




RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

## MEMORANDUM

**Date:** November 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	Mortgage Correction from FA	6
2.	Wood Lake Nursing and Rehabilitation Center	0 047788-00	FA & RFA	5
3.	Osprey Point Nursing Center	0 092678-00	FA	7
4.	Arcadia Health and Rehabilitation Center	0 100509-00	FA	6
5.	Joseph L Morse Geriatric Center Inc.	0 207381-00	FA	1
6.	The Ponce Therapy Care Center	1 022071-00	NRP CHOP/CHOW	3
7.	Harmony Health Center	1 031622-00	New Facility	2
			<b><u>TOTAL:</u></b>	30

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	231.98	0.00	231.98	231.98	87124-19	NH14-151C
004612800	20140701	245.12	0.00	245.12	245.12	87124-19	NH14-151C
004612800	20150101	250.35	0.00	250.35	250.35	87124-19	NH14-151C
004612800	20150901	250.87	0.00	250.87	250.87	87124-19	NH14-151C
004612800	20160901	251.23	0.00	251.23	251.23	87124-19	NH14-151C
004612800	20170901	254.42	0.00	254.42	254.42	87124-19	NH14-151C
004778800	20130101	216.48	367.29	216.48	216.48	87124-19	NH13-219C
004778800	20130701	222.07	0.00	222.07	222.07	87124-19	NH13-219C
004778800	20140101	224.25	0.00	224.25	224.25	87124-19	NH13-219C
004778800	20140701	233.98	0.00	233.98	233.98	87124-19	NH13-219C
004778800	20160901	214.77	0.00	214.77	214.77	87124-19	NH16-096C
009267800	20130801	204.80	0.00	204.80	204.80	87124-19	NH15-050C
009267800	20140101	206.75	0.00	206.75	206.75	87124-19	NH15-050C
009267800	20140201	207.91	0.00	207.91	207.91	87124-19	NH15-050C
009267800	20140701	219.25	0.00	219.25	219.25	87124-19	NH15-050C
009267800	20150101	225.05	0.00	225.05	225.05	87124-19	NH15-050C
009267800	20150901	224.84	0.00	224.84	224.84	87124-19	NH15-050C
009267800	20160901	226.18	0.00	226.18	226.18	87124-19	NH15-050C
010050900	20131201	213.34	0.00	213.34	213.34	87124-19	NH15-090C
010050900	20140101	217.04	0.00	217.04	217.04	87124-19	NH15-090C
010050900	20140701	228.08	0.00	228.08	228.08	87124-19	NH15-090C
010050900	20150101	232.16	0.00	232.16	232.16	87124-19	NH15-090C
010050900	20150901	230.44	0.00	230.44	230.44	87124-19	NH15-090C
010050900	20160901	233.24	0.00	233.24	233.24	87124-19	NH15-090C
020738100	20160901	248.59	0.00	248.59	248.59	87124-19	NH15-091C
102207100	20190601	267.70	0.00	267.70	267.70	87124-19	
102207100	20190701	249.17	0.00	249.17	249.17	87124-19	
102207100	20191001	248.11	0.00	248.11	248.11	87124-19	
103162200	20190717	228.79	0.00	228.79	228.79	87124-19	
103162200	20191001	231.42	0.00	231.42	231.42	87124-19	



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: 11/13/2019  
Fiscal Year End: 2/28/2013  
Audit Status: Field Audited

**Provider Type:**

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>228.15</u>	<u>231.98</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

Mortgage Correction from FA NH14-151C FYE 2/28/2013 Effective 01/01/2014.

**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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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 046128-00  
Date: 11/13/2019  
Fiscal Year End: 2/28/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
241.14    245.12    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

Effects of Mortgage Correction from FA NH14-151C FYE 2/28/2013 Effective 01/01/2014.

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 046128-00
Date: 11/13/2019
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate (246.34), New Rate (250.35), Effective Date (1/1/2015)

Rate Type:

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

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change, Effects of Mortgage Correction from FA NH14-151C

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 046128-00
Date: 11/13/2019
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 246.87, 250.87, 9/1/2015.

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Effects of Mortgage Correction from FA NH14-151C FYE 2/28/2013 Effective 01/01/2014.

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Home Office:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 046128-00
Date: 11/13/2019
Fiscal Year End: 2/29/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 247.01
New Rate: 251.23
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 Effects of Mortgage Correction from FA NH14-151C FYE 2/28/2013 Effective 01/01/2014.

Distribution:

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No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 046128-00
Date: 11/13/2019
Fiscal Year End: 2/28/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 250.14, 254.42, 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 Mortgage Correction from FA NH14-151C FYE 2/28/2013 Effective 01/01/2014.

