**SECRETARY** 



#### **MEMORANDUM**

Date:

November 30, 2019

To:

Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From:

(a)

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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change
				<u>Notices</u>
1.	Victoria Nursing and Rehabilitation Center Inc.	0 046128-00	Mortage 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	3
			CHOP/CHOW	
7.	Harmony Health Center	1 031622-00	New Facility	2
			TOTAL:	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	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	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	



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VICTORIA NURSING AND REHABILITATION CENTER, INC.	Provider Numb	er:	0 046128	-00
955 NW 3RD ST	Date:		11/13/20	19
MIAMI, FL 33128	Fiscal Year En	d:	2/28/20	13
	Audit Status:	s <del></del>	Field Aud	lited
Provider Type:		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>228.15</u>	<u>231.98</u>	<u>1/1/201</u>
Rate Type:				
Interim	X Prospective			
Total Interim	X	Total Prospective		
Interim Component		Total Prospective	with Interim	Componen
Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:			
Budget		mester Change ge Correction fro	m FA NH14.	151C EVE
Unaudited costs	2/28/20	13 Effective 01/0	01/2014.	1510111
X Field audited costs				
Desk audited costs				
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Contract Management / Fiscal Agent	Medianid Cost P	Zainab Day Leimbursement Pl	opping and Ei	
Permanent File	Medicald Cost R	termoursement Pi	anning and Fi	inance
For Information Only				
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Home Office: No Home Office	****			
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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VICTORIA NURSING AND REHABILITATION CENTER, INC.	Provider Number:		0 046128	3-00
955 NW 3RD ST	Date:		11/13/20	19
MIAMI, FL 33128	Fiscal Year End:		2/28/20	14
	Audit Status:		Unaudit	ted
Provider Type:				
•		Current Rate	New	Effective
Nursing Home Single Level			<u>Rate</u> 245.12	<u>Date</u> 7/1/2014
Nursing Home Single Level		<u>241.14</u>	<u>245.12</u>	<u>//1/2014</u>
Rate Type:				
Interim	X Prospective			
Total Interim		l Prospective		
Interim Component	Tota	l Prospective	with Interim	Component
Settlement based on cost	1,			
Prior Provider Prospective data				
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### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VICTORIA NORSING AND REHABILITATION CENTER, INC	Provider Number:	-	0 046128	3-00	
955 NW 3RD ST	Date:		11/13/2019		
MIAMI, FL 33128	Fiscal Year End:		2/28/20	14	
	Audit Status:		Unaudit	ted	
Provider Type:					
••		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>246.34</u>	<u>250.35</u>	1/1/2015	
Rate Type:	···				
Interim	X Prospective				
Total Interim	X Tota	al Prospective	:		
Interim Component	Tota	al Prospective	with Interim	Component	
Settlement based on cost					
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### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VICTORIA NURSING AND REHABILITATION CENTER, INC.	Provider Number:	V-	0 046128	-00	
955 NW 3RD ST	Date:		11/13/2019		
MIAMI, FL 33128	Fiscal Year End:		2/28/20	14	
	Audit Status:		Unaudit	ted	
Provider Type:		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>246.87</u>	<u>250.87</u>	9/1/2015	
Rate Type:		e tua	-		
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### 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 N	URSING AND REHABILITATION CENTER, IN	C	Provider Number:	0 046128-00		
955 NW 3RD ST			Date:	11/13/2019		
MIAMI, FL 3	3128		Fiscal Year End:		2/29/20	16
			Audit Status:		Unaudit	ted
Provider Ty	vne:					
	, F			Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Ho	ome Single Level			<u>247.01</u>	<u>251.23</u>	<u>9/1/2016</u>
Rate	e Type:					
	- 13 po.					
	Interim	X	Prospective			
	Total Interim		X Tota	l Prospective	1	
	Interim Component		Tota	l Prospective	with Interim	Component
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	Desk audited costs					
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<b>Distributio</b>	<u>n:</u>			Zainab Day	(V)	
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### State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VICTORIA NURSING AND REHABILITATION CENTER, INC.	_ Provider Number:		0 046128	-00
955 NW 3RD ST	Date:	11/13/2019		
MIAMI, FL 33128	Fiscal Year End:		2/28/20	17
	Audit Status:		Unaudit	ted
Provider Type:		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		250.14	<u>254.42</u>	9/1/2017
Rate Type:			420	~
Interim X	Prospective			
Total Interim	X Tota	l Prospective	:	
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Permanent File	Medicaid Cost Rein	ibursement P	lanning and F	inance
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Home Office: No Home Office				
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# 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**

