




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: September 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.	Victoria Nursing and Rehabilitation Center, Inc.	0 046128-00	FA	6
2.	Spring Hill Health and Rehabilitation Center	0 059877-00	FA & RFA	4
3.	The Oaks of Clearwater	0 101391-00	FA	5
4.	Brooksville HealthCare Center	0 228958-00	FA & RFA	1
5.	Orchard Ridge	0 252689-00	FA	2
6.	Boynton Beach Rehabilitation Center	0 263460-00	FA	2
7.	Kendall Lakes Health and Rehabilitation Center	1 021302-00	New Facility	3
8.	Pruitthealth-Panama City	1 023745-00	New Facility	3
			<u>TOTAL:</u>	26

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



		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
004612800	20140101	228.15	0.00	228.15	228.15	86882-19	NH14-151C
004612800	20140701	241.14	0.00	241.14	241.14	86882-19	NH14-151C
004612800	20150101	246.34	0.00	246.34	246.34	86882-19	NH14-151C
004612800	20150901	246.87	0.00	246.87	246.87	86882-19	NH14-151C
004612800	20160901	247.01	0.00	247.01	247.01	86882-19	NH14-151C
004612800	20170901	250.14	0.00	250.14	250.14	86882-19	NH14-151C
005987700	20130101	199.16	349.97	199.16	199.16	86882-19	NH13-227C
005987700	20130701	204.40	0.00	204.40	204.40	86882-19	NH13-227C
005987700	20140101	204.90	0.00	204.90	204.90	86882-19	NH13-227C
005987700	20140701	214.96	0.00	214.96	214.96	86882-19	NH13-227C
010139100	20140117	192.09	0.00	192.09	192.09	86882-19	NH15-020W
010139100	20140701	199.54	0.00	199.54	199.54	86882-19	NH15-020W
010139100	20150101	205.51	0.00	205.51	205.51	86882-19	NH15-020W
010139100	20150901	202.85	0.00	202.85	202.85	86882-19	NH15-020W
010139100	20160901	204.26	0.00	204.26	204.26	86882-19	NH15-020W
022895800	20140701	190.07	0.00	190.07	190.07	86882-19	NH14-087C
025268900	20140701	201.02	0.00	201.02	201.02	86882-19	NH14-012G
025268900	20150101	205.59	0.00	205.59	205.59	86882-19	NH14-012G
026346000	20160901	210.07	0.00	210.07	210.07	86882-19	NH15-120C
026346000	20170901	214.16	0.00	214.16	214.16	86882-19	NH15-120C
102130200	20190218	299.58	0.00	299.58	299.58	86882-19	
102130200	20190701	284.83	0.00	284.83	284.83	86882-19	
102130200	20191001	285.59	0.00	285.59	285.59	86882-19	
102374500	20181214	262.94	0.00	262.94	262.94	86882-19	
102374500	20190701	249.03	0.00	249.03	249.03	86882-19	
102374500	20191001	249.40	0.00	249.40	249.40	86882-19	



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

VICTORIA NURSING AND REHABILITATION CENTER, INC.
955 NW 3RD ST
MIAMI, FL 33128

Provider Number: 0 046128-00
Date: 5/23/2019
Fiscal Year End: 2/28/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 233.55
New Rate: 228.15
Effective Date: 1/1/2014

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

Basis: Budget, Unaudited costs, Field audited costs, Desk audited costs

Changes: Rate Semester Change, Field Audit #NH14-151C FYE 2/28/2013

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VICTORIA NURSING AND REHABILITATION CENTER, INC.	Provider Number:	0 046128-00
955 NW 3RD ST	Date:	5/23/2019
MIAMI, FL 33128	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	245.44	241.14	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 checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH14-151C FYE 2/28/2013

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VICTORIA NURSING AND REHABILITATION CENTER, INC.
955 NW 3RD ST
MIAMI, FL 33128

Provider Number: 0 046128-00
Date: 5/23/2019
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Table with 4 columns: Provider Type, Single Level, Current Rate (250.67), New Rate (246.34), Effective Date (1/1/2015)

Rate Type:

Form with checkboxes for Interim and Prospective rates, and options for Total Interim, Total Prospective, and Settlement based on cost.

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change and Effects of Field Audit #NH14-151C FYE 2/28/2013.