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Home Office:

No Home Office





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**Medicaid Reimbursement Per Diem Rates**

WOOD LAKE NURSING AND REHABILITATION CENTER  
6414 13TH RD S  
GREENACRES, FL 33415-1401

Provider Number: 0 047788-00  
Date: 11/8/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.75</u>	<u>216.48</u>	<u>1/1/2013</u>
	Level H: Aids	<u>367.56</u>	<u>367.29</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

FA & RFA #NH13/219C FYE 07/31/2012

**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Zainab Day

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**Medicaid Reimbursement Per Diem Rates**

WOOD LAKE NURSING AND REHABILITATION CENTER  
6414 13TH RD S  
GREENACRES, FL 33415-1401

Provider Number: 0 047788-00  
Date: 11/8/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
222.36	222.07	7/1/2013

**Rate Type:**

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

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

FA & RFA #NH13/219C FYE 07/31/2012

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**Medicaid Reimbursement Per Diem Rates**

WOOD LAKE NURSING AND REHABILITATION CENTER  
6414 13TH RD S  
GREENACRES, FL 33415-1401

Provider Number: 0 047788-00  
Date: 11/8/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
224.53	224.25	1/1/2014

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH13/219C FYE 07/31/2012

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\_\_\_\_\_ No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

WOOD LAKE NURSING AND REHABILITATION CENTER  
6414 13TH RD S  
GREENACRES, FL 33415-1401

Provider Number: 0 047788-00  
Date: 11/8/2019  
Fiscal Year End: 7/31/2012  
Audit Status: Revised Field Audit

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
234.27	233.98	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 #NH13/219C FYE 07/31/2012

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**Medicaid Reimbursement Per Diem Rates**

WOOD LAKE NURSING AND REHABILITATION CENTER  
6414 13TH RD S  
GREENACRES, FL 33415-1401

Provider Number: 0 047788-00  
Date: 10/22/2019  
Fiscal Year End: 12/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
217.56    214.77    9/1/2016

<b>Rate Type:</b>	
<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	

<b>Basis:</b>
<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

<b>Changes:</b>
<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH16-096C FYE 12/31/2014

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No Change in Rate

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**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

OSPREY POINT NURSING CENTER  
1104 NORTH MAIN STREET  
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00  
Date: 10/21/2019  
Fiscal Year End: 1/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
205.34	204.80	8/1/2013

Rate Type:	
<input checked="" type="checkbox"/>	Interim
<input type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim
<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component
<input type="checkbox"/>	Total Prospective with Interim Component
<input 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 #NH15-050C FYE 1/31/2014

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

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

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

OSPREY POINT NURSING CENTER  
1104 NORTH MAIN STREET  
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00  
Date: 10/21/2019  
Fiscal Year End: 1/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**207.30**    **206.75**    **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 #NH15-050C FYE 1/31/2014

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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**Medicaid Reimbursement Per Diem Rates**

OSPREY POINT NURSING CENTER  
1104 NORTH MAIN STREET  
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00  
Date: 10/21/2019  
Fiscal Year End: 1/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**208.52**    **207.91**    **2/1/2014**

**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 #NH15-050C FYE 1/31/2014

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Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

OSPREY POINT NURSING CENTER  
1104 NORTH MAIN STREET  
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00  
Date: 10/21/2019  
Fiscal Year End: 1/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**219.88**    **219.25**    **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 #NH15-050C FYE 1/31/2014

**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00
Date: 10/21/2019
Fiscal Year End: 1/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 225.71, 225.05, 1/1/2015

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

Field Audit #NH15-050C FYE 1/31/2014

Distribution:

Contract Management / Fiscal Agent

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**Medicaid Reimbursement Per Diem Rates**

OSPREY POINT NURSING CENTER  
1104 NORTH MAIN STREET  
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00  
Date: 10/21/2019  
Fiscal Year End: 1/31/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
225.94	224.84	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 #NH15-050C FYE 1/31/2014

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Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00
Date: 10/21/2019
Fiscal Year End: 1/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate 227.28
New Rate 226.18
Effective Date 9/1/2016

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

Field Audit #NH15-050C FYE 1/31/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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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

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ARCADIA HEALTH & REHABILITATION CENTER  
10095 HILLVIEW ROAD  
PENSACOLA, FL 32514

Provider Number: 0 100509-00  
Date: 10/16/2019  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
213.76	213.34	12/1/2013

Rate Type:	
<input checked="" type="checkbox"/>	Interim
<input type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim
<input type="checkbox"/>	Interim Component
<input checked="" 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 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 #NH15-090C FYE 6/30/2014

**Distribution:**

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 No Change in Rate

**Zainab Day**  
Medicaid Cost Reimbursement Planning and Finance

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



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**

ARCADIA HEALTH & REHABILITATION CENTER  
10095 HILLVIEW ROAD  
PENSACOLA, FL 32514

Provider Number: 0 100509-00  
Date: 10/16/2019  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
217.45	217.04	1/1/2014

**Rate Type:**

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

**Basis:**

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

**Changes:**

	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH15-090C FYE 6/30/2014

**Distribution:**

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No Change in Rate

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

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**

ARCADIA HEALTH & REHABILITATION CENTER  
10095 HILLVIEW ROAD  
PENSACOLA, FL 32514

Provider Number: 0 100509-00  
Date: 10/16/2019  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**228.58**    **228.08**    **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 #NH15-090C FYE 6/30/2014

