



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: May 29, 2020
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From: *ZD* 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.	Bay Village of Sarasota	0 018777-00	FA	1
2.	Univeristy Center East	0 041686-00	FA	1
3.	Heritage Healthcare Center at Tallahassee	0 043833-00	Effects of FA & RFA	4
4.	Heritage Healthcare and Rehabilitation Center	0 043838-00	FA & RFA	5
5.	Keystone Rehabilitation and Health Center	0 043839-00	FA & RFA	5
6.	Oakbridge Healthcare Center	0 043841-00	FA & RFA	4
7.	The Palms Rehabilitation and Health Center	0 043847-00	FA & RFA	4
8.	Coral Trace Health Care	0 043848-00	FA & RFA	5
9.	Coral Bay Healthcare and Rehabilitation	0 043851-00	FA & RFA	4
10.	Colonial Lakes Health Care	0 043854-00	FA & RFA	5
11.	Bradenton Health Care	0 043859-00	FA & RFA	5
12.	Brandon Health and Rehabilitation Center	0 043860-00	FA & RFA	5
13.	Harts Harbor Healthcare Center	0 043865-00	FA & RFA	5
14.	Countryside Rehab and Healthcare Center	0 043872-00	FA & RFA	4
15.	Governor's Creek Health and Rehabilitation	0 043875-00	FA & RFA	5
16.	Homestead Manor A Palace Community	0 046017-00	FA	2
17.	Summer Brook Healthcare Center	0 059783-00	Effects of FA	8
18.	Island Health and Rehabilitaiton Center	0 059866-00	FA	3



19.	Rosewood Health and Rehabilitation Center	0 059869-00	FA	2
20.	Spring Hill Health and Rehabilitation Center	0 059877-00	FA	2
21.	University Hills Health and Rehabilitation	0 060993-00	FA & RFA	5
22.	Consulate Health Care of Jacksonville	0 080384-00	FA	2
23.	Consulate Health Care of Pensacola	0 080405-00	Effects of FA	2
24.	Consulate Health Care of Port Charlotte	0 080416-00	FA	2
25.	Consulate Health Care of Tallahassee	0 080428-00	FA	2
26.	Consulate Health Care of Vero Beach	0 080430-00	FA	1
27.	Consulate Health Care at West Altamonte	0 080431-00	FA	1
28.	Consulate Health Care of West Palm Beach	0 080432-00	FA	1
29.	Consulate Health Care of Winter Haven	0 080434-00	FA	1
30.	Franco Nursing and Rehabilitation Center	0 080436-00	FA	1
31.	Baya Pointe Nursing and Rehabilitation Center	0 092681-00	FA	7
32.	Palm Garden of Largo	0 098583-00	Effects of FA & RFA	6
33.	Palm Garden of Port St. Lucie	0 098588-00	Effects of FA & RFA	8
34.	Palm Garden of Sun City	0 098589-00	Effects of FA & RFA	6
35.	Westwood Nursing and Rehabilitation Center	0 103475-00	FA	7
36.	Citrus Hills Health and Rehabilitaiton Center	0 122340-00	FA & RFA	5
37.	Riverwood Health and Rehabilitation Center	0 122344-00	FA & RFA	4
38.	Terrace Health and Rehab Center	0 122346-00	FA & RFA	4
39.	Villa Health and Rehabilitation Center	0 122347-00	FA & RFA	4
40.	The Pavilion for Healthcare	0 129312-00	FA	6
41.	Oak View Rehabilitation Center	0 130817-00	FA	5
42.	Gulf Coast Village	0 201120-00	Effects of FA	3
43.	Villa Maria Nursing and Rehabilitation Center	0 203165-00	FA	1
44.	Sunrise Health and Rehabilitation Center	0 207497-00	FA	2
45.	Courtenay Springs Village	0 209325-00	Effects of FA	3
46.	Clermont Health and Rehabilitation Center	0 221465-00	Effects of FA	7

47.	Crosswinds Health and Rehabilitation Center	0 222270-00	CS	3
48.	Cross Landings Health and Rehabilitation Center	0 222271-00	CS	3
49.	Oak Manor Healthcare and Rehabilitation Center	0 258342-00	FA	1
50.	Boulevard Rehabilitation Center	0 263613-00	FA	2
51.	Majestic Oaks Continuing Care Complex	0 269000-00	Effects of FA	3
52.	Signature Healthcare Center of Waterford	0 324400-00	FA & RFA	3
53.	Signature Healthcare of Orange Park	0 324434-00	FA & RFA	3
54.	The Bridge at Bay St. Joe	0 324485-00	Rate Semester Change	2
55.	Northdale Rehabilitation Center	1 002777-00	NRP CHOP/CHOW	4
56.	Stratford Court at Boca Raton	1 004024-00	CHOW	3
57.	Baywood Care Center	1 019609-00	CHOW	3
58.	Aventura Rehab and Nursing Center	1 030069-00	CHOW	2
59.	Fernandina Beach Rehabilitaiton and Nursing Center	1 036415-00	CHOW	2
60.	Park Summit at Coral Spring	1 049235-00	CHOW	1
			<u>TOTAL:</u>	210

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

Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MFAO number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
001877700	20160901	273.63	0.00	273.63	273.63	87874-20	NH16-063W
004168600	20160901	225.09	0.00	225.09	225.09	87874-20	NH16-007L
004383300	20130701	201.38	0.00	201.38	201.38	87874-20	NH13-189C
004383300	20140101	202.60	0.00	202.60	202.60	87874-20	NH13-189C
004383300	20140701	211.42	0.00	211.42	211.42	87874-20	NH13-189C
004383300	20160901	195.78	0.00	195.78	195.78	87874-20	NH16-145C
004383800	20130701	235.16	0.00	235.16	235.16	87874-20	NH13-191C
004383800	20140101	238.04	0.00	238.04	238.04	87874-20	NH13-191C
004383800	20140701	249.02	0.00	249.02	249.02	87874-20	NH13-191C
004383800	20160901	209.28	0.00	209.28	209.28	87874-20	NH16-143C
004383800	20170901	212.89	0.00	212.89	212.89	87874-20	NH16-143C
004383900	20130701	204.56	0.00	204.56	204.56	87874-20	NH13-192C
004383900	20140101	206.23	0.00	206.23	206.23	87874-20	NH13-192C
004383900	20140701	213.62	0.00	213.62	213.62	87874-20	NH13-192C
004383900	20160901	185.29	0.00	185.29	185.29	87874-20	NH16-139C
004383900	20170901	189.68	0.00	189.68	189.68	87874-20	NH16-139C
004384100	20130701	208.22	0.00	208.22	208.22	87874-20	NH13-193C
004384100	20140101	211.12	0.00	211.12	211.12	87874-20	NH13-193C
004384100	20140701	222.29	0.00	222.29	222.29	87874-20	NH13-193C
004384100	20160901	202.25	0.00	202.25	202.25	87874-20	NH16-095C
004384700	20130701	214.72	0.00	214.72	214.72	87874-20	NH13-196C
004384700	20140101	216.39	0.00	216.39	216.39	87874-20	NH13-196C
004384700	20140701	224.88	0.00	224.88	224.88	87874-20	NH13-196C
004384700	20160901	204.40	0.00	204.40	204.40	87874-20	NH16-092C
004384800	20130701	208.25	0.00	208.25	208.25	87874-20	NH13-182C
004384800	20140101	210.61	0.00	210.61	210.61	87874-20	NH13-182C
004384800	20140701	219.69	0.00	219.69	219.69	87874-20	NH13-182C
004384800	20160901	200.36	0.00	200.36	200.36	87874-20	NH16-126C
004384800	20170901	203.76	0.00	203.76	203.76	87874-20	NH16-126C
004385100	20130701	214.59	0.00	214.59	214.59	87874-20	NH13-198C
004385100	20140101	217.31	0.00	217.31	217.31	87874-20	NH13-198C
004385100	20140701	229.25	0.00	229.25	229.25	87874-20	NH13-198C
004385100	20160901	215.82	0.00	215.82	215.82	87874-20	NH16-097C
004385400	20130701	213.62	0.00	213.62	213.62	87874-20	NH13-200
004385400	20140101	216.24	0.00	216.24	216.24	87874-20	NH13-200
004385400	20140701	225.17	0.00	225.17	225.17	87874-20	NH13-200
004385400	20160901	187.30	0.00	187.30	187.30	87874-20	NH16-135C
004385400	20170901	190.81	0.00	190.81	190.81	87874-20	NH16-135C
004385900	20130701	215.79	0.00	215.79	215.79	87874-20	NH13-183C
004385900	20140101	216.55	0.00	216.55	216.55	87874-20	NH13-183C
004385900	20140701	227.16	0.00	227.16	227.16	87874-20	NH13-183C
004385900	20160901	211.86	0.00	211.86	211.86	87874-20	NH13-183C
004385900	20170901	216.10	0.00	216.10	216.10	87874-20	NH13-183C
004386000	20130701	202.41	0.00	202.41	202.41	87874-20	NH13-184C
004386000	20140101	203.97	0.00	203.97	203.97	87874-20	NH13-184C
004386000	20140701	212.00	0.00	212.00	212.00	87874-20	NH13-184C
004386000	20160901	198.96	0.00	198.96	198.96	87874-20	NH16-125C
004386000	20170901	204.47	0.00	204.47	204.47	87874-20	NH16-125C
004386500	20130701	194.89	0.00	194.89	194.89	87874-20	NH13-207C
004386500	20140101	196.88	0.00	196.88	196.88	87874-20	NH13-207C
004386500	20140701	205.18	0.00	205.18	205.18	87874-20	NH13-207C
004386500	20160901	188.50	0.00	188.50	188.50	87874-20	NH16-132C
004386500	20170901	192.43	0.00	192.43	192.43	87874-20	NH16-132C
004387200	20130701	204.40	0.00	204.40	204.40	87874-20	NH13-186C
004387200	20140101	206.29	0.00	206.29	206.29	87874-20	NH13-186C
004387200	20140701	215.27	0.00	215.27	215.27	87874-20	NH13-186C
004387200	20160901	196.46	0.00	196.46	196.46	87874-20	NH16-090C
004387500	20130701	198.02	0.00	198.02	198.02	87874-20	NH13-213C
004387500	20140101	200.74	0.00	200.74	200.74	87874-20	NH13-213C
004387500	20140701	209.24	0.00	209.24	209.24	87874-20	NH13-213C
004387500	20160901	193.25	0.00	193.25	193.25	87874-20	NH16-142C
004387500	20170901	196.53	0.00	196.53	196.53	87874-20	NH16-142C
004601700	20130701	257.48	0.00	257.48	257.48	87874-20	NH13-243L
004601700	20140101	260.79	0.00	260.79	260.79	87874-20	NH13-243L
005978300	20130701	183.12	0.00	183.12	183.12	87874-20	NH14-055C
005978300	20140101	186.69	0.00	186.69	186.69	87874-20	NH14-055C
005978300	20140701	194.67	0.00	194.67	194.67	87874-20	NH14-055C
005978300	20150101	196.96	0.00	196.96	196.96	87874-20	NH14-055C
005978300	20150901	189.67	0.00	189.67	189.67	87874-20	NH15-133C
005978300	20160117	195.35	0.00	195.35	195.35	87874-20	NH15-133C
005978300	20160901	194.20	0.00	194.20	194.20	87874-20	NH15-133C
005978300	20170901	193.53	0.00	193.53	193.53	87874-20	NH15-133C
005986600	20160901	202.97	0.00	202.97	202.97	87874-20	NH16-164C
005986600	20170901	206.66	0.00	206.66	206.66	87874-20	NH16-164C
005986600	20170907	208.89	0.00	208.89	208.89	87874-20	NH16-164C
005986900	20160901	205.92	0.00	205.92	205.92	87874-20	NH16-151C
005986900	20170901	210.18	0.00	210.18	210.18	87874-20	NH16-151C