Distribution:

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

Zainab Day (Signature)

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VICTORIA NURSING AND REHABILITATION CENTER, INC.
955 NW 3RD ST
MIAMI, FL 33128

Provider Number: 0 046128-00
Date: 5/23/2019
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 251.19
New Rate: 246.87
Effective Date: 9/1/2015

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of Field Audit #NH14-151C FYE 2/28/2013

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

VICTORIA NURSING AND REHABILITATION CENTER, INC.
955 NW 3RD ST
MIAMI, FL 33128

Provider Number: 0 046128-00
Date: 5/23/2019
Fiscal Year End: 2/29/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
251.57	247.01	9/1/2016

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

Effects of Field Audit #NH14-151C FYE 2/28/2013

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: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VICTORIA NURSING AND REHABILITATION CENTER, INC.
955 NW 3RD ST
MIAMI, FL 33128

Provider Number: 0 046128-00
Date: 5/23/2019
Fiscal Year End: 2/28/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
254.77	250.14	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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH14-151C FYE 2/28/2013

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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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPRING HILL HEALTH AND REHABILITATION CENTER
12170 CORTEZ BLVD
BROOKSVILLE, FL 34613-5578

Provider Number: 0 059877-00
Date: 5/13/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

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, Prospective, Total Interim, Total Prospective, Interim Component, Total Prospective with Interim Component, Settlement based on cost, and Prior Provider Prospective data.

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change and FA & RFA #NH13-227C FYE 07/31/2012.

Distribution:

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

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751

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

SPRING HILL HEALTH AND REHABILITATION CENTER
12170 CORTEZ BLVD
BROOKSVILLE, FL 34613-5578

Provider Number: 0 059877-00
Date: 5/13/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 204.91
New Rate: 204.40
Effective Date: 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 #NH13-227C FYE 07/31/2012

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Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

CMCII
800 Concourse Parkway South
Maitland, FL 32751



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPRING HILL HEALTH AND REHABILITATION CENTER
12170 CORTEZ BLVD
BROOKSVILLE, FL 34613-5578

Provider Number: 0 059877-00
Date: 5/13/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 205.41
New Rate: 204.90
Effective Date: 1/1/2014

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

FA & RFA #NH13-227C FYE 07/31/2012

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Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPRING HILL HEALTH AND REHABILITATION CENTER
12170 CORTEZ BLVD
BROOKSVILLE, FL 34613-5578

Provider Number: 0 059877-00
Date: 5/13/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 215.49, 214.96, 7/1/2014

Rate Type:

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

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA & RFA #NH13-227C FYE 07/31/2012

Distribution:

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

Zainab Day (Signature)

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE OAKS OF CLEARWATER

420 BAY AVE

CLEARWATER, FL 33756

Provider Number:

0 101391-00

Date:

5/22/2019

Fiscal Year End:

12/31/2014

Audit Status:

Field Audited

Provider Type:

Current Rate	New Rate	Effective Date
192.54	192.09	1/17/2014

Nursing Home Single Level

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 #NH15-020W FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

TJM Properties
5801 Ulmerton Road
Suite 200
Clearwater, FL 33760

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

THE OAKS OF CLEARWATER
420 BAY AVE
CLEARWATER, FL 33756

Provider Number: 0 101391-00
Date: 5/22/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
199.99	199.54	7/1/2014

Rate Type:

<input checked="" type="checkbox"/>	Interim	_____	Total Interim	<input type="checkbox"/>	Prospective	_____	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
<input checked="" type="checkbox"/>	Field audited costs
_____	Desk audited costs

Changes:

_____	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH15-020W FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: TJM Properties
5801 Ulmerton Road
Suite 200
Clearwater, FL 33760

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

THE OAKS OF CLEARWATER

420 BAY AVE

CLEARWATER, FL 33756

Provider Number:

0 101391-00

Date:

5/22/2019

Fiscal Year End:

12/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
205.97	205.51	1/1/2015

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-020W FYE 12/31/2014

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

TJM Properties
5801 Ulmerton Road
Suite 200
Clearwater, FL 33760



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

THE OAKS OF CLEARWATER

420 BAY AVE

CLEARWATER, FL 33756

Provider Number:

0 101391-00

Date:

5/22/2019

Fiscal Year End:

12/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

203.30

New
Rate

202.85

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 #NH15-020W FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

TJM Properties
5801 Ulmerton Road
Suite 200
Clearwater, FL 33760

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

THE OAKS OF CLEARWATER

420 BAY AVE

CLEARWATER, FL 33756

Provider Number:

0 101391-00

Date:

5/22/2019

Fiscal Year End:

12/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

204.71

204.26

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

Field Audit #NH15-020W FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

TJM Properties
5801 Ulmerton Road
Suite 200
Clearwater, FL 33760

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

BROOKSVILLE HEALTHCARE CENTER
1114 CHATMAN BLVD
BROOKSVILLE, FL 34601

Provider Number: 0 228958-00
Date: 12/27/2018
Fiscal Year End: 7/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
190.12	190.07	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"/> FA & RFA #NH14-087C FYE 7/31/2013