WOOD LAKE NURSING AND REHABILITATION CENTER		Provide	Provider Number:		0 047788-00		
6414 13TH RD S			Date:		11/8/2019		
GREENACRES, FL 33415-1	401	Fiscal Y	ear End:		7/31/20	12	
		Audit S	tatus:		Revised Fiel	d Audit	
Provider Type:							
<b>V L</b>				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Single	le Level			<u>216.75</u>	216.48	1/1/2013	
Leve	l H: Aids			<u>367.56</u>	<u>367.29</u>	<u>1/1/2013</u>	
Rate Type:							
Interim		X Prospe	ctive			2	
	Total Interim			l Prospective			
>	Interim Component		Tota	l Prospective	with Interim	Component	
X	Settlement based on cost	**					
	Prior Provider Prospective data						
Basis:		Changes:			,		
			Rate Semes	_			
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X Field audite  Desk audite							
Desk audie	cu costs						
					<u> </u>		
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Contract Management / Fiscal	Agent	Medicaio			lanning and F	inance	
Permanent File					<i>G</i>		
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No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway South						
	Maitland, FL 32751				-		

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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WOOD LAN	E NURSING A	ND REHABILITATION CENTER		Provider Number:		0 047788	-00
6414 13TH RD S			Date:		11/8/2019		
GREENACE	RES, FL 33415-	1401		Fiscal Year End:		7/31/20	12
				Audit Status:		Revised Fiel	d Audit
Provider 1 Nursing H	• •	ele Level			Current Rate 222.36	New <u>Rate</u> 222.07	Effective <u>Date</u> 7/1/2013
Ra	te Type:						
	Interim		X	Prospective			
1		Total Interim	-		tal Prospective		
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	nagement / Fisca	al Agent	,	Medicaid Cost Rei	mbursement P	lanning and F	inance
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No C	Change in Rate						
	Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751					and the second s
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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WOOD LAKE NURSING AND REHABILITATION CENTER	Provider Number:	0 047788-00		
6414 13TH RD S	Date:	11/8/2019		
GREENACRES, FL 33415-1401	Fiscal Year End:	7/31/2012		
	Audit Status:	Revised Field Audit		
Provider Type:				
		Current New Effective		
Manufaca Hama Cinala Laval		Rate Rate Date		
Nursing Home Single Level		<u>224.53</u> <u>224.25</u> <u>1/1/2014</u>		
Rate Type:				
Trace Type.				
Interim	X Prospective			
Total Interim	Tota	al Prospective		
Interim Component	Tota	al Prospective with Interim Component		
X Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:			
Budget	Rate Semes	ster Change L#NH13/219C FYE 07/31/2012		
Unaudited costs	X FA & RFA	T#NH15/219C F 1E 0//31/2012		
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Permanent File	Wedicald Cost Kelli	noursement Flamming and Finance		
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Home Office: CMCII 800 Concourse Parkway South				
Maitland, FL 32751				
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# 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**

WOOD LAKE NURSING AND REHABILITATION CENTER	Provider Number:	Provider Number: 0 0477			
6414 13TH RD S	Date:		11/8/2019		
GREENACRES, FL 33415-1401	Fiscal Year End:		7/31/20	12	
	Audit Status:		Revised Fiel	d Audit	
Provider Type:  Nursing Home Single Level		Current Rate 234.27	New <u>Rate</u> 233.98	Effective	
Rate Type:					
Interim	X Prospective				
Total Interim Interim Component X Settlement based on cost		l Prospective l Prospective	with Interim	Component	
Prior Provider Prospective data					
Basis:  Budget Unaudited costs	Changes:  Rate Semes FA & RFA	_	C <b>FYE 07/3</b> 1/	2012	
X Field audited costs					
Desk audited costs					
Distribution:		Zainab Day	0		
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement Pl	lanning and F	inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: CMCII  800 Concourse Parkway South  Maitland, FL 32751					