**Distribution:**

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ARCADIA HEALTH & REHABILITATION CENTER  
10095 HILLVIEW ROAD  
PENSACOLA, FL 32514

Provider Number: 0 100509-00  
Date: 10/16/2019  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home Single Level

Current Rate	New Rate	Effective Date
232.54	232.16	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 #NH15-090C FYE 6/30/2014

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

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Home Office:

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40 South Palafox Place  
Suite 400  
Pensacola, FL 32502





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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ARCADIA HEALTH & REHABILITATION CENTER  
10095 HILLVIEW ROAD  
PENSACOLA, FL 32514

Provider Number: 0 100509-00  
Date: 10/16/2019  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**230.82**      **230.44**      **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 #NH15-090C FYE 6/30/2014

**Distribution:**

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 No Change in Rate

**Zainab Day**  
Medicaid Cost Reimbursement Planning and Finance

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



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

ARCADIA HEALTH & REHABILITATION CENTER  
10095 HILLVIEW ROAD  
PENSACOLA, FL 32514

Provider Number: 0 100509-00  
Date: 10/16/2019  
Fiscal Year End: 6/30/2014  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
233.62	233.24	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 #NH15-090C FYE 6/30/2014

**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

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**

JOSEPH L MORSE GERIATRIC CENTER INC  
4847 DAVID MACK DR  
WEST PALM BEACH, FL 33417-8023

Provider Number: 0 207381-00  
Date: 10/11/2019  
Fiscal Year End: 5/31/2015  
Audit Status: Field Audited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
248.60	248.59	9/1/2016

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 \_\_\_\_\_ Unaudited costs  
 Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Field Audit #NH15-091C FYE 5/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

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\_\_\_\_\_ No Change in Rate

Home Office: MorseLife D/B/A Palm Beach Senior Care Health Management  
 4847 Fred Gladstone Drive  
 West Palm Beach, FL 33417



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 PONCE THERAPY CARE CENTER
1999 OLD MOULTRIE RD
ST. AUGUSTINE, FL 32086

Provider Number: 1 022071-00
Date: 10/16/2019
Fiscal Year End: 1/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 267.70
New Rate: 267.70
Effective Date: 6/1/2019

Rate Type:
[X] Interim
Prospective
Total Interim
Interim Component
Settlement based on cost
[X] Prior Provider Prospective data
Total Prospective
Total Prospective with Interim Component

Basis:
[X] Budget
Unaudited costs
Field audited costs
Desk audited costs

Changes:
Rate Semester Change
[X] NRP CHOP/CHOW effective 6/1/2019

Distribution:

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

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE PONCE THERAPY CARE CENTER  
1999 OLD MOULTRIE RD  
ST. AUGUSTINE, FL 32086

Provider Number: 1 022071-00  
Date: 10/16/2019  
Fiscal Year End: 1/31/2018  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

**Current Rate    New Rate    Effective Date**  
**249.17    249.17    7/1/2019**

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

\_\_\_\_\_ Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

\_\_\_\_\_ Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

NRP CHOP/CHOW effective 6/1/2019

**Distribution:**

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\_\_\_\_\_ No Change in Rate

Home Office:

Greystone Healthcare Management  
4042 Park Oaks Blvd., 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**

THE PONCE THERAPY CARE CENTER  
1999 OLD MOULTRIE RD  
ST. AUGUSTINE, FL 32086

Provider Number: 1 022071-00  
Date: 10/16/2019  
Fiscal Year End: 1/31/2018  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>248.11</u>	<u>248.11</u>	<u>10/1/2019</u>

**Rate Type:**

Interim

Prospective

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Total Prospective

\_\_\_\_\_ Interim Component

\_\_\_\_\_ Total Prospective with Interim Component

\_\_\_\_\_ Settlement based on cost

Prior Provider Prospective data

**Basis:**

Budget

\_\_\_\_\_ Unaudited costs

\_\_\_\_\_ Field audited costs

\_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change

NRP CHOP/CHOW effective 6/1/2019

**Distribution:**

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\_\_\_\_\_ No Change in Rate

Home Office:

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

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**

HARMONY HEALTH CENTER  
9820 N KENDALL DR  
MIAMI, FL 33176

Provider Number: 1 031622-00  
Date: 12/3/2019  
Fiscal Year End: N/A  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>195.01</u>	<u>228.79</u>	<u>7/17/2019</u>

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

Basis:	
<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 7/17/2019	

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Ventura Services LLC  
2901 Stirling Road #200  
Hollywood, FL 33021



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**

HARMONY HEALTH CENTER

9820 N KENDALL DR

MIAMI, FL 33176

Provider Number:

1 031622-00

Date:

12/3/2019

Fiscal Year End:

N/A

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>196.36</u>	<u>231.42</u>	<u>10/1/2019</u>

**Rate Type:**

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

**Basis:**

Budget

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

New facility effective 7/17/2019

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Ventura Services LLC

2901 Stirling Road #200

Hollywood, FL 33021