Retro folder

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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

ORCHARD RIDGE	Provider Number:	0 252689-00
4927 VOORHEES RD	Date:	12/21/2018
NEW PORT RICHEY, FL 34653	Fiscal Year End:	7/31/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>207.98</u>	<u>201.02</u>	<u>7/1/2014</u>

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-012G FYE 7/31/2013

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

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

ORCHARD RIDGE
4927 VOORHEES RD
NEW PORT RICHEY, FL 34653

Provider Number: 0 252689-00
Date: 12/21/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
212.64	205.59	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 #NH14-012G FYE 7/31/2013

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BOYNTON BEACH REHABILITATION CENTER

9600 LAWRENCE RD

BOYNTON BEACH, FL 33436-3300

Provider Number:

0 263460-00

Date:

5/14/2019

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate

New Rate

Effective Date

210.70

210.07

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 #NH15-120C FYE 12/31/2015

Zainab Day

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



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

BOYNTON BEACH REHABILITATION CENTER

9600 LAWRENCE RD

BOYNTON BEACH, FL 33436-3300

Provider Number:

0 263460-00

Date:

5/14/2019

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.19	214.16	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

Effects of Field Audit #NH15-120C FYE 12/31/2015

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Medicaid Reimbursement Per Diem Rates

KENDALL LAKES HEALTH AND REHABILITATION CENTER
5280 SW 157 AVENUE
MIAMI, FL 33185

Provider Number: 1 021302-00
Date: 9/26/2019
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 0.00
New Rate: 299.58
Effective Date: 2/18/2019

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 New facility effective 2/18/2019

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

Greystone Healthcare Management Corp.
4042 Park Oaks Blvd, Suite 300
Tampa, FL 33610



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KENDALL LAKES HEALTH AND REHABILITATION CENTER
5280 SW 157 AVENUE
MIAMI, FL 33185

Provider Number: 1 021302-00
 Date: 9/26/2019
 Fiscal Year End: N/A
 Audit Status: Unaudited

Provider Type:


		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>0.00</u>	<u>284.83</u>	<u>7/1/2019</u>

Rate Type:	
	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component

Changes:	
	<input checked="" type="checkbox"/> New facility effective 2/18/2019

Distribution:

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 No Change in Rate

Zainab Day 
 Medicaid Cost Reimbursement Planning and Finance

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KENDALL LAKES HEALTH AND REHABILITATION CENTER
5280 SW 157 AVENUE
MIAMI, FL 33185

Provider Number: 1 021302-00
 Date: 9/26/2019
 Fiscal Year End: N/A
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>0.00</u>	<u>285.59</u>	<u>10/1/2019</u>

Rate Type:	
	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component

Changes:	
	<input checked="" type="checkbox"/> New facility effective 2/18/2019

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PRUITTHEALTH - PANAMA CITY
3212 JENKS AVENUE
PANAMA CITY, FL 32405

Provider Number: 1 023745-00
Date: 9/25/2019
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	262.94	12/14/2018

Rate Type:

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

<input type="checkbox"/>	Prospective	
		Total Prospective
		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"/>	New facility effective 12/14/2018

Distribution:

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Zainab Day



Medicaid Cost Reimbursement Planning and Finance



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PRUITTHEALTH - PANAMA CITY
3212 JENKS AVENUE
PANAMA CITY, FL 32405

Provider Number: 1 023745-00
 Date: 9/25/2019
 Fiscal Year End: N/A
 Audit Status: Unaudited

Provider Type:

		Current	New	Effective
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>0.00</u>	<u>249.03</u>	<u>7/1/2019</u>

Rate Type:	
	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component

Changes:	
	<input checked="" type="checkbox"/> New facility effective 12/14/2018

Distribution:

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 No Change in Rate

Zainab Day 
 Medicaid Cost Reimbursement Planning and Finance

Home Office: PruittHealth Inc.
1626 Jeurgens Court
Norcross, GA 30093



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

PRUITTHEALTH - PANAMA CITY
3212 JENKS AVENUE
PANAMA CITY, FL 32405

Provider Number: 1 023745-00
 Date: 9/25/2019
 Fiscal Year End: N/A
 Audit Status: Unaudited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>0.00</u>	<u>249.40</u>	<u>10/1/2019</u>

Rate Type:

Prospective

Total Prospective

Total Prospective with Interim Component

Changes:

New facility effective 12/14/2018

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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 1626 Jeurgens Court
 Norcross, GA 30093