Report Printed:11/8/2019

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### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WOOD LAKE NURSING AND REHABILITATION CENTE	3R	Provider Number:		0 047788-00			
6414 13TH RD S		Date:		10/22/2019			
GREENACRES, FL 33415-1401		Fiscal Year End:		12/31/2014			
		Audit Status:		Field Au	dited		
Provider Type:							
•			Current	New	Effective		
			Rate	Rate	<u>Date</u>		
Nursing Home Single Level			<u>217.56</u>	<u>214.77</u>	<u>9/1/2016</u>		
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Distribution:			Zainab Day		,		
Contract Management / Fiscal Agent	-	Medicaid Cost Reim		anning and Fi	inance		
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No Change in Rate							
Home Office: CMCII							
800 Concourse Parkway South	h				ı		
Maitland, FL 32751				TIC   10 10 10 10 10 10 10 10 10 10 10 10 10			
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### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OSPREY POINT NURSING CENTER	Provider Number:	0 092678-00			
1104 NORTH MAIN STREET	Date:	10/21/2019			
BUSHNELL, FL 33513-5045	Fiscal Year End: 1/31/2014			14	
	Audit Status:		Field Au	dited	
Provider Type:					
•		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level	ı	205.34	<u>204.80</u>	8/1/2013	
Rate Type:			MARKET LYCYPT V	- 325 159	
X Interim	Prospective				
Total Interim	Total	Prospective			
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X Settlement based on cost	, — — — — — — — — — — — — — — — — — — —				
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800 Concourse Parkway South				1	
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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OSPREY POIN			Provider Numb	ber:	0 092678-00			
1104 NORTH M	04 NORTH MAIN STREET Date:			10/21/20	19			
BUSHNELL, FI	L 33513-5045		Fiscal Year En	d:	1/31/20	14		
			Audit Status:		Field Aud	lited		
Provider Typ	oe:							
• •				Current	New	Effective		
				Rate	Rate	Date		
<b>Nursing Hon</b>	ne Singl	le Level		<b>207.30</b>	<u>206.75</u>	1/1/2014		
Rate	Type:							
	-JP							
<b>x</b>	Interim		Prospective					
		Total Interim		Total Prospective				
		Interim Component		Total Prospective	with Interim	Component		
	X	Settlement based on cost	1			_		
		Prior Provider Prospective data						
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1	_	; ;		mester Change		: :		
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X	Field audite	d costs						
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Contract Manage		Agent	Medicaid Cost D	Zainab Day	177			
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No Chang	ge in Kate							
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		800 Concourse Parkway South				:		
		Maitland, FL 32751						
LRRAY	Report Calcu	lated: 10/21/2019 3:34:15 PM Report	Printed :10/21/2019 ID	: 092678013120140	801201302032	015130820		



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OSPREY POINT NURSING CENTER	Provider Number:	0 092678-00 10/21/2019			
1104 NORTH MAIN STREET	Date:				
BUSHNELL, FL 33513-5045	Fiscal Year End:	1/31/2014			
	Audit Status:		Field Aud	dited	
Provider Type:					
· ·		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>208.52</u>	<u>207.91</u>	2/1/2014	
Rate Type:			* >   0 **		
Interim	X Prospective				
Total Interim	Tota	l Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
X Settlement based on cost	.=				
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Semest	er Change			
Budget	X Field Audit	#NH15-0500	C FYE 1/31/2	014	
Unaudited costs					
X Field audited costs					
Desk audited costs					
•					
			<b>.</b>	**************************************	
<b>Distribution:</b>	;	Zainab Day	<i>(</i> )		
Contract Management / Fiscal Agent	Medicaid Cost Reim		anning and Fi	nance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: CMCII				:	
800 Concourse Parkway South				!	
Maitland, FL 32751				9	
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### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

#### Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING	CENTER	Provi	der Number:	er: 0 092678-00		3-00
1104 NORTH MAIN STREET	Γ	Date:	Date: 10/21/2019		19	
BUSHNELL, FL 33513-5045		Fisca	l Year End:		1/31/20	14
		Audit	Status:		Field Aug	lited
Provider Type:						
V.1	86			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Singl	e Level			219.88	<u>219.25</u>	7/1/2014
						7:2/2/2
	· · · · · · · · · · · · · · · · · · ·					1
Rate Type:						
Interim		X Pros	pective			
	Total Interim	· · · · · · · · · · · · · · · · · · ·	Tota	l Prospective		
	Interim Component	19	Tota	l Prospective	with Interim	Component
X	Settlement based on cost					3
	Prior Provider Prospective data					
		2-	1.5			
Basis:		Changes:	]			
			Rate Semes	ter Change		
Budget		X	Field Audit	#NH15-0500	C FYE 1/31/20	014
Unaudited c	osts	:				
X Field audited	l costs					
Desk audited	1 costs					
		† :			_	
Distribution:				Zainab Day	W)	
Contract Management / Fiscal	Agent	Medica	id Cost Reim	bursement Pla	anning and Fi	nance
Permanent File						
For Information Only						
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway South					
	Maitland, FL 32751					1