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005987700	20160901	197.37	0.00	197.37	197.37	87874-20	NH16-150C
005987700	20170901	201.59	0.00	201.59	201.59	87874-20	NH16-150C
006099300	20130701	200.44	0.00	200.44	200.44	87874-20	NH13-187C
006099300	20140101	202.75	0.00	202.75	202.75	87874-20	NH13-187C
006099300	20140701	209.80	0.00	209.80	209.80	87874-20	NH13-187C
006099300	20160901	194.70	0.00	194.70	194.70	87874-20	NH16-154C
006099300	20170901	198.36	0.00	198.36	198.36	87874-20	NH16-154C
008038400	20160901	213.39	0.00	213.39	213.39	87874-20	NH16-162C
008038400	20170901	218.52	0.00	218.52	218.52	87874-20	NH16-162C
008040500	20160901	201.70	0.00	201.70	201.70	87874-20	NH16-105C
008040500	20170901	203.91	0.00	203.91	203.91	87874-20	NH16-105C
008041600	20160901	204.43	0.00	204.43	204.43	87874-20	NH16-108C
008041600	20170901	208.27	0.00	208.27	208.27	87874-20	NH16-108C
008042800	20160901	204.79	0.00	204.79	204.79	87874-20	NH16-161C
008042800	20170901	210.07	0.00	210.07	210.07	87874-20	NH16-161C
008043000	20160901	199.49	0.00	199.49	199.49	87874-20	NH16-114C
008043100	20160901	203.09	0.00	203.09	203.09	87874-20	NH16-112C
008043200	20160901	215.53	0.00	215.53	215.53	87874-20	NH16-116C
008043400	20160901	196.43	0.00	196.43	196.43	87874-20	NH16-109C
008043600	20160901	218.76	0.00	218.76	218.76	87874-20	NH16-119C
009268100	20130801	209.93	0.00	209.93	209.93	87874-20	NH15-051C
009268100	20140101	213.21	0.00	213.21	213.21	87874-20	NH15-051C
009268100	20140201	213.89	0.00	213.89	213.89	87874-20	NH15-051C
009268100	20140701	224.46	0.00	224.46	224.46	87874-20	NH15-051C
009268100	20150101	229.45	0.00	229.45	229.45	87874-20	NH15-051C
009268100	20150901	229.74	0.00	229.74	229.74	87874-20	NH15-051C
009268100	20160901	234.15	0.00	234.15	234.15	87874-20	NH15-051C
009858300	20140101	226.20	0.00	226.20	226.20	87874-20	NH15-042W
009858300	20140601	228.35	0.00	228.35	228.35	87874-20	NH15-042W
009858300	20140701	239.48	0.00	239.48	239.48	87874-20	NH15-042W
009858300	20150101	243.12	0.00	243.12	243.12	87874-20	NH15-042W
009858300	20150901	240.28	0.00	240.28	240.28	87874-20	NH15-042W
009858300	20160901	241.47	0.00	241.47	241.47	87874-20	NH15-042W
009858800	20131101	218.15	0.00	218.15	218.15	87874-20	NH15-035W
009858800	20140101	219.01	0.00	219.01	219.01	87874-20	NH15-035W
009858800	20140501	220.79	0.00	220.79	220.79	87874-20	NH15-035W
009858800	20140701	229.75	0.00	229.75	229.75	87874-20	NH15-035W
009858800	20150101	234.23	0.00	234.23	234.23	87874-20	NH15-035W
009858800	20150901	232.41	0.00	232.41	232.41	87874-20	NH15-035W
009858800	20160901	232.51	0.00	232.51	232.51	87874-20	NH15-035W
009858800	20170901	233.73	0.00	233.73	233.73	87874-20	NH15-035W
009858900	20131101	224.60	0.00	224.60	224.60	87874-20	NH15-036W
009858900	20140101	224.09	0.00	224.09	224.09	87874-20	NH15-036W
009858900	20140701	236.00	0.00	236.00	236.00	87874-20	NH15-036W
009858900	20150101	240.25	0.00	240.25	240.25	87874-20	NH15-036W
009858900	20150901	239.19	0.00	239.19	239.19	87874-20	NH15-036W
009858900	20160901	237.33	0.00	237.33	237.33	87874-20	NH15-036W
010347500	20131205	231.92	0.00	231.92	231.92	87874-20	NH15-068C
010347500	20140101	234.71	0.00	234.71	234.71	87874-20	NH15-068C
010347500	20140701	242.60	0.00	242.60	242.60	87874-20	NH15-068C
010347500	20140901	243.69	0.00	243.69	243.69	87874-20	NH15-068C
010347500	20150101	248.60	0.00	248.60	248.60	87874-20	NH15-068C
010347500	20150901	247.45	0.00	247.45	247.45	87874-20	NH15-068C
010347500	20160901	248.52	0.00	248.52	248.52	87874-20	NH15-068C
012234000	20140701	228.90	0.00	228.90	228.90	87874-20	NH15-064C
012234000	20150101	232.55	0.00	232.55	232.55	87874-20	NH15-064C
012234000	20150901	232.06	0.00	232.06	232.06	87874-20	NH15-064C
012234000	20160901	236.28	0.00	236.28	236.28	87874-20	NH15-064C
012234000	20170901	226.84	0.00	226.84	226.84	87874-20	NH15-064C
012234400	20140701	229.24	0.00	229.24	229.24	87874-20	NH15-066C
012234400	20150101	235.77	0.00	235.77	235.77	87874-20	NH15-066C
012234400	20150901	232.98	0.00	232.98	232.98	87874-20	NH15-066C
012234400	20160901	234.61	0.00	234.61	234.61	87874-20	NH15-066C
012234600	20140701	227.21	0.00	227.21	227.21	87874-20	NH15-061C
012234600	20150101	229.69	0.00	229.69	229.69	87874-20	NH15-061C
012234600	20150901	226.61	0.00	226.61	226.61	87874-20	NH15-061C
012234600	20160901	226.82	0.00	226.82	226.82	87874-20	NH15-061C
012234700	20140701	224.62	0.00	224.62	224.62	87874-20	NH15-063C
012234700	20150101	228.94	0.00	228.94	228.94	87874-20	NH15-063C
012234700	20150901	226.99	0.00	226.99	226.99	87874-20	NH15-063C
012234700	20160901	230.98	0.00	230.98	230.98	87874-20	NH15-063C
012931200	20140815	208.29	0.00	208.29	208.29	87874-20	NH16-054W
012931200	20150101	213.52	0.00	213.52	213.52	87874-20	NH16-054W
012931200	20150901	213.61	0.00	213.61	213.61	87874-20	NH16-054W
012931200	20160701	214.00	0.00	214.00	214.00	87874-20	NH16-054W
012931200	20160901	217.87	0.00	217.87	217.87	87874-20	NH16-054W
012931200	20170901	220.84	0.00	220.84	220.84	87874-20	NH16-054W
013081700	20140901	232.16	0.00	232.16	232.16	87874-20	NH15-027W

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
013081700	20150101	234.49	0.00	234.49	234.49	87874-20	NH15-027W
013081700	20150301	238.69	0.00	238.69	238.69	87874-20	NH15-027W
013081700	20150901	238.13	0.00	238.13	238.13	87874-20	NH15-027W
013081700	20160901	241.49	0.00	241.49	241.49	87874-20	NH15-027W
020112000	20150901	243.22	0.00	243.22	243.22	87874-20	NH16-069W
020112000	20160901	266.41	0.00	266.41	266.41	87874-20	NH16-069W
020112000	20170901	272.91	0.00	272.91	272.91	87874-20	NH16-069W
020316500	20160901	268.88	0.00	268.88	268.88	87874-20	NH16-012L
020749700	20160901	247.92	0.00	247.92	247.92	87874-20	NH16-041L
020749700	20170901	251.45	0.00	251.45	251.45	87874-20	NH16-041L
020932500	20150901	251.14	0.00	251.14	251.14	87874-20	NH15-094C
020932500	20160901	279.99	0.00	279.99	279.99	87874-20	NH15-096C
020932500	20170901	283.30	0.00	283.30	283.30	87874-20	NH15-096C
022146500	20130701	198.27	0.00	198.27	198.27	87874-20	NH08-102C
022146500	20140101	201.11	0.00	201.11	201.11	87874-20	NH08-102C
022146500	20140701	210.80	0.00	210.80	210.80	87874-20	NH08-102C
022146500	20150101	206.14	0.00	206.14	206.14	87874-20	NH08-102C
022146500	20150901	203.53	0.00	203.53	203.53	87874-20	NH08-102C
022146500	20160901	201.80	0.00	201.80	201.80	87874-20	NH08-102C
022146500	20170901	216.48	0.00	216.48	216.48	87874-20	NH08-102C
022227000	20170827	262.20	0.00	262.20	262.20	87874-20	
022227000	20170901	264.91	0.00	264.91	264.91	87874-20	
022227000	20180301	271.94	0.00	271.94	271.94	87874-20	
022227100	20170827	265.60	0.00	265.60	265.60	87874-20	
022227100	20170901	266.15	0.00	266.15	266.15	87874-20	
022227100	20180301	271.25	0.00	271.25	271.25	87874-20	
025834200	20160901	204.31	0.00	204.31	204.31	87874-20	NH17-010G
026361300	20160901	203.68	0.00	203.68	203.68	87874-20	NH15-122C
026361300	20170901	206.55	0.00	206.55	206.55	87874-20	NH15-122C
026900000	20150901	218.33	0.00	218.33	218.33	87874-20	NH15-018W
026900000	20160901	222.52	0.00	222.52	222.52	87874-20	NH15-018W
026900000	20170901	225.22	0.00	225.22	225.22	87874-20	NH15-018W
032440000	20150901	212.99	0.00	212.99	212.99	87874-20	NH15-006G
032440000	20160901	197.33	0.00	197.33	197.33	87874-20	NH15-083C
032440000	20170901	216.64	0.00	216.64	216.64	87874-20	NH15-083C
032443400	20150901	200.81	0.00	200.81	200.81	87874-20	NH15-085C
032443400	20160901	210.94	0.00	210.94	210.94	87874-20	NH15-081C
032443400	20170901	215.46	0.00	215.46	215.46	87874-20	NH15-081C
032448500	20150901	195.93	0.00	195.93	195.93	87874-20	NH15-073C
032448500	20160901	203.54	0.00	203.54	203.54	87874-20	NH15-073C
100277700	20180918	218.47	0.00	218.47	218.47	87874-20	
100277700	20181001	228.51	0.00	228.51	228.51	87874-20	
100277700	20190701	228.51	0.00	228.51	228.51	87874-20	
100277700	20191001	230.60	0.00	230.60	230.60	87874-20	
100402400	20181101	260.79	0.00	260.79	260.79	87874-20	
100402400	20190701	260.79	0.00	260.79	260.79	87874-20	
100402400	20191001	260.79	0.00	260.79	260.79	87874-20	
101960900	20181101	233.08	0.00	233.08	233.08	87874-20	
101960900	20190701	212.69	0.00	212.69	212.69	87874-20	
101960900	20191001	215.79	0.00	215.79	215.79	87874-20	
103006900	20190701	282.54	0.00	282.54	282.54	87874-20	
103006900	20191001	282.54	0.00	282.54	282.54	87874-20	
103641500	20190801	220.41	0.00	220.41	220.41	87874-20	
103641500	20191001	224.57	0.00	224.57	224.57	87874-20	
104923500	20200101	240.57	0.00	240.57	240.57	87874-20	



