, Total Prospective with Interim Component. Settlement based on cost, Prior Provider Prospective data.

Basis: Budget, Unaudited costs, Field audited costs (checked), Desk audited costs.

Changes: Rate Semester Change, Field Audit #NH15-117C FYE 12/31/2015 (checked).

Distribution:

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

Home Office: Southern HealthCare Management, LLC
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Atlanta, GA 30328

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYSHORE POINTE NURSING AND REHAB CENTER
 3117 W GANDY BLVD
 TAMPA, FL 33611-2927

Provider Number: 0 263575-00
 Date: 5/23/2019
 Fiscal Year End: 12/31/2016
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
229.49	229.51	9/1/2017

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 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 #NH15-117C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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_____ No Change in Rate

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 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

WEST GABLES HEALTH CARE CENTER
2525 SW 75TH AVENUE
MIAMI, FL 33155

Provider Number: 0 282359-00
Date: 5/29/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate 247.13
New Rate 246.58
Effective Date 7/1/2014

Rate Type:
Interim
X Prospective
Total Interim
Interim Component
Settlement based on cost
Prior Provider Prospective data
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 #NH14-128C FYE 12/31/2013

Distribution:

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No Change in Rate

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Home Office: Preferred Care Inc.
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Plano, TX 75093



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEST GABLES HEALTH CARE CENTER
2525 SW 75TH AVENUE
MIAMI, FL 33155

Provider Number: 0 282359-00
Date: 5/29/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 251.93, 251.37, 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 #NH14-128C FYE 12/31/2013

Zainab Day

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Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEST GABLES HEALTH CARE CENTER
2525 SW 75TH AVENUE
MIAMI, FL 33155

Provider Number: 0 282359-00
Date: 5/29/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
252.21 **251.65** **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 #NH14-128C 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:

Preferred Care Inc.
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TARPON POINT NURSING AND REHABILITATION CENTER
5157 PARK CLUB DRIVE
SARASOTA, FL 34235

Provider Number: 0 323781-00
Date: 6/6/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate (253.74), New Rate (252.53), Effective Date (7/1/2014)

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 #NH14-129C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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For Information Only

No Change in Rate

Home Office: Preferred Care Inc.
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Plano, TX 75093



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TARPON POINT NURSING AND REHABILITATION CENTER
5157 PARK CLUB DRIVE
SARASOTA, FL 34235

Provider Number: 0 323781-00
Date: 6/6/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
259.10 257.84 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

Field Audit #NH14-129C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

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5500 W. Plano Parkway
Plano, TX 75093

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Report Calculated: 6/6/2019 9:05:31 AM

Report Printed :6/6/2019

ID: 323781123120130101201304232014132625



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Medicaid Reimbursement Per Diem Rates

TARPON POINT NURSING AND REHABILITATION CENTER
5157 PARK CLUB DRIVE
SARASOTA, FL 34235

Provider Number: 0 323781-00
Date: 6/6/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
256.94 255.70 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 #NH14-129C FYE 12/31/2013

Distribution:

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

Home Office: Preferred Care Inc.
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Zainab Day

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