Report Printed: 10/21/2019 ID: 092678013120140801201302032015130820

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### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OSPREY POINT NURSING	G CENTER		Provider Number:		0 092678-00		
1104 NORTH MAIN STREET			Date:		10/21/2019		
BUSHNELL, FL 33513-50	45		Fiscal Year End:		1/31/20	14	
			Audit Status:	<del>0=</del>	Field Au	lited	
Provider Type:							
• •				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Sin	gle Level			<u>225.71</u>	<u>225.05</u>	1/1/2015	
Rate Type:				A			
Interim		x	Prospective				
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	Interim Component		Total	Prospective	with Interim	Component	
X	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	nges:				
			Rate Semest	er Change			
Budget			Y Field Audit	#NH15-0500	CFYE 1/31/2	014	
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X Field audi							
Desk audi	ited costs						
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<b>Distribution:</b>			5	Zainab Day	N)		
Contract Management / Fisc	al Agent	]	Medicaid Cost Reiml		anning and Fi	nance	
Permanent File							
For Information Onl	у						
No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway South					:	
	Maitland, FL 32751						
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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

### **Medicaid Reimbursement Per Diem Rates**

OSPREY POINT NURSING C	CENTER	Provi	der Number:		0 092678	i-00	
1104 NORTH MAIN STREET		Date:			10/21/2019		
BUSHNELL, FL 33513-5045		Fisca	l Year End:		1/31/20	14	
		Audit	Status:		Field Aud	lited	
Provider Type:				-			
• •				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Single	e Level			<u>225.94</u>	<u>224.84</u>	9/1/2015	
Rate Type:	7			= -			
	_						
Interim		X Pros	pective				
	_ Total Interim	-		Prospective			
	Interim Component	-	Total	Prospective	with Interim	Component	
X	Settlement based on cost					:	
(-	Prior Provider Prospective data					; ;	
Basis:		Changes:	1				
,			Rate Semest	er Change			
Budget		X	Field Audit	#NH15-0500	C FYE 1/31/20	014	
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X Field audited		;					
Desk audited	costs						
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Distribution:		·	·	Zainab Day	<b>®</b>		
Contract Management / Fiscal A	Agent	Medica	id Cost Reimb	oursement Pla	anning and Fi	nance	
Permanent File							
For Information Only							
No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway South					:	
	Maitland, FL 32751						