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Medicaid Reimbursement Per Diem Rates

BAY VILLAGE OF SARASOTA
8400 VAMO ROAD
SARASOTA, FL 34231

Provider Number: 0 018777-00
Date: 11/22/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
272.76 **273.63** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-063W FYE 12/31/2014	

Distribution:

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY CENTER EAST
991 E NEW YORK AVE
DELAND, FL 32724

Provider Number: 0 041686-00
Date: 4/20/2020
Fiscal Year End: 1/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **225.16** New Rate: **225.09** Effective Date: **9/1/2016**

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 #NH16-007L FYE 1/31/2016	

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE CENTER AT TALLAHASSEE
3101 GINGER DR
TALLAHASSEE, FL 32308-4437

Provider Number: 0 043833-00
Date: 4/2/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
202.29 **201.38** **7/1/2013**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-189C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE CENTER AT TALLAHASSEE
3101 GINGER DR
TALLAHASSEE, FL 32308-4437

Provider Number: 0 043833-00
Date: 4/2/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
203.53 **202.60** **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:	
_____ Budget	
_____ Unaudited costs	
<input checked="" type="checkbox"/> Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-189C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE CENTER AT TALLAHASSEE
3101 GINGER DR
TALLAHASSEE, FL 32308-4437

Provider Number: 0 043833-00
Date: 4/2/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
212.38 **211.42** **7/1/2014**

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 #NH13-189C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE CENTER AT TALLAHASSEE
3101 GINGER DR
TALLAHASSEE, FL 32308-4437

Provider Number: 0 043833-00
Date: 4/2/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
196.21 **195.78** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-145C FYE 12/31/2015 with effects of Effects of FA & RFA #NH13-189C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE AND REHABILITATION CENTER	Provider Number:	0 043838-00
777 9TH ST N	Date:	1/30/2020
NAPLES, FL 34102	Fiscal Year End:	7/31/2012
	Audit Status:	Revised Field Audit

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>235.86</u>	<u>235.16</u>	<u>7/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<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 #NH13-191C FYE 7/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE AND REHABILITATION CENTER
777 9TH ST N
NAPLES, FL 34102

Provider Number: 0 043838-00
Date: 1/30/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.74</u>	<u>238.04</u>	<u>1/1/2014</u>

Rate Type:

Interim

Total Interim

Prospective

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-191C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE AND REHABILITATION CENTER
777 9TH ST N
NAPLES, FL 34102

Provider Number: 0 043838-00
Date: 1/30/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>249.75</u>	<u>249.02</u>	<u>7/1/2014</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
 FA & RFA #NH13-191C FYE 7/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE AND REHABILITATION CENTER
777 9TH ST N
NAPLES, FL 34102

Provider Number: 0 043838-00
Date: 1/30/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>209.72</u>	<u>209.28</u>	<u>9/1/2016</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH16-143C FYE 12/31/2015 with effects of NH16-143C FYE 12/31/2015.

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HERITAGE HEALTHCARE AND REHABILITATION CENTER	Provider Number:	0 043838-00
777 9TH ST N	Date:	1/30/2020
NAPLES, FL 34102	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	213.34	212.89	9/1/2017

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:

<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 #NH16-143C FYE 12/31/2015 with effects of NH16-143C FYE 12/31/2015.

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Medicaid Reimbursement Per Diem Rates

KEYSTONE REHABILITATION AND HEALTH CENTER
1120 W DONEGAN AVE
KISSIMMEE, FL 34741-2247

Provider Number: 0 043839-00
Date: 2/20/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
205.02 204.56 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 #NH13-192C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

<u>KEYSTONE REHABILITATION AND HEALTH CENTER</u>	Provider Number:	<u>0 043839-00</u>
<u>1120 W DONEGAN AVE</u>	Date:	<u>2/20/2020</u>
<u>KISSIMMEE, FL 34741-2247</u>	Fiscal Year End:	<u>7/31/2012</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		206.69	206.23	1/1/2014

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-192C FYE 7/31/2012	

Distribution:
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Medicaid Reimbursement Per Diem Rates

KEYSTONE REHABILITATION AND HEALTH CENTER
1120 W DONEGAN AVE
KISSIMMEE, FL 34741-2247

Provider Number: 0 043839-00
Date: 2/20/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>214.09</u>	<u>213.62</u>	<u>7/1/2014</u>

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 #NH13-192C FYE 7/31/2012

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

KEYSTONE REHABILITATION AND HEALTH CENTER
1120 W DONEGAN AVE
KISSIMMEE, FL 34741-2247

Provider Number: 0 043839-00
Date: 2/20/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 185.65, 185.29, 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 #NH16-139C FYE 12/31/2015

Zainab Day

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Medicaid Reimbursement Per Diem Rates

KEYSTONE REHABILITATION AND HEALTH CENTER
1120 W DONEGAN AVE
KISSIMMEE, FL 34741-2247

Provider Number: 0 043839-00
Date: 2/20/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
190.05 **189.68** **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-139C FYE 12/31/2015	

Distribution:

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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER
3110 OAKBRIDGE BLVD E
LAKELAND, FL 33803-5987

Provider Number: 0 043841-00
Date: 3/31/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
208.40 **208.22** **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:	
<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 #NH13-193C FYE 7/31/2012	

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Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER
3110 OAKBRIDGE BLVD E
LAKELAND, FL 33803-5987

Provider Number: 0 043841-00
Date: 3/31/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **211.30** New Rate: **211.12** Effective Date: **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 #NH13-193C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER
3110 OAKBRIDGE BLVD E
LAKELAND, FL 33803-5987

Provider Number: 0 043841-00
Date: 3/31/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **222.47** New Rate: **222.29** Effective Date: **7/1/2014**

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 #NH13-193C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER
3110 OAKBRIDGE BLVD E
LAKELAND, FL 33803-5987

Provider Number: 0 043841-00
Date: 3/31/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **202.55**
New Rate: **202.25**
Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-095C FYE 12/31/2014 with effects of FA & RFA #NH13-193C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

THE PALMS REHABILITATION AND HEALTHCARE CENTER
5405 BABCOCK ST NE
PALM BAY, FL 32905

Provider Number: 0 043847-00
Date: 2/24/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.13 **214.72** **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:	
<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 #NH13-196C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

THE PALMS REHABILITATION AND HEALTHCARE CENTER
5405 BABCOCK ST NE
PALM BAY, FL 32905

Provider Number: 0 043847-00
Date: 2/24/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
216.81 **216.39** **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 #NH13-196C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

THE PALMS REHABILITATION AND HEALTHCARE CENTER
5405 BABCOCK ST NE
PALM BAY, FL 32905

Provider Number: 0 043847-00
Date: 2/24/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **225.31** New Rate: **224.88** Effective Date: **7/1/2014**

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 #NH13-196C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

THE PALMS REHABILITATION AND HEALTHCARE CENTER	Provider Number:	0 043847-00
5405 BABCOCK ST NE	Date:	2/24/2020
PALM BAY, FL 32905	Fiscal Year End:	12/31/2014
	Audit Status:	Field Audited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		204.79	204.40	9/1/2016

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 #NH16-092C FYE 12/31/2014 with Effects of FA & RFA #NH13-196C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

CORAL TRACE HEALTH CARE
216 SANTA BARBARA BLVD
CAPE CORAL, FL 33991-2031

Provider Number: 0 043848-00
Date: 2/4/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
208.85 **208.25** **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:	
<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 & Revised Field Audit #NH13-182C FYE 7/31/2012	

Distribution:

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 No Change in Rate

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Zainab Day

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Medicaid Reimbursement Per Diem Rates

CORAL TRACE HEALTH CARE
216 SANTA BARBARA BLVD
CAPE CORAL, FL 33991-2031

Provider Number: 0 043848-00
Date: 2/4/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
211.21 **210.61** **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"/> Field Audit & Revised Field Audit #NH13-182C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

CORAL TRACE HEALTH CARE
216 SANTA BARBARA BLVD
CAPE CORAL, FL 33991-2031

Provider Number: 0 043848-00
Date: 2/4/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
220.31 **219.69** **7/1/2014**

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"/> Field Audit & Revised Field Audit #NH13-182C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

CORAL TRACE HEALTH CARE
216 SANTA BARBARA BLVD
CAPE CORAL, FL 33991-2031

Provider Number: 0 043848-00
Date: 2/4/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **200.69** New Rate: **200.36** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-126C FYE 12/31/2015 With effects of Field Audit & Revised Field Audit #NH13-182C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

CORAL TRACE HEALTH CARE
216 SANTA BARBARA BLVD
CAPE CORAL, FL 33991-2031

Provider Number: 0 043848-00
Date: 2/4/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
204.10 **203.76** **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-126C FYE 12/31/2015 With effects of Field Audit & Revised Field Audit #NH13-182C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

CORAL BAY HEALTHCARE AND REHABILITATION

2939 S HAVERHILL RD

WEST PALM BEACH, FL 33415-8118

Provider Number:

0 043851-00

Date:

2/11/2020

Fiscal Year End:

7/31/2012

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate

216.21

New Rate

214.59

Effective Date

7/1/2013

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 and Revised Field Audit #NH13-198C
FYE 7/31/2012

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Medicaid Cost Reimbursement Planning and Finance

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CORAL BAY HEALTHCARE AND REHABILITATION
2939 S HAVERHILL RD
WEST PALM BEACH, FL 33415-8118

Provider Number: 0 043851-00
Date: 2/11/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Row 1: Nursing Home Single Level, 218.96, 217.31, 1/1/2014

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 Field Audit and Revised Field Audit #NH13-198C
FYE 7/31/2012

Distribution:

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No Change in Rate

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Medicaid Cost Reimbursement Planning and Finance

Zainab Day (Signature)

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Medicaid Reimbursement Per Diem Rates

CORAL BAY HEALTHCARE AND REHABILITATION

2939 S HAVERHILL RD

WEST PALM BEACH, FL 33415-8118

Provider Number:

0 043851-00

Date:

2/11/2020

Fiscal Year End:

7/31/2012

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate

230.94

New Rate

229.25

Effective Date

7/1/2014

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

Field Audit and Revised Field Audit #NH13-198C
FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

CORAL BAY HEALTHCARE AND REHABILITATION
2939 S HAVERHILL RD
WEST PALM BEACH, FL 33415-8118

Provider Number: 0 043851-00
Date: 2/11/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
216.51 **215.82** **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 #NH16-097C FYE 12/31/2014
With Effects of Field Audit and Revised Field
Audit #NH13-198C FYE 7/31/2012

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

COLONIAL LAKES HEALTH CARE
15204 W COLONIAL DR
WINTER GARDEN, FL 34787-6042

Provider Number: 0 043854-00
Date: 1/21/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>213.74</u>	<u>213.62</u>	<u>7/1/2013</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 #NH13-200 FYE 07/31/2012

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Distribution:

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Medicaid Reimbursement Per Diem Rates

COLONIAL LAKES HEALTH CARE
15204 W COLONIAL DR
WINTER GARDEN, FL 34787-6042

Provider Number: 0 043854-00
Date: 1/21/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>216.37</u>	<u>216.24</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

FA & RFA #NH13-200 FYE 07/31/2012

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office: CMCII
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Zainab Day

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Medicaid Reimbursement Per Diem Rates

COLONIAL LAKES HEALTH CARE
 15204 W COLONIAL DR
 WINTER GARDEN, FL 34787-6042

Provider Number: 0 043854-00
 Date: 1/21/2020
 Fiscal Year End: 7/31/2012
 Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>225.66</u>	<u>225.17</u>	<u>7/1/2014</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-200 FYE 07/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Distribution:

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No Change in Rate

Home Office: CMCII
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COLONIAL LAKES HEALTH CARE
15204 W COLONIAL DR
WINTER GARDEN, FL 34787-6042

Provider Number: 0 043854-00
Date: 1/21/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
187.60 **187.30** **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 #NH16-135C FYE 12/31/2015 with effects of FA and RFA #NH13-200 FYE 07/31/2012

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Medicaid Reimbursement Per Diem Rates

COLONIAL LAKES HEALTH CARE

15204 W COLONIAL DR

WINTER GARDEN, FL 34787-6042

Provider Number:

0 043854-00

Date:

1/21/2020

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
191.12	190.81	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

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Effects of Field Audit #NH16-135C FYE

12/31/2015 with effects of FA and RFA #NH13-200 FYE 07/31/2012

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Medicaid Reimbursement Per Diem Rates

BRADENTON HEALTH CARE
6305 CORTEZ RD W
BRADENTON, FL 34210-2604

Provider Number: 0 043859-00
Date: 2/13/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
216.73 **215.79** **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:	
<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 #NH13-183C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

BRADENTON HEALTH CARE
6305 CORTEZ RD W
BRADENTON, FL 34210-2604

Provider Number: 0 043859-00
Date: 2/13/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **217.51** New Rate: **216.55** Effective Date: **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 #NH13-183C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

BRADENTON HEALTH CARE
6305 CORTEZ RD W
BRADENTON, FL 34210-2604

Provider Number: 0 043859-00
Date: 2/13/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
228.15 **227.16** **7/1/2014**

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 #NH13-183C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

BRADENTON HEALTH CARE
6305 CORTEZ RD W
BRADENTON, FL 34210-2604

Provider Number: 0 043859-00
Date: 2/13/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
212.24 **211.86** **9/1/2016**

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"/> Effects of FA & RFA #NH13-183C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

BRADENTON HEALTH CARE
6305 CORTEZ RD W
BRADENTON, FL 34210-2604

Provider Number: 0 043859-00
Date: 2/13/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
216.50 **216.10** **9/1/2017**

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"/> Effects of FA & RFA #NH13-183C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

BRANDON HEALTH AND REHABILITATION CENTER
1465 OAKFIELD DR
BRANDON, FL 33511-4854

Provider Number: 0 043860-00
Date: 1/28/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 203.07
New Rate: 202.41
Effective Date: 7/1/2013

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-184C FYE 7/31/2012	

Distribution:

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 No Change in Rate

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Zainab Day

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRANDON HEALTH AND REHABILITATION CENTER
1465 OAKFIELD DR
BRANDON, FL 33511-4854

Provider Number: 0 043860-00
Date: 1/28/2020
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: 204.92, 203.97, 1/1/2014

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 #NH13-184C FYE 7/31/2012

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day (Signature)

Home Office: CMCII
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRANDON HEALTH AND REHABILITATION CENTER
1465 OAKFIELD DR
BRANDON, FL 33511-4854

Provider Number: 0 043860-00
Date: 1/28/2020
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: 212.98, 212.00, 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 #NH13-184C FYE 7/31/2012

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day (Signature)

Home Office: CMCII
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Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

BRANDON HEALTH AND REHABILITATION CENTER
1465 OAKFIELD DR
BRANDON, FL 33511-4854

Provider Number: 0 043860-00
Date: 1/28/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
199.30 **198.96** **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 #NH16-125C FYE 12/31/2015 with effects of FA and RFA #NH13-184 FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Home Office: CMCII
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Medicaid Reimbursement Per Diem Rates

BRANDON HEALTH AND REHABILITATION CENTER
1465 OAKFIELD DR
BRANDON, FL 33511-4854

Provider Number: 0 043860-00
Date: 1/28/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>204.82</u>	<u>204.47</u>	<u>9/1/2017</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH16-125C FYE 12/31/2015 with effects of FA and RFA #NH13-184 FYE 7/31/2012

Distribution:

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Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

HARTS HARBOR HEALTH CARE CENTER
11565 HARTS RD
JACKSONVILLE, FL 32218-3777

Provider Number: 0 043865-00
Date: 12/5/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
195.78 **194.89** **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:	
<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 #NH13-207C FYE 07/31/2012	

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

HARTS HARBOR HEALTH CARE CENTER
11565 HARTS RD
JACKSONVILLE, FL 32218-3777

Provider Number: 0 043865-00
Date: 12/5/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
197.79 **196.88** **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 #NH13-207C FYE 07/31/2012	

Distribution:

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Medicaid Reimbursement Per Diem Rates

HARTS HARBOR HEALTH CARE CENTER
11565 HARTS RD
JACKSONVILLE, FL 32218-3777

Provider Number: 0 043865-00
Date: 12/5/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
206.12 **205.18** **7/1/2014**

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 #NH13-207C FYE 07/31/2012	

Distribution:

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Medicaid Reimbursement Per Diem Rates

HARTS HARBOR HEALTH CARE CENTER
11565 HARTS RD
JACKSONVILLE, FL 32218-3777

Provider Number: 0 043865-00
Date: 12/5/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
188.88 **188.50** **9/1/2016**

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 #NH16-132C FYE 12/31/2015 with effects of FA & RFA #NH13-207C FYE 07/31/2012	

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Zainab Day

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Medicaid Reimbursement Per Diem Rates

HARTS HARBOR HEALTH CARE CENTER
11565 HARTS RD
JACKSONVILLE, FL 32218-3777

Provider Number: 0 043865-00
Date: 12/5/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
192.81 **192.43** **9/1/2017**

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 #NH16-132C FYE 12/31/2015 with effects of FA & RFA #NH13-207C FYE 07/31/2012	

Distribution:

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Medicaid Reimbursement Per Diem Rates

COUNTRYSIDE REHAB AND HEALTHCARE CENTER
3825 COUNTRYSIDE BLVD N
PALM HARBOR, FL 34684-4928

Provider Number: 0 043872-00
Date: 4/17/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
204.87 **204.40** **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	
<input checked="" type="checkbox"/> Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH13-186C FYE 7/31/2012	

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_____ No Change in Rate

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Zainab Day

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Medicaid Reimbursement Per Diem Rates

COUNTRYSIDE REHAB AND HEALTHCARE CENTER
3825 COUNTRYSIDE BLVD N
PALM HARBOR, FL 34684-4928

Provider Number: 0 043872-00
Date: 4/17/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **206.77** New Rate: **206.29** Effective Date: **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 #NH13-186C FYE 7/31/2012	

Distribution:

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Zainab Day

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Medicaid Reimbursement Per Diem Rates

COUNTRYSIDE REHAB AND HEALTHCARE CENTER
3825 COUNTRYSIDE BLVD N
PALM HARBOR, FL 34684-4928

Provider Number: 0 043872-00
Date: 4/17/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.77 **215.27** **7/1/2014**

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 #NH13-186C FYE 7/31/2012	

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

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

COUNTRYSIDE REHAB AND HEALTHCARE CENTER
3825 COUNTRYSIDE BLVD N
PALM HARBOR, FL 34684-4928

Provider Number: 0 043872-00
Date: 4/17/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **197.07** New Rate: **196.46** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-090C FYE 12/31/2014 & Effects of FA & RFA #NH13-186C FYE 7/31/2012	

Distribution:

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Zainab Day

Home Office: CMCII
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Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOVERNOR'S CREEK HEALTH AND REHABILITATION
803 OAK ST
GREEN COVE SPRINGS, FL 32043

Provider Number: 0 043875-00
Date: 10/16/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
198.42 **198.02** **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:	
<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 #NH13-213C FYE 07/31/2012	

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Zainab Day

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Zainab Day

Home Office: CMCII
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOVERNOR'S CREEK HEALTH AND REHABILITATION
803 OAK ST
GREEN COVE SPRINGS, FL 32043

Provider Number: 0 043875-00
Date: 10/16/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **201.15** New Rate: **200.74** Effective Date: **1/1/2014**

Type text here

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 #NH13-213C FYE 07/31/2012	

Distribution:

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

Zainab Day

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Home Office: CMCII
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Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

GOVERNOR'S CREEK HEALTH AND REHABILITATION
803 OAK ST
GREEN COVE SPRINGS, FL 32043

Provider Number: 0 043875-00
Date: 10/16/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **209.65**
New Rate: **209.24**
Effective Date: **7/1/2014**

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 #NH13-213C FYE 07/31/2012	

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

GOVERNOR'S CREEK HEALTH AND REHABILITATION
803 OAK ST
GREEN COVE SPRINGS, FL 32043

Provider Number: 0 043875-00
Date: 10/16/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **194.99**
New Rate: **193.25**
Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-142C FYE 12/31/2015 with effects of FA & RFA #NH13-213C FYE 07/31/2012	

Distribution:

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No Change in Rate

Home Office:

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Zainab Day

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Medicaid Reimbursement Per Diem Rates

GOVERNOR'S CREEK HEALTH AND REHABILITATION
803 OAK ST
GREEN COVE SPRINGS, FL 32043

Provider Number: 0 043875-00
Date: 10/16/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **198.32** New Rate: **196.53** Effective Date: **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-142C FYE 12/31/2015 with effects of FA & RFA #NH13-213C FYE 07/31/2012	

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Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

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Maitland, FL 32751

Zainab Day

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Medicaid Reimbursement Per Diem Rates

HOMESTEAD MANOR A PALACE COMMUNITY
1330 NW 1ST AVE
HOMESTEAD, FL 33030

Provider Number: 0 046017-00
Date: 4/2/2020
Fiscal Year End: 6/30/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
257.89 **257.48** **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	
<input checked="" type="checkbox"/> Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH13-243L FYE 6/30/2012	

Distribution:

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

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Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Home Office: Professional Care I, Inc.
10850 SW 113th Place
Miami, FL 33176



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

HOMESTEAD MANOR A PALACE COMMUNITY	Provider Number:	0 046017-00
1330 NW 1ST AVE	Date:	4/2/2020
HOMESTEAD, FL 33030	Fiscal Year End:	6/30/2012
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>261.20</u>	<u>260.79</u>	<u>1/1/2014</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH13-243L FYE 6/30/2012	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Professional Care I, Inc.
 10850 SW 113th Place
 Miami, FL 33176

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

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Provider Number: 0 059783-00
Date: 3/4/2020
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
183.77 183.12 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

Field Audit #NH14-055C FYE 6/30/2013

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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Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Provider Number: 0 059783-00
Date: 3/4/2020
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
187.36 **186.69** **1/1/2014**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH14-055C FYE 6/30/2013	

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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Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Provider Number: 0 059783-00
Date: 3/4/2020
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>195.35</u>	<u>194.67</u>	<u>7/1/2014</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH14-055C FYE 6/30/2013	

Distribution:

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No Change in Rate

Home Office:

No Home Office

Zainab Day

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Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Provider Number: 0 059783-00
Date: 3/4/2020
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>197.65</u>	<u>196.96</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-055C FYE 6/30/2013

Distribution:

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Provider Number: 0 059783-00
Date: 3/4/2020
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 191.23
New Rate: 189.67
Effective Date: 9/1/2015

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

X

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Field Audit #NH15-133C FYE 6/30/2014 with effects of Field Audit #NH14-055C FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER	Provider Number:	0 059783-00
5377 MONCRIEF ROAD	Date:	3/4/2020
JACKSONVILLE, FL 32209	Fiscal Year End:	6/30/2014
	Audit Status:	Field Audited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		196.91	195.35	1/17/2016

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

Basis:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Unaudited costs	<input checked="" type="checkbox"/> Field Audit #NH15-133C FYE 6/30/2014 with effects of Field Audit #NH14-055C FYE 6/30/2013
<input checked="" type="checkbox"/> Field audited costs	
<input type="checkbox"/> Desk audited costs	

Distribution:
 Contract Management / Fiscal Agent
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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance
Zainab Day

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Provider Number: 0 059783-00
Date: 3/4/2020
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>194.60</u>	<u>194.20</u>	<u>9/1/2016</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Effects of Field Audit #NH14-055C FYE 6/30/2013 and Field Audit #NH15-133C FYE 6/30/2014

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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Zainab Day



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Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Provider Number: 0 059783-00
Date: 3/4/2020
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 193.93
New Rate: 193.53
Effective Date: 9/1/2017

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

X

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 #NH14-055C FYE 6/30/2013 and Field Audit #NH15-133C FYE 6/30/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day (Signature)

Distribution:

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No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

ISLAND HEALTH AND REHABILITATION CENTER
125 ALMA BLVD
MERRITT IS, FL 32953-4345

Provider Number: 0 059866-00
Date: 3/31/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **203.38** New Rate: **202.97** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-164C FYE 12/31/2015	

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Zainab Day

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Home Office: CMCII
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Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

ISLAND HEALTH AND REHABILITATION CENTER
125 ALMA BLVD
MERRITT IS, FL 32953-4345

Provider Number: 0 059866-00
Date: 3/31/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **207.07** New Rate: **206.66** Effective Date: **9/1/2017**

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

Basis:	
<input type="checkbox"/> Budget	
<input 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 #NH16-164C FYE 12/31/2015	

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

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

ISLAND HEALTH AND REHABILITATION CENTER
125 ALMA BLVD
MERRITT IS, FL 32953-4345

Provider Number: 0 059866-00
Date: 3/31/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
209.30 **208.89** **9/7/2017**

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

Basis:	
<input type="checkbox"/> Budget	
<input 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 #NH16-164C FYE 12/31/2015	

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Medicaid Reimbursement Per Diem Rates

ROSEWOOD HEALTH AND REHABILITATION CENTER
3920 ROSEWOOD WAY
ORLANDO, FL 32808

Provider Number: 0 059869-00
Date: 3/23/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **206.33** New Rate: **205.92** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-151C FYE 12/31/2015	

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Medicaid Reimbursement Per Diem Rates

ROSEWOOD HEALTH AND REHABILITATION CENTER
3920 ROSEWOOD WAY
ORLANDO, FL 32808

Provider Number: 0 059869-00
Date: 3/23/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
210.60 **210.18** **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-151C FYE 12/31/2015	

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 059877-00
Date: 3/26/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **197.70**
New Rate: **197.37**
Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-150C FYE 12/31/2015	

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

Provider Number: 0 059877-00
Date: 3/26/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **201.93** New Rate: **201.59** Effective Date: **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-150C FYE 12/31/2015	

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY HILLS HEALTH AND REHABILITATION
10040 HILLVIEW ROAD
PENSACOLA, FL 32514

Provider Number: 0 060993-00
Date: 2/25/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
200.89 **200.44** **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 #NH13-187C FYE 7/31/2012

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY HILLS HEALTH AND REHABILITATION
10040 HILLVIEW ROAD
PENSACOLA, FL 32514

Provider Number: 0 060993-00
Date: 2/25/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
203.20	202.75	1/1/2014

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-187C FYE 7/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY HILLS HEALTH AND REHABILITATION
10040 HILLVIEW ROAD
PENSACOLA, FL 32514

Provider Number: 0 060993-00
Date: 2/25/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
210.26	209.80	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 #NH13-187C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY HILLS HEALTH AND REHABILITATION
10040 HILLVIEW ROAD
PENSACOLA, FL 32514

Provider Number: 0 060993-00
Date: 2/25/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
195.00	194.70	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 #NH16-154C FYE 12/31/2015 with effects of FA & RFA #NH13-187C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY HILLS HEALTH AND REHABILITATION
10040 HILLVIEW ROAD
PENSACOLA, FL 32514

Provider Number: 0 060993-00
Date: 2/25/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 198.67
New Rate: 198.36
Effective Date: 9/1/2017

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-154C FYE 12/31/2015 with effects of FA & RFA #NH13-187C FYE 7/31/2012	

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF JACKSONVILLE
4101 SOUTHPOINT DRIVE EAST
JACKSONVILLE, FL 32216

Provider Number: 0 080384-00
Date: 4/10/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
214.82 **213.39** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-162C FYE 12/31/2015	

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF JACKSONVILLE
4101 SOUTHPOINT DRIVE EAST
JACKSONVILLE, FL 32216

Provider Number: 0 080384-00
Date: 4/10/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **219.98** New Rate: **218.52** Effective Date: **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-162C FYE 12/31/2015	

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF PENSACOLA
235 WEST AIRPORT BLVD
PENSACOLA, FL 32505

Provider Number: 0 080405-00
Date: 12/16/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>206.07</u>	<u>201.70</u>	<u>9/1/2016</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Field Audit #NH16-105C FYE 12/31/2014

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF PENSACOLA	Provider Number:	0 080405-00
235 WEST AIRPORT BLVD	Date:	12/16/2019
PENSACOLA, FL 32505	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>208.34</u>	<u>203.91</u>	<u>9/1/2017</u>

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 #NH16-105C FYE 12/31/2014	

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF PORT CHARLOTTE
18480 COCHRAN BLVD
PORT CHARLOTTE, FL 33948

Provider Number: 0 080416-00
Date: 4/29/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
206.19 **204.43** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-108C FYE 12/31/2014	

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF PORT CHARLOTTE
18480 COCHRAN BLVD
PORT CHARLOTTE, FL 33948

Provider Number: 0 080416-00
Date: 4/29/2020
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
208.87 **208.27** **9/1/2017**

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 #NH16-108C FYE 12/31/2014	

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF TALLAHASSEE	Provider Number:	0 080428-00
1650 PHILLIPS RD	Date:	5/1/2020
TALLAHASSEE, FL 32308	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>209.15</u>	<u>204.79</u>	<u>9/1/2016</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH16-161C FYE 12/31/2015

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF TALLAHASSEE	Provider Number:	0 080428-00
1650 PHILLIPS RD	Date:	5/1/2020
TALLAHASSEE, FL 32308	Fiscal Year End:	12/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>214.44</u>	<u>210.07</u>	<u>9/1/2017</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-161C FYE 12/31/2015	

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF VERO BEACH
1310 37TH ST
VERO BEACH, FL 32960-4860

Provider Number: 0 080430-00
Date: 5/4/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
200.17 **199.49** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-114C FYE 12/31/2014	

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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

CONSULATE HEALTH CARE AT WEST ALTAMONTE
1099 WEST TOWN PARKWAY
ALTAMONTE SPRINGS, FL 32714

Provider Number: 0 080431-00
Date: 3/31/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
203.60 **203.09** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> field Audit #NH16-112C FYE 12/31/2014	

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF WEST PALM BEACH
1626 DAVIS RD
WEST PALM BEACH, FL 33406-5640

Provider Number: 0 080432-00
Date: 4/1/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
216.11 **215.53** **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-116C FYE 12/31/2014	

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF WINTER HAVEN
2701 LAKE ALFRED RD
WINTER HAVEN, FL 33881

Provider Number: 0 080434-00
Date: 4/2/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **196.72** New Rate: **196.43** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-109C FYE 12/31/2014	

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Medicaid Reimbursement Per Diem Rates

FRANCO NURSING AND REHABILITATION CENTER
800 NW 95TH STREET
MIAMI, FL 33150

Provider Number: 0 080436-00
Date: 4/14/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **219.43** New Rate: **218.76** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-119C FYE 12/31/2014	

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Medicaid Reimbursement Per Diem Rates

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 5/20/2020
Fiscal Year End: 1/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
210.52 **209.93** **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 #NH15-051C FYE 1/31/2014	

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Medicaid Reimbursement Per Diem Rates

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 5/20/2020
Fiscal Year End: 1/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
213.80 **213.21** **1/1/2014**

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 #NH15-051C FYE 1/31/2014

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Medicaid Reimbursement Per Diem Rates

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 5/20/2020
Fiscal Year End: 1/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **214.49** New Rate: **213.89** Effective Date: **2/1/2014**

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"/> Field Audit #NH15-051C FYE 1/31/2014	

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Medicaid Reimbursement Per Diem Rates

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 5/20/2020
Fiscal Year End: 1/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **225.08** New Rate: **224.46** Effective Date: **7/1/2014**

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"/> Field Audit #NH15-051C FYE 1/31/2014	

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Medicaid Reimbursement Per Diem Rates

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 5/20/2020
Fiscal Year End: 1/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **230.07** New Rate: **229.45** Effective Date: **1/1/2015**

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"/> Field Audit #NH15-051C FYE 1/31/2014	

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Medicaid Reimbursement Per Diem Rates

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 5/20/2020
Fiscal Year End: 1/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **230.37** New Rate: **229.74** Effective Date: **9/1/2015**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<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"/> Field Audit #NH15-051C FYE 1/31/2014	

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Medicaid Reimbursement Per Diem Rates

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 5/20/2020
Fiscal Year End: 1/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **234.78** New Rate: **234.15** Effective Date: **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
<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"/> Field Audit #NH15-051C FYE 1/31/2014	

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 No Change in Rate

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Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO
10500 STARKEY RD
LARGO, FL 33777

Provider Number: 0 098583-00
Date: 2/7/2020
Fiscal Year End: 5/31/2014
Audit Status: Revised Field Audit

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Row 1: Nursing Home Single Level, 227.05, 226.20, 1/1/2014

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

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

Changes: Rate Semester Change, FA & RFA #NH15-042W FYE 5/31/2014 (checked)

Distribution:

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Permanent File
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No Change in Rate

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Zainab Day (Signature)

Home Office: Palm Garden Healthcare Holdings, LLC
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Sarasota, FL 34237



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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO
 10500 STARKEY RD
 LARGO, FL 33777

Provider Number: 0 098583-00
 Date: 2/7/2020
 Fiscal Year End: 5/31/2014
 Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>229.19</u>	<u>228.35</u>	<u>6/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH15-042W FYE 5/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO
 10500 STARKEY RD
 LARGO, FL 33777

Provider Number: 0 098583-00
 Date: 2/7/2020
 Fiscal Year End: 5/31/2014
 Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
240.36	239.48	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 #NH15-042W FYE 5/31/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO
10500 STARKEY RD
LARGO, FL 33777

Provider Number: 0 098583-00
Date: 2/7/2020
Fiscal Year End: 5/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 244.46, 243.12, 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 FA & RFA #NH15-042W FYE 5/31/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO
10500 STARKEY RD
LARGO, FL 33777

Provider Number: 0 098583-00
Date: 2/7/2020
Fiscal Year End: 5/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>241.64</u>	<u>240.28</u>	<u>9/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH15-042W FYE 5/31/2014

Distribution:

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No Change in Rate

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Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO
10500 STARKEY RD
LARGO, FL 33777

Provider Number: 0 098583-00
Date: 2/7/2020
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.45	241.47	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

Effects of FA & RFA #NH15-042W FYE 5/31/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE
1751 SE HILLMOOR DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 098588-00
Date: 3/5/2020
Fiscal Year End: 4/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
219.06	218.15	11/1/2013

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 #NH15-035W FYE 4/30/2014

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No Change in Rate

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Home Office: Palm Garden Healthcare Holdings, LLC
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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE
1751 SE HILLMOOR DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 098588-00
Date: 3/5/2020
Fiscal Year End: 4/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>219.92</u>	<u>219.01</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

FA & RFA #NH15-035W FYE 4/30/2014

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF PORT SAINT LUCIE</u>	Provider Number:	<u>0 098588-00</u>
<u>1751 SE HILLMOOR DRIVE</u>	Date:	<u>3/5/2020</u>
<u>PORT SAINT LUCIE, FL 34952</u>	Fiscal Year End:	<u>4/30/2014</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		221.71	220.79	5/1/2014

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH15-035W FYE 4/30/2014

Distribution:

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Zainab Day
 Medicaid Cost Reimbursement Planning and Finance
Zainab Day

Home Office: Palm Garden Healthcare Holdings, LLC
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE
1751 SE HILLMOOR DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 098588-00
 Date: 3/5/2020
 Fiscal Year End: 4/30/2014
 Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>230.70</u>	<u>229.75</u>	<u>7/1/2014</u>

Rate Type:

Interim Prospective

_____ Total Interim _____ Total Prospective

_____ Interim Component _____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA #NH15-035W FYE 4/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE
1751 SE HILLMOOR DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 098588-00
Date: 3/5/2020
Fiscal Year End: 4/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
235.30	234.23	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

FA & RFA #NH15-035W FYE 4/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE
1751 SE HILLMOOR DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 098588-00
Date: 3/5/2020
Fiscal Year End: 4/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
233.50	232.41	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

FA & RFA #NH15-035W FYE 4/30/2014

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF PORT SAINT LUCIE</u>	Provider Number:	<u>0 098588-00</u>
<u>1751 SE HILLMOOR DRIVE</u>	Date:	<u>3/5/2020</u>
<u>PORT SAINT LUCIE, FL 34952</u>	Fiscal Year End:	<u>9/30/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>233.58</u>	<u>232.51</u>	<u>9/1/2016</u>

Rate Type:	
<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:	
<u> </u> Budget	
<u> X </u> Unaudited costs	
<u> </u> Field audited costs	
<u> </u> Desk audited costs	

Changes:	
<u> </u> Rate Semester Change	
<u> X </u> Effects of FA & RFA #NH15-035W FYE	4/30/2014

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Zainab Day

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE
1751 SE HILLMOOR DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 098588-00
Date: 3/5/2020
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 234.85, 233.73, 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 FA & RFA #NH15-035W FYE 4/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF SUN CITY
3850 UPPER CREEK DR
SUN CITY CENTER, FL 33573

Provider Number: 0 098589-00
Date: 3/10/2020
Fiscal Year End: 6/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
225.50 **224.60** **11/1/2013**

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 #NH15-036W FYE 6/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF SUN CITY
3850 UPPER CREEK DR
SUN CITY CENTER, FL 33573

Provider Number: 0 098589-00
Date: 3/10/2020
Fiscal Year End: 6/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
225.00	224.09	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

FA & RFA #NH15-036W FYE 6/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF SUN CITY
3850 UPPER CREEK DR
SUN CITY CENTER, FL 33573

Provider Number: 0 098589-00
Date: 3/10/2020
Fiscal Year End: 6/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
236.94	236.00	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 #NH15-036W FYE 6/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF SUN CITY
3850 UPPER CREEK DR
SUN CITY CENTER, FL 33573

Provider Number: 0 098589-00
Date: 3/10/2020
Fiscal Year End: 6/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
241.21	240.25	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

FA & RFA #NH15-036W FYE 6/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF SUN CITY
3850 UPPER CREEK DR
SUN CITY CENTER, FL 33573

Provider Number: 0 098589-00
Date: 3/10/2020
Fiscal Year End: 6/30/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
240.16	239.19	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

FA & RFA #NH15-036W FYE 6/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF SUN CITY
3850 UPPER CREEK DR
SUN CITY CENTER, FL 33573

Provider Number: 0 098589-00
Date: 3/10/2020
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
238.38	237.33	9/1/2016

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

Effects of FA & RFA #NH15-036W FYE 6/30/2014

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 103475-00
Date: 10/14/2019
Fiscal Year End: 8/31/2014
Audit Status: Field Audited

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Row 1: Nursing Home Single Level, 233.05, 231.92, 12/5/2013

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

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

Changes: Rate Semester Change, Field Audit #NH15-068C FYE 8/31/2014 (checked)

Distribution:

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

Zainab Day
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Zainab Day (signature)

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 103475-00
Date: 10/14/2019
Fiscal Year End: 8/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 237.22 New Rate: 234.71 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 #NH15-068C FYE 8/31/2014.

Distribution:

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No Change in Rate

Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 103475-00
Date: 10/14/2019
Fiscal Year End: 8/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
245.91 242.60 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 #NH15-068C FYE 8/31/2014.

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 103475-00
Date: 10/14/2019
Fiscal Year End: 8/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
246.59 243.69 9/1/2014

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

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

Changes:
<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH15-068C FYE 8/31/2014.

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER	Provider Number:	0 103475-00
1001 MAR-WALT DRIVE	Date:	10/14/2019
FORT WALTON BEACH, FL 32547	Fiscal Year End:	8/31/2014
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>252.87</u>	<u>248.60</u>	<u>1/1/2015</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH15-068C FYE 8/31/2014.

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER	Provider Number:	0 103475-00
1001 MAR-WALT DRIVE	Date:	10/14/2019
FORT WALTON BEACH, FL 32547	Fiscal Year End:	8/31/2014
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>251.78</u>	<u>247.45</u>	<u>9/1/2015</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH15-068C FYE 8/31/2014.	

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 103475-00
Date: 10/14/2019
Fiscal Year End: 8/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 252.90
New Rate: 248.52
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 #NH15-068C FYE 8/31/2014.

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CITRUS HILLS HEALTH & REHABILITATION CENTER
124 W NORVELL BRYANT HWY
HERNANDO, FL 34442

Provider Number: 0 122340-00
Date: 4/8/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **228.91** New Rate: **228.90** Effective Date: **7/1/2014**

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"/> FA & RFA #NH15-064C FYE 12/31/2014

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Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

CITRUS HILLS HEALTH & REHABILITATION CENTER
124 W NORVELL BRYANT HWY
HERNANDO, FL 34442

Provider Number: 0 122340-00
Date: 4/8/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
232.55 232.55 1/1/2015

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 #NH15-064C FYE 12/31/2014	

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Home Office:

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

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Medicaid Reimbursement Per Diem Rates

CITRUS HILLS HEALTH & REHABILITATION CENTER
124 W NORVELL BRYANT HWY
HERNANDO, FL 34442

Provider Number: 0 122340-00
Date: 4/8/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **232.19** New Rate: **232.06** Effective Date: **9/1/2015**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<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 #NH15-064C FYE 12/31/2014	

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

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

CITRUS HILLS HEALTH & REHABILITATION CENTER
124 W NORVELL BRYANT HWY
HERNANDO, FL 34442

Provider Number: 0 122340-00
Date: 4/8/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
236.96 **236.28** **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
<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 #NH15-064C FYE 12/31/2014	

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

CITRUS HILLS HEALTH & REHABILITATION CENTER
124 W NORVELL BRYANT HWY
HERNANDO, FL 34442

Provider Number: 0 122340-00
Date: 4/8/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **226.85**
New Rate: **226.84**
Effective Date: **9/1/2017**

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 FA & RFA #NH15-064C FYE 12/31/2014	

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Zainab Day

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Medicaid Reimbursement Per Diem Rates

RIVERWOOD HEALTH & REHABILITATION CENTER
808 S COLLEY RD
STARKE, FL 32091

Provider Number: 0 122344-00
Date: 2/24/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>230.32</u>	<u>229.24</u>	<u>7/1/2014</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH15-066C FYE 12/31/2014

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Medicaid Reimbursement Per Diem Rates

RIVERWOOD HEALTH & REHABILITATION CENTER
 808 S COLLEY RD
 STARKE, FL 32091

Provider Number: 0 122344-00
 Date: 2/24/2020
 Fiscal Year End: 12/31/2014
 Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
236.51	235.77	1/1/2015

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH15-066C FYE 12/31/2014

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Medicaid Reimbursement Per Diem Rates

RIVERWOOD HEALTH & REHABILITATION CENTER
808 S COLLEY RD
STARKE, FL 32091

Provider Number: 0 122344-00
Date: 2/24/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
234.10	232.98	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

FA & RFA #NH15-066C FYE 12/31/2014

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Medicaid Reimbursement Per Diem Rates

RIVERWOOD HEALTH & REHABILITATION CENTER
808 S COLLEY RD
STARKE, FL 32091

Provider Number: 0 122344-00
Date: 2/24/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>235.74</u>	<u>234.61</u>	<u>9/1/2016</u>

Rate Type:

Interim

Prospective

____ Total Interim

____ Total Prospective

____ Interim Component

____ Total Prospective with Interim Component

Settlement based on cost

____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH15-066C FYE 12/31/2014

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Medicaid Reimbursement Per Diem Rates

TERRACE HEALTH & REHABILITATION CENTER
7207 SW 24TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 122346-00
Date: 3/12/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.69</u>	<u>227.21</u>	<u>7/1/2014</u>

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"/> FA & RFA #NH15-061C FYE 12/31/2014	

Distribution:

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Medicaid Reimbursement Per Diem Rates

TERRACE HEALTH & REHABILITATION CENTER
7207 SW 24TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 122346-00
Date: 3/12/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
230.18	229.69	1/1/2015

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 #NH15-061C FYE 12/31/2014

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

TERRACE HEALTH & REHABILITATION CENTER
7207 SW 24TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 122346-00
Date: 3/12/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
227.35	226.61	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

FA & RFA #NH15-061C FYE 12/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

TERRACE HEALTH & REHABILITATION CENTER
7207 SW 24TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 122346-00
Date: 3/12/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
227.57	226.82	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

FA & RFA #NH15-061C FYE 12/31/2014

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHABILITATION CENTER
120 CHIPOLA AVE
DELAND, FL 32720

Provider Number: 0 122347-00
Date: 2/26/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 225.51 New Rate: 224.62 Effective Date: 7/1/2014

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA #NH15-063C FYE 12/31/2014

Distribution:

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_____ For Information Only

_____ No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Home Office: Greystone Healthcare Management
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Tampa, FL 33610



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHABILITATION CENTER
120 CHIPOLA AVE
DELAND, FL 32720

Provider Number: 0 122347-00
Date: 2/26/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>229.61</u>	<u>228.94</u>	<u>1/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH15-063C FYE 12/31/2014

Distribution:

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No Change in Rate

Home Office: Greystone Healthcare Management
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Zainab Day

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Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHABILITATION CENTER
120 CHIPOLA AVE
DELAND, FL 32720

Provider Number: 0 122347-00
Date: 2/26/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate 227.94
New Rate 226.99
Effective Date 9/1/2015

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 #NH15-063C FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent
Permanent File
For Information Only
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Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHABILITATION CENTER
120 CHIPOLA AVE
DELAND, FL 32720

Provider Number: 0 122347-00
Date: 2/26/2020
Fiscal Year End: 12/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
231.94 **230.98** **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
 FA & RFA #NH15-063C FYE 12/31/2014

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

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Home Office: Greystone Healthcare Management
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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTHCARE	Provider Number:	0 129312-00
3465 CAROLINE BLVD	Date:	10/16/2019
PENNEY FARMS, FL 32079	Fiscal Year End:	6/30/2016
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>215.39</u>	<u>208.29</u>	<u>8/15/2014</u>

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 #NH16-054W FYE 06/30/2016

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

Zainab Day
 Medicaid Cost Reimbursement Planning and Finance
Zainab Day

Home Office:	<input type="checkbox"/> No Home Office
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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTHCARE
3465 CAROLINE BLVD
PENNEY FARMS, FL 32079

Provider Number: 0 129312-00
Date: 10/16/2019
Fiscal Year End: 6/30/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
220.95 **213.52** **1/1/2015**

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 #NH16-054W FYE 06/30/2016

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTHCARE
3465 CAROLINE BLVD
PENNEY FARMS, FL 32079

Provider Number: 0 129312-00
Date: 10/16/2019
Fiscal Year End: 6/30/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 219.17, 213.61, 9/1/2015

Rate Type:

X Interim

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 #NH16-054W FYE 06/30/2016

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

Zainab Day (Signature)



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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTHCARE	Provider Number:	0 129312-00
3465 CAROLINE BLVD	Date:	10/16/2019
PENNEY FARMS, FL 32079	Fiscal Year End:	6/30/2016
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	220.15	214.00	7/1/2016

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-054W FYE 06/30/2016	

Distribution:

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 No Change in Rate

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Home Office:	<input type="checkbox"/> No Home Office
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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTHCARE
3465 CAROLINE BLVD
PENNEY FARMS, FL 32079

Provider Number: 0 129312-00
Date: 10/16/2019
Fiscal Year End: 6/30/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 222.25, 217.87, 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 #NH16-054W FYE 06/30/2016

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTHCARE
3465 CAROLINE BLVD
PENNEY FARMS, FL 32079

Provider Number: 0 129312-00
Date: 10/16/2019
Fiscal Year End: 6/30/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
223.88 **220.84** **9/1/2017**

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input 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 #NH16-054W FYE 06/30/2016	

Distribution:

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 No Change in Rate

Zainab Day
Medicaid Cost Reimbursement Planning and Finance
Zainab Day

Home Office: No Home Office



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

OAK VIEW REHABILITATION CENTER
833 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 130817-00
Date: 3/12/2020
Fiscal Year End: 2/28/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 236.03, 232.16, 9/1/2014

Rate Type:

X Interim

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 #NH15-027W FYE 2/28/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Handwritten signature of Zainab Day

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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

OAK VIEW REHABILITATION CENTER
833 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 130817-00
Date: 3/12/2020
Fiscal Year End: 2/28/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>239.23</u>	<u>234.49</u>	<u>1/1/2015</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-027W FYE 2/28/2015

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Home Office:

No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day



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

OAK VIEW REHABILITATION CENTER
833 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 130817-00
Date: 3/12/2020
Fiscal Year End: 2/28/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>242.62</u>	<u>238.69</u>	<u>3/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-027W FYE 2/28/2015

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Home Office:

No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OAK VIEW REHABILITATION CENTER
833 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 130817-00
Date: 3/12/2020
Fiscal Year End: 2/28/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.99	238.13	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 #NH15-027W FYE 2/28/2015

Zainab Day

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Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

OAK VIEW REHABILITATION CENTER

833 KINGSLEY AVE

ORANGE PARK, FL 32073

Provider Number:

0 130817-00

Date:

3/12/2020

Fiscal Year End:

2/28/2015

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>246.51</u>	<u>241.49</u>	<u>9/1/2016</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-027W FYE 2/28/2015

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Home Office:

No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULF COAST VILLAGE CARE CENTER
1333 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

Provider Number: 0 201120-00
Date: 2/26/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
249.42	243.22	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 #NH16-069W FYE 12/31/2014

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No Change in Rate

Home Office:

VOA National Services
7530 Market Place Drive
Eden Prairie, MN 55344

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULF COAST VILLAGE CARE CENTER
1333 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

Provider Number: 0 201120-00
Date: 2/26/2020
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 268.04, 266.41, 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 Field Audit #NH16-069W FYE 12/31/2014

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day (Signature)

Distribution:

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No Change in Rate

Home Office:

VOA National Services
7530 Market Place Drive
Eden Prairie, MN 55344



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

GULF COAST VILLAGE CARE CENTER
1333 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

Provider Number: 0 201120-00
Date: 2/26/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>274.54</u>	<u>272.91</u>	<u>9/1/2017</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH16-069W FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

VOA National Services
7530 Market Place Drive
Eden Prairie, MN 55344

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA MARIA NURSING & REHABILITATION CENTER
1050 NE 125TH STREET
NORTH MIAMI, FL 33161

Provider Number: 0 203165-00
Date: 4/23/2020
Fiscal Year End: 9/30/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>269.10</u>	<u>268.88</u>	<u>9/1/2016</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-012L FYE 9/30/2015	

Distribution:

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Permanent File

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No Change in Rate

Home Office:

Catholic Health Services
4790 N. State Road 7
Lauderdale Lakes, FL 33319

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNRISE HEALTH AND REHABILITATION CENTER
4800 N NOB HILL RD
SUNRISE, FL 33351-4722

Provider Number: 0 207497-00
Date: 4/30/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **248.39** New Rate: **247.92** Effective Date: **9/1/2016**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-041L FYE 12/31/2015	

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Home Office: Subacute Services, Inc.
4800 Nob Hill Road
Sunrise, FL 33351



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNRISE HEALTH AND REHABILITATION CENTER
4800 N NOB HILL RD
SUNRISE, FL 33351-4722

Provider Number: 0 207497-00
Date: 4/30/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **251.92** New Rate: **251.45** Effective Date: **9/1/2017**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH16-041L FYE 12/31/2015	

Distribution:

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No Change in Rate

Home Office:

Subacute Services, Inc.
4800 Nob Hill Road
Sunrise, FL 33351

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

COURTENAY SPRINGS VILLAGE
1100 SOUTH COURTENAY PARKWAY
MERRITT IS, FL 32952-3804

Provider Number: 0 209325-00
Date: 2/25/2020
Fiscal Year End: 9/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 262.87
New Rate: 251.14
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
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit #NH15-094C FYE 9/30/2014

Distribution:

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

Home Office: Retirement Housing Foundation
911 N. Studebaker Rd

Long Beach, CA 90815-4900

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day



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

COURTENAY SPRINGS VILLAGE
1100 SOUTH COURTENAY PARKWAY
MERRITT IS, FL 32952-3804

Provider Number: 0 209325-00
Date: 2/25/2020
Fiscal Year End: 9/30/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 284.50, 279.99, 9/1/2016

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
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit #NH15-096C FYE 9/30/2015 with effects of FA #NH15-094C FYE 9/30/2014

Distribution:

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

Home Office: Retirement Housing Foundation
911 N. Studebaker Rd

Long Beach, CA 90815-4900

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day (Signature)



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

COURTENAY SPRINGS VILLAGE
1100 SOUTH COURTENAY PARKWAY
MERRITT IS, FL 32952-3804

Provider Number: 0 209325-00
Date: 2/25/2020
Fiscal Year End: 9/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>283.59</u>	<u>283.30</u>	<u>9/1/2017</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

Effects of Field Audits #NH15-094C FYE 9/30/2014 and #NH15-096C FYE 9/30/2015

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office: Retirement Housing Foundation
911 N. Studebaker Rd

Long Beach, CA 90815-4900

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLERMONT HEALTH AND REHABILITATION CENTER
151 E MINNEHAHA AVE
CLERMONT, FL 34711

Provider Number: 0 221465-00
Date: 10/23/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 198.01, 198.27, 7/1/2013

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of Field Audit #NH08-102C FYE
1/31/2006

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
Zainab Day



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

CLERMONT HEALTH AND REHABILITATION CENTER
151 E MINNEHAHA AVE.
CLERMONT, FL 34711

Provider Number: 0 221465-00
Date: 10/23/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 200.85, 201.11, 1/1/2014

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of Field Audit #NH08-102C FYE
1/31/2006

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

Zainab Day (Signature)



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLERMONT HEALTH AND REHABILITATION CENTER
151 E MINNEHAHA AVE
CLERMONT, FL 34711

Provider Number: 0 221465-00
Date: 10/23/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 210.53, 210.80, 7/1/2014

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of Field Audit #NH08-102C FYE 1/31/2006

Distribution:

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

Home Office: No Home Office

Zainab Day
Medicaid Cost Reimbursement Planning and Finance

Zainab Day (Signature)



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLERMONT HEALTH AND REHABILITATION CENTER
151 E MINNEHAHA AVE
CLERMONT, FL 34711

Provider Number: 0 221465-00
Date: 10/23/2018
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 205.86, 206.14, 1/1/2015

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Effects of Field Audit #NH08-102C FYE 1/31/2006

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLERMONT HEALTH AND REHABILITATION CENTER
151 E MINNEHAHA AVE
CLERMONT, FL 34711

Provider Number: 0 221465-00
Date: 10/23/2018
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 203.26
New Rate 203.53
Effective Date 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 Field Audit #NH08-102C FYE 1/31/2006

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

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

CLERMONT HEALTH AND REHABILITATION CENTER
151 E MINNEHAHA AVE
CLERMONT, FL 34711

Provider Number: 0 221465-00
Date: 10/23/2018
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **201.53**
New Rate: **201.80**
Effective Date: **9/1/2016**

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 #NH08-102C FYE 1/31/2006	

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office: No Home Office

Zainab Day
Medicaid Cost Reimbursement Planning and Finance
Zainab Day



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLERMONT HEALTH AND REHABILITATION CENTER
151 E MINNEHAHA AVE
CLERMONT, FL 34711

Provider Number: 0 221465-00
Date: 10/23/2018
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
216.21 216.48 9/1/2017

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH08-102C FYE 1/31/2006

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

Zainab Day



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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 222270-00
Date: 5/28/2020
Fiscal Year End: 2/28/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>261.28</u>	<u>262.20</u>	<u>8/27/2017</u>

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 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"/>	Cost Settlement FYE 2/28/2018

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 222270-00
Date: 5/28/2020
Fiscal Year End: 2/28/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **263.87** New Rate: **264.91** Effective Date: **9/1/2017**

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 2/28/2018	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 222270-00
Date: 5/28/2020
Fiscal Year End: 2/28/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **263.87** New Rate: **271.25** Effective Date: **3/1/2018**

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 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"/> Cost Settlement FYE 2/28/2018	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER	Provider Number:	0 222271-00
1780 N JEFFERSON HWY	Date:	5/22/2020
MONTICELLO, FL 32344-5536	Fiscal Year End:	2/28/2018
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>265.09</u>	<u>265.60</u>	<u>8/27/2017</u>

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 2/28/2018	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON HWY
MONTICELLO, FL 32344-5536

Provider Number: 0 222271-00
Date: 5/22/2020
Fiscal Year End: 2/28/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **265.65** New Rate: **266.15** Effective Date: **9/1/2017**

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 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"/>	Cost Settlement FYE 2/28/2018

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER	Provider Number:	0 222271-00
1780 N JEFFERSON HWY	Date:	5/22/2020
MONTICELLO, FL 32344-5536	Fiscal Year End:	2/28/2018
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>265.65</u>	<u>272.49</u>	<u>3/1/2018</u>

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 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"/> Cost Settlement FYE 2/28/2018	

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Medicaid Reimbursement Per Diem Rates

OAK MANOR HEALTHCARE AND REHABILITATION CENTER
3500 OAK MANOR LANE
LARGO, FL 33774

Provider Number: 0 258342-00
Date: 3/10/2020
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.99	204.31	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 #NH17-010G FYE 12/31/2014

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Home Office: KR Management, LLC
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Suite 10
Indian Shores, FL 33785

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Medicaid Reimbursement Per Diem Rates

BOULEVARD REHABILITATION CENTER
2839 S SEACREST BLVD
BOYNTON BEACH, FL 33435-7994

Provider Number: 0 263613-00
Date: 5/13/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 204.09
New Rate: 203.68
Effective Date: 9/1/2016

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Field Audit #NH15-122C FYE 12/31/2015

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

BOULEVARD REHABILITATION CENTER
 2839 S SEACREST BLVD
 BOYNTON BEACH, FL 33435-7994

Provider Number: 0 263613-00
 Date: 5/13/2019
 Fiscal Year End: 12/31/2015
 Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
206.96	206.55	9/1/2017

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-122C FYE 12/31/2015

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Medicaid Reimbursement Per Diem Rates

<u>MAJESTIC OAKS CONTINUING CARE COMPLEX</u>	Provider Number:	<u>0 269000-00</u>
<u>901 VETERAN'S MEMORIAL PARKWAY</u>	Date:	<u>12/3/2019</u>
<u>ORANGE CITY, FL 32763</u>	Fiscal Year End:	<u>12/31/2014</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<u>220.00</u>	<u>218.33</u>	<u>9/1/2015</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH15-018W FYE 12/31/2014

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Home Office: Home Office No Home Office



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Medicaid Reimbursement Per Diem Rates

MAJESTIC OAKS CONTINUING CARE COMPLEX
901 VETERAN'S MEMORIAL PARKWAY
ORANGE CITY, FL 32763

Provider Number: 0 269000-00
Date: 12/3/2019
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **222.56** New Rate: **222.52** Effective Date: **9/1/2016**

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 #NH15-018W FYE 12/31/2014	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

MAJESTIC OAKS CONTINUING CARE COMPLEX	Provider Number:	0 269000-00
901 VETERAN'S MEMORIAL PARKWAY	Date:	12/3/2019
ORANGE CITY, FL 32763	Fiscal Year End:	12/31/2015
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>225.25</u>	<u>225.22</u>	<u>9/1/2017</u>

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 #NH15-018W FYE 12/31/2014	

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Home Office:

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE CENTER OF WATERFORD
8333 W OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

Provider Number: 0 324400-00
Date: 3/31/2020
Fiscal Year End: 7/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
214.87 **212.99** **9/1/2015**

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH15-006G FYE 7/31/2014	

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE CENTER OF WATERFORD
8333 W OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

Provider Number: 0 324400-00
Date: 3/31/2020
Fiscal Year End: 7/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
198.16 **197.33** **9/1/2016**

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 #NH15-083C FYE 7/31/2015 with effects of FA & RFA #NH15-006G FYE 7/31/2014	

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE CENTER OF WATERFORD
8333 W OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

Provider Number: 0 324400-00
Date: 3/31/2020
Fiscal Year End: 7/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **217.49** New Rate: **216.64** Effective Date: **9/1/2017**

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 #NH15-083C FYE 7/31/2015 with effects of FA & RFA #NH15-006G FYE 7/31/2014	

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORANGE PARK

2029 PROFESSIONAL CENTER DR

ORANGE PARK, FL 32073

Provider Number:

0 324434-00

Date:

12/10/2019

Fiscal Year End:

7/31/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate

201.25

New Rate

200.81

Effective Date

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

Unaudited costs

X

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

FA & RFA #NH15-085C FYE 07/31/2014.

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORANGE PARK
2029 PROFESSIONAL CENTER DR
ORANGE PARK, FL 32073

Provider Number: 0 324434-00
Date: 12/10/2019
Fiscal Year End: 7/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
211.04 **210.94** **9/1/2016**

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 #NH15-081C FYE 07/31/2015.

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORANGE PARK
 2029 PROFESSIONAL CENTER DR
 ORANGE PARK, FL 32073

Provider Number: 0 324434-00
 Date: 12/10/2019
 Fiscal Year End: 7/31/2015
 Audit Status: Revised Field Audit

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.54	215.46	9/1/2017

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 #NH15-081C FYE 07/31/2015.

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

THE BRIDGE AT BAY ST. JOE
220 NINTH STREET
PORT SAINT JOE, FL 32456

Provider Number: 0 324485-00
Date: 5/23/2020
Fiscal Year End: 7/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
196.39 **195.93** **9/1/2015**

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

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

Changes:	
<input checked="" type="checkbox"/> Rate Semester Change	
<input type="checkbox"/>	

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE BRIDGE AT BAY ST. JOE
220 NINTH STREET
PORT SAINT JOE, FL 32456

Provider Number: 0 324485-00
Date: 5/23/2020
Fiscal Year End: 7/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **205.35**
New Rate: **203.54**
Effective Date: **9/1/2016**

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 checked="" type="checkbox"/> Rate Semester Change	
<input type="checkbox"/>	

Distribution:

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 No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

Home Office:

Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTHDALE REHABILITATION CENTER
3030 BEARSS AVE
TAMPA, FL 33618

Provider Number: 1 002777-00
Date: 4/17/2020
Fiscal Year End: 9/17/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.49</u>	<u>218.47</u>	<u>9/19/2018</u>

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 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"/> NRP CHOP/CHOW effective 9/19/2018	

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

NORTHDALE REHABILITATION CENTER
3030 BEARSS AVE
TAMPA, FL 33618

Provider Number: 1 002777-00
Date: 4/17/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
228.51 **228.51** **10/1/2018**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> NRP CHOP/CHOW effective 9/19/2018	

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Medicaid Reimbursement Per Diem Rates

NORTHDALE REHABILITATION CENTER
3030 BEARSS AVE
TAMPA, FL 33618

Provider Number: 1 002777-00
Date: 4/17/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
228.51 **228.51** **7/1/2019**

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> NRP CHOP/CHOW effective 9/19/2018	

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Medicaid Reimbursement Per Diem Rates

NORTHDALE REHABILITATION CENTER
3030 BEARSS AVE
TAMPA, FL 33618

Provider Number: 1 002777-00
Date: 4/17/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
230.60 **230.60** **10/1/2019**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> NRP CHOP/CHOW effective 9/19/2018	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF BOCA RATON
6343 VIA DE SONRISA DEL SUR
BOCA RATON, FL 33433

Provider Number: 1 004024-00
Date: 5/19/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
260.79 260.79 11/01/2018

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

Basis:	
<input 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"/>	CHOW effective 11/01/2018

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No Change in Rate

Home Office:

Senior Care Group, Inc.
1240 Marbella Plaza
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Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF BOCA RATON
6343 VIA DE SONRISA DEL SUR
BOCA RATON, FL 33433

Provider Number: 1 004024-00
Date: 5/19/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
260.79 **260.79** **7/1/2019**

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

Basis:
<input 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"/> CHOW effective 11/01/2018

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Home Office:

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1240 Marbella Plaza
Drive Tampa, FL 33619



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Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF BOCA RATON
6343 VIA DE SONRISA DEL SUR
BOCA RATON, FL 33433

Provider Number: 1 004024-00
Date: 5/19/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
260.79 **260.79** **10/1/2019**

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

Basis:	
<input 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"/>	CHOW effective 11/01/2018

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Medicaid Reimbursement Per Diem Rates

BAYWOOD CARE CENTER
2000 17TH AVE S
SAINT PETERSBURG, FL 33712

Provider Number: 1 019609-00
Date: 5/19/2020
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
233.08 **233.08** **11/01/2018**

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

Basis:
<input 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"/> CHOW effective 11/01/2018

Distribution:

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No Change in Rate

Home Office:

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1240 Marbella Plaza
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Medicaid Reimbursement Per Diem Rates

BAYWOOD CARE CENTER
2000 17TH AVE S
SAINT PETERSBURG, FL 33712

Provider Number: 1 019609-00
Date: 5/19/2020
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
212.69 **212.69** **7/1/2019**

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

Basis:
<input 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"/> CHOW effective 11/01/2018

Distribution:

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Home Office:

Senior Care Group, Inc.
1240 Marbella Plaza
Drive Tampa, FL 33619

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Medicaid Reimbursement Per Diem Rates

BAYWOOD CARE CENTER
2000 17TH AVE S
SAINT PETERSBURG, FL 33712

Provider Number: 1 019609-00
Date: 5/19/2020
Fiscal Year End: 5/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
215.79 **215.79** **10/1/2019**

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

Basis:
<input 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"/> CHOW effective 11/01/2018

Distribution:

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No Change in Rate

Home Office:

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1240 Marbella Plaza
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Medicaid Reimbursement Per Diem Rates

AVENTURA REHAB & NURSING CENTER
1800 N E 168TH STREET
NORTH MIAMI BEACH, FL 33162

Provider Number: 1 030069-00
Date: 5/20/2020
Fiscal Year End: 2/28/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>282.54</u>	<u>282.54</u>	<u>7/1/2019</u>

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

Basis:	
<input 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"/>	CHOW effective 7/01/2019

Distribution:

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No Change in Rate

Home Office:

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

Zainab Day

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Medicaid Reimbursement Per Diem Rates

AVENTURA REHAB & NURSING CENTER
1800 N E 168TH STREET
NORTH MIAMI BEACH, FL 33162

Provider Number: 1 030069-00
Date: 5/20/2020
Fiscal Year End: 2/28/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **282.54** New Rate: **282.54** Effective Date: **10/1/2019**

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

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

Changes:
_____ Rate Semester Change
<input checked="" type="checkbox"/> CHOW effective 7/01/2019

Distribution:

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Home Office: Hebrew Homes Management Services
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North Miami Beach, FL 33162



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Medicaid Reimbursement Per Diem Rates

Fernandina Beach Rehabilitation & Nursing Center

1625 LIME STREET

FERNANDINA BEACH, FL 32034

Provider Number:

1 036415-00

Date:

5/21/2020

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>220.41</u>	<u>220.41</u>	<u>8/1/2019</u>

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

Basis:
<input 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"/> CHOW effective 08/01/2019

Distribution:

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Permanent File

For Information Only

No Change in Rate

Home Office:

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

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Medicaid Reimbursement Per Diem Rates

Fernandina Beach Rehabilitation & Nursing Center
1625 LIME STREET
FERNANDINA BEACH, FL 32034

Provider Number: 1 036415-00
Date: 5/21/2020
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
224.57 **224.57** **10/1/2019**

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

Basis:
<input 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"/> CHOW effective 8/01/2019

Distribution:

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



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Medicaid Reimbursement Per Diem Rates

PARK SUMMIT AT CORAL SPRING

8500 ROYAL PALM BLVD

CORAL SPRINGS, FL 33065

Provider Number:

1 049235-00

Date:

5/22/2020

Fiscal Year End:

12/31/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

240.57

New
Rate

240.57

Effective
Date

1/01/2020

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

CHOW effective 1/01/2020

Distribution:

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Home Office:

FiveStar Senior Living Inc.

400 Centre Street

Newton, MA 2458