



RON DESANTIS
GOVERNOR

MEMORANDUM

Date: November 13, 2020
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From: Zainab Day, Regulatory Analyst Supervisor
Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	MF Longwood, LLC	0005379-00	FA	6
2.	Oaks of Kissimmee Health and Rehabilitation Center	0005549-00	FA	4
3.	Boynton Health Care Center	0005814-00	FA & RFA	1
4.	Glen Oaks Health and Rehabilitation Center	0005849-00	FA	2
5.	Royal Palm Beach Health and Rehabilitation Center	0006489-00	FA	5
			<u>TOTAL:</u>	18

If you have any questions regarding the above contact Zainab Day at Zainab.Day@ahca.myflorida.com.
ZD/nr



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
000537900	20150101	232.00	0.00	232.00	232.00	88594-20	NH17-038C
000537900	20150901	230.44	0.00	230.44	230.44	88594-20	NH17-038C
000537900	20151228	238.26	0.00	238.26	238.26	88594-20	NH17-038C
000537900	20160101	238.26	0.00	238.26	238.26	88594-20	NH17-038C
000537900	20160901	239.72	0.00	239.72	239.72	88594-20	NH17-038C
000537900	20170901	219.75	0.00	219.75	219.75	88594-20	NH17-038C
000554900	20150101	241.27	0.00	241.27	241.27	88594-20	NH17-047C
000554900	20150901	242.18	0.00	242.18	242.18	88594-20	NH17-047C
000554900	20160901	247.07	0.00	247.07	247.07	88594-20	NH17-047C
000554900	20170901	236.50	0.00	236.50	236.50	88594-20	NH17-047C
000581400	20170901	258.41	0.00	258.41	258.41	88594-20	NH17-048C
000584900	20150901	273.10	0.00	273.10	273.10	88594-20	NH17-105C
000584900	20160901	275.34	0.00	275.34	275.34	88594-20	NH17-105C
000648900	20150101	245.97	0.00	245.97	245.97	88594-20	NH17-051C
000648900	20150901	243.25	0.00	243.25	243.25	88594-20	NH17-051C
000648900	20160901	243.55	0.00	243.55	243.55	88594-20	NH17-051C
000648900	20170801	249.46	0.00	249.46	249.46	88594-20	NH17-051C
000648900	20170901	234.03	0.00	234.03	234.03	88594-20	NH17-051C



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Medicaid Reimbursement Per Diem Rates

MF LONGWOOD, LLC
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 11/2/2020
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **233.49** New Rate: **232.00** Effective Date: **1/1/2015**

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"/> FA #NH17-038C FYE 6/30/2014	

Distribution:

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 No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day

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MF LONGWOOD, LLC
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 11/2/2020
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **231.92** New Rate: **230.44** Effective Date: **9/1/2015**

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"/> FA #NH17-038C FYE 6/30/2014	

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MF LONGWOOD, LLC
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 11/2/2020
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **239.73** New Rate: **238.26** Effective Date: **12/28/2015**

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"/> FA #NH17-038C FYE 6/30/2014	

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MF LONGWOOD, LLC
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 11/2/2020
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **239.73** New Rate: **238.26** Effective Date: **1/1/2016**

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 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"/> FA #NH17-038C FYE 6/30/2014	

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MF LONGWOOD, LLC
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 11/2/2020
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **241.19** New Rate: **239.72** 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"/> FA #NH17-038C FYE 6/30/2014	

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MF LONGWOOD, LLC
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 11/2/2020
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **221.16** New Rate: **219.75** 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 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 #NH17-038C FYE 6/30/2014	

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OAKS OF KISSIMMEE HEALTH AND REHABILITATION CENTER	Provider Number:	0 005549-00
320 N MITCHELL ST	Date:	11/2/2020
KISSIMMEE, FL 34741	Fiscal Year End:	