Report Printed: 10/21/2019 ID: 092678013120140801201302032015130820

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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OSPRET FOINT NURSING	JCENIER	Provider Number		0 092678-00			
1104 NORTH MAIN STRE	ET	Date: 10/21/2019			019		
BUSHNELL, FL 33513-504	45	Fiscal Year End:		1/31/20	14		
		Audit Status:		Field Au	dited		
Provider Type:							
			Current	New	Effective		
			Rate	Rate	<u>Date</u>		
Nursing Home Sing	gle Level		<u>227.28</u>	<u>226.18</u>	<u>9/1/2016</u>		
Rate Type:					•		
Y4		W					
Interim	Total Interim	X Prospective	tal Duagnactive				
	Interim Component		tal Prospective tal Prospective		C		
X	Settlement based on cost		iai i iospective	with internit	Соптропен		
	Prior Provider Prospective data						
*	Thor Hovider Hospeotive data						
Basis:		Changes					
Dasis.		Changes:	C1				
Budget			ester Change lit #NH15-0500	TEVE 1/21/2	014		
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X Field audit		!					
Desk audit		:					
an		•					
<b>Distribution:</b>			Zainab Day	(G)			
Contract Management / Fisca	al Agent	Medicaid Cost Rei		anning and Fi	nance		
Permanent File							
For Information Only	y						
No Change in Rate							
Home Office:	СМСП						
	800 Concourse Parkway South				í		
	Maitland, FL 32751				į		
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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ARCADIA HEALTH & REHABILITATION CENTER	Provider	Number:	×	0 100509	9-00		
10095 HILLVIEW ROAD	Date:	Date:			10/16/2019		
PENSACOLA, FL 32514	Fiscal Ye	ear End:		6/30/20	014		
	Audit Sta	itus:	-	Field Au	dited		
Provider Type:							
e II			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Single Level			213.76	213.34	12/1/2013		
9							
	Make I service	taki wili wilat waterini bi					
Rate Type:							
X Interim	Prospec	tiva.					
Total Interim	Trospec		Prospective				
Interim Component			=	with Interim	Component		
X Settlement based on cost	:- ( <del>)</del>		p	***************************************	Component		
Prior Provider Prospective da	ta						
	2 2 2 3			4 (0.9)			
Basis:	Changes:						
		ate Semeste	er Change				
Budget	X	ield Audit #	#NH15-0900	C FYE 6/30/2	2014		
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X Field audited costs	and the second s						
Desk audited costs	C of the party of						
	e de la companya de l						
Distribution:		Z	ainab Day				
Contract Management / Fiscal Agent	Medicaid (	Cost Reimb	ursement Pla	anning and F	inance		
Permanent File							
For Information Only							
No Change in Rate							
Home Office: Gulf Coast Healthcare, LLC							
40 South Palafox Place					2. Promisence		
Suite 400					1 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
Pensacola, FL 32502							
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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ARCADIA HEALTH & REHABILITA	ATION CENTER	Provid	ler Number:		0 100509	-00
10095 HILLVIEW ROAD		Date:			10/16/2019	
PENSACOLA, FL 32514		Fiscal	Year End:		6/30/20	14
		Audit	Status:		Field Aud	lited
Provider Type:						
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Single Level	l			<b>217.45</b>	217.04	1/1/2014
			•			
Rate Type:						811 811
X Interim		Prosp	ective	-0		
	Interim		Total	Prospective		
Interio	m Component		Total	Prospective w	rith Interim	Component
X Settle	ment based on cost					
Prior	Provider Prospective data					
			• II II	<b>=</b>		
Basis:		Changes:	]			
		in the second se	Rate Semest	er Change		
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Unaudited costs		1				•
X Field audited costs						
Desk audited costs						
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		transfer or more				
Distribution:			,	7		
Contract Management / Fiscal Agent		3.6.1		Zainab Day		
Permanent File		Medica	ia Cost Reimi	bursement Plar	ining and Fi	nance
For Information Only						
No Change in Rate						
No Change in Rate						
Home Office: Gulf C	loast Healthcare, LLC				****	
40 Sou	th Palafox Place					
Suite 4	00					
Pensac	cola, FL 32502	2				le le
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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ARCADIA HEALTH & R	EHABILITATION CENTER	Provi	der Number:		0 100509	-00
10095 HILLVIEW ROAD		Date:			19	
PENSACOLA, FL 32514		Fiscal	Year End:		6/30/20	14
		Audit	Status:		Field Auc	lited
Provider Type:						
<b>V</b> I				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Si	ngle Level			<u>228.58</u>	<u>228.08</u>	<u>7/1/2014</u>
Rate Type:						
Interim	8	Y Pros	pective			
	Total Interim	Ş		l Prospective		_
8	Interim Component	2	Tota	l Prospective	with Interim	Component
X	Settlement based on cost					
	Prior Provider Prospective data					
Desta		(A)	ר			
Basis:		Changes:	J			
Dudget			Rate Semes	_		04.4
Budget Unaudit	ad acets	X	Field Audit	#NH15-0900	JFYE 6/30/2	014
	dited costs					
	dited costs					
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Distributions						
Distribution:	I A			Zainab Day		
Contract Management / Fis	Scal Agent	Medica	id Cost Reim	bursement Pl	anning and Fi	nance
Permanent File						
For Information O						
No Change in Rate						
Home Office:	Gulf Coast Healthcare, LLC					5-6
	40 South Palafox Place					
	Suite 400					
	Pensacola, FL 32502					:
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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ARCADIA HI	EALTH & RE	HABILITATION CENTER	Prov	ider Number:		0 100509	-00
10095 HILLV	IEW ROAD		Date	Date: 10/16/2019		19	
PENSACOLA	, FL 32514		Fisca	al Year End:		6/30/20	14
			Audi	t Status:		Field Aud	lited
Provider T	ype:						
	-				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sin	gle Level			232.54	<u>232.16</u>	1/1/2015
		·					
Rate	е Туре:						
2440	- 1 <b>3</b> por						
	Interim		X Pro	spective			
	_	Total Interim		Tota	l Prospective		
F.		Interim Component		Tota	l Prospective	with Interim	Component
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Distribution	<u>n:</u>				Zainab Day		
Contract Mana	ngement / Fisca	al Agent	Medic	aid Cost Reim		anning and Fi	nance
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No Cha	ange in Rate						
Пv	me Office:	Culf Coast Heelth II C		•			:
no	me OHICE,	Gulf Coast Healthcare, LLC 40 South Palafox Place					Ì
		Suite 400					į.
		Pensacola, FL 32502					1
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### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ARCADIA HEALTH & REHABILITATION CENTER  10095 HILLVIEW ROAD  PENSACOLA, FL 32514			Provid	der Number:		0 100509-00 10/16/2019 6/30/2014		
			Date:					
			Fiscal	l Year End:	-			
				Audit	Status:		Field Aud	lited
Provider Type:								
		,				Current	New	Effective
						Rate	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Lev	el				<u>230.82</u>	<u>230.44</u>	9/1/2015
3							<i>"</i>	
Rate Ty	pe:							
Inte	erim		X	Pros	pective			
		al Interim				al Prospective		
		rim Component			Tota	al Prospective	with Interim	Component
		lement based on cost	. ^					
-	Prio	r Provider Prospective d	ata					
n!					1			
Basis:			Cha	nges:	ا			
	udget		<u> </u>	<b>3</b> 7	Rate Semes	iter Change t #NH15-0900	TEVE COMO	014
	naudited costs			<u> </u>	Field Addi	1 #INTI 3-0900	J F I E 0/30/2	014
	ield audited costs							
	esk audited costs		į į					
Distribution:								
Contract Manageme	ent / Fiscal Agent		-	Zainab Day  Medicaid Cost Reimbursement Planning and Finance				
Permanent File	one / 1 isour 1 igoin			Medica	aid Cost Rein	ibursement Pl	anning and Fi	nance
	stian Only	•						
For Informa	•							2
No Change i	n Rate							
Home O	ffice: Gulf	Coast Healthcare, LLC						
	40 S	outh Palafox Place						
	Suite	400						
	Pens	acola, FL 32502						
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## 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

Current New Effective Rate Rate Date	ARCADIA HEALTH & REH	Provid	ler Number	:	0 100509-00				
Provider Type:    Current   New   Effective   Rate   Rate   Date	10095 HILLVIEW ROAD				Date:		10/16/2019		
Provider Type:    Nursing Home   Single Level   Sin	PENSACOLA, FL 32514			Fiscal Year End:			6/30/2014		
Nursing Home Single Level     Current Rate Rate Rate Date				Audit	Status:		Field Au	lited	
Rate Type:  Interim Total Interim Interim Component X Prospective Interim Total Prospective with Interim Component X Settlement based on cost Prior Provider Prospective data  Basis:  Budget Unaudited costs X Field audited costs X Field audited costs Desk audited costs  Desk audited costs  Desk audited costs  Desk audited costs  Distribution:  Contract Management / Fiscal Agent  Permanent File For Information Only No Change in Rate  Home Office: Guif Coast Healthcare, LLC 440 South Palafox Place Suite 400	Provider Type:								
Rate Type:  Interim Total Interim Interim Component Interim Component X Settlement based on cost Prior Provider Prospective data  Basis:  Budget Unaudited costs X Field audited costs Desk audited costs  Total Prospective with Interim Component Rate Semester Change X Field Audit #NH15-090C FYE 6/30/2014  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	5								
Interim Total Interim Total Prospective Interim Component  X Settlement based on cost Prior Provider Prospective data  Basis:  Budget Rate Semester Change  Budget X Field Audit #NH15-090C FYE 6/30/2014  Unaudited costs  X Field audited costs  Desk audited costs  A Field Audit #NH15-090C FYE 6/30/2014  A Settlement Plange  A Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  Desk audited cost Reimbursement Planning and Finance  Desk audited cost Reimbursement Planning and Finance	Nursing Home Sing	le Level				<u>233.62</u>	233,24	9/1/2016	
Interim Total Interim Total Prospective Interim Component Total Prospective with Interim Component Total Prospective wi									
Interim Total Interim Total Prospective Interim Component Total Prospective with Interim Component Total Prospective wi									
Interim Total Interim Total Prospective Interim Component Total Prospective with Interim Component Total Prospective wi	D. 4. ID.					- 11 - 6			
Total Interim Component Interim Component X Settlement based on cost Prior Provider Prospective data  Basis:  Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs  Desk audited costs  Desk audited costs  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  Total Prospective Total Prospective  Medical Prospective with Interim Component Total Pro	Rate Type:								
Interim Component X Settlement based on cost Prior Provider Prospective data    Basis:	Interim		X	_ Prosp	pective				
Basis:  Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs  Desk audited costs  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  Changes: Rate Semester Change X Field Audit #NH15-090C FYE 6/30/2014  Zainab Day  Medicaid Cost Reimbursement Planning and Finance		Total Interim			To	tal Prospective			
Basis:  Budget Unaudited costs X Field audited costs Desk audited costs  Desk audited costs  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  Changes: Rate Semester Change Rate Semester Change  Rate Semester Change  Rate Semester Change  A Medicaid Cost Reimbursement Planning and Finance					To	tal Prospective	with Interim	Component	
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Budget		Prior Provider Prospective data							
Budget									
Budget Unaudited costs X Field audited costs Desk audited costs  Desk audited costs  Desk audited costs  Desk audited costs   Desk audited costs   Zainab Day  Medicaid Cost Reimbursement Planning and Finance  Permanent File For Information Only No Change in Rate  Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400	Basis:		Cha	nges:					
Unaudited costs  X Field audited costs  Desk audited costs  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					Rate Seme	ester Change			
X   Field audited costs	Budget		-	X	Field Aud	lit #NH15-0900	FYE 6/30/2	014	
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  Zainab Day  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance  All Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance	Unaudited of	costs							
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	X Field audite	ed costs							
Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Planning and Finance  Permanent File For Information Only No Change in Rate  Home Office:  Gulf Coast Healthcare, LLC  40 South Palafox Place  Suite 400	Desk audite	ed costs							
Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Planning and Finance  Permanent File For Information Only No Change in Rate  Home Office:  Gulf Coast Healthcare, LLC  40 South Palafox Place  Suite 400									
Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Planning and Finance  Permanent File For Information Only No Change in Rate  Home Office:  Gulf Coast Healthcare, LLC  40 South Palafox Place  Suite 400	Distribution:								
Permanent FileFor Information OnlyNo Change in Rate  Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400	A	Agent							
For Information OnlyNo Change in Rate  Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400		Agent		Medica	id Cost Rei	mbursement Pl	anning and Fi	inance	
No Change in Rate  Home Office: Gulf Coast Healthcare, LLC  40 South Palafox Place Suite 400									
Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400	For Information Only								
40 South Palafox Place Suite 400	No Change in Rate								
40 South Palafox Place Suite 400	Home Office:	Gulf Coast Healthcare, LLC							
Suite 400									
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								) 1 1	

Report Printed :10/16/2019

ID: 100509063020141201201310202014130627



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JOSEPH L MORSE GERIATRIC CENTER INC	Provider Number:		0 207381-00 10/11/2019 5/31/2015		
4847 DAVID MACK DR	Date:				
WEST PALM BEACH, FL 33417-8023	Fiscal Year End:				
	Audit Status:		Field Aud	lited	
Provider Type:					
-		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>248.60</u>	<u>248.59</u>	9/1/2016	
,					
Rate Type:		Marie de			
Interim X	Prospective				
Total Interim	X Total	Prospective			
Interim Component	Total	Prospective	with Interim	Component	
Settlement based on cost	,				
Prior Provider Prospective data					
Basis:	nanges:				
	Rate Semeste	er Change			
Budget	X Field Audit	#NH15-0910	C FYE 5/31/2	015	
Unaudited costs					
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<b>Distribution:</b>	7	Zainab Day	<b>D</b> )		
Contract Management / Fiscal Agent	Medicaid Cost Reim		anning and Fi	inance	
Permanent File			Ü		
For Information Only					
No Change in Rate					
TT 065					
Home Office: MorseLife D/B/A Palm Beach Senior Ca	re Health Management				
4847 Fred Gladstone Drive				All v deux cells chi	
West Palm Beach, FL 33417				1	



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE PONCE THERAPY CARE CENTER	Provider Number:		1 022071-00 10/16/2019		
1999 OLD MOULTRIE RD	Date:				
ST. AUGUSTINE, FL 32086	Fiscal Year End:	1/31/2018			
	Audit Status:		Unaudi	ted	
Provider Type:  Nursing Home Single Level	*	Current Rate 267.70	New <u>Rate</u> 267.70	Effective <u>Date</u> 6/1/2019	
Rate Type:			134	A SOLICE OF THE SOLICE OF	
X Interim	Prospective				
Total Interim		l Prospective			
Interim Component		l Prospective	with Interim	Component	
Settlement based on cost		_		-	
X Prior Provider Prospective data					
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	Rate Semest	_			
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1000 17					
	tine to prove the	·			
Distribution:		Zainab Day (	W)		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File					
For Information Only					
No Change in Rate					
Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd., Suite 300 Tampa, FL 33610		E	***	-	
XXX006 Report Calculated: 10/16/2019 2:31 PM Report Pr	inted:10/16/2019 ID:				



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE PONCE THERAPY CARE CENTER	Provider Number:		1 022071-00 10/16/2019			
1999 OLD MOULTRIE RD	Date:					
ST. AUGUSTINE, FL 32086	Fiscal Year End:	1/31/2018				
	Audit Status:		Unaudi	ted		
Provider Type:		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Single Level		249.17	249.17	7/1/2019		
Rate Type:		2		The management and		
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Distribution:		Zainab Day	<b>6</b>			
Contract Management / Fiscal Agent	Medicaid Cost Rein	Medicaid Cost Reimbursement Planning and Finance				
Permanent File						
For Information Only						
No Change in Rate						
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd., Suite 3 Tampa, FL 33610		en.				
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# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

1999 OLD MOULTRIE RD ST. AUGUSTINE, FL 32086	Date: Fiscal Year End:	10/16/20		
ST. AUGUSTINE, FL 32086	_	1/31/20		
	4 11 0	1/31/2018 Unaudited		
	Audit Status:			
Provider Type:				
2, por		Current New	Effective	
		Rate Rate	<u>Date</u>	
Nursing Home Single Level		248.11 248.11	10/1/2019	
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<u>Distribution:</u>	2	Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Reiml	bursement Planning and F	inance	
Permanent File				
For Information Only				
No Change in Rate				
Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd., Suite 300 Tampa, FL 33610			!	
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## 2727 Mahan Drive - Mail Stop 23

# Tallahassee, Florida 32308

9820 N KENDALL DR MIAMI, FL 33176			Prov	Provider Number: 1 031622-0				
			Date	e:	12/3/2019 N/A			
			Fisc	al Year End:				
			Aud	lit Status:		Unaudi	ted	
Provider Typ	pe:							
•	•				Current	New	Effective	
	. *				Rate	Rate	<u>Date</u>	
Nursing Hon	ne Sing	gle Level			<u>195.01</u>	<u>228.79</u>	7/17/2019	
		444						
Rate	Туре:							
X	Interim	Total Interim	Pro	ospective	18			
	X	Interim Component	2		l Prospective l Prospective	ovidh Todanina	C	
		Settlement based on cost	_	1 Ola	i Fiospective	with interim	Component	
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Dasis.			Changes	Rate Semes	ter Change			
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Permanent File			Wicdi	cald Cost Rein	ioursement i i	and 1	mance	
	ormation Only	v						
	nge in Rate	•						
Hon	ne Office:	Ventura Services LLC						
		2901 Stirling Road #200 Hollywood, FL 33021						
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# 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 CEN	ITER	Provider Number:	1 031622-00				
9820 N KENDALL DR MIAMI, FL 33176		Date:	12/3/2019 N/A				
		Fiscal Year End:					
		Audit Status:	Unaudited				
Provider Type:  Nursing Home Sing	gle Level		Current         New         Effective           Rate         Rate         Date           196.36         231.42         10/1/2019				
Rate Type:							
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X	Total Interim		l Prospective				
	Interim Component		l Prospective with Interim Component				
	Settlement based on cost		, , , , , , , , , , , , , , , , , , ,				
	Prior Provider Prospective data						
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Desk audit	ted costs		:				
Distribution:		;	Zainab Day				
Contract Management / Fisca	al Agent	Medicaid Cost Reimi	Medicaid Cost Reimbursement Planning and Finance				
Permanent File			C				
For Information Only	у						
No Change in Rate							
Home Office:	Ventura Services LLC						
Home Office.	2901 Stirling Road #200						
	Hollywood, FL 33021						
	f						

Report Printed:12/3/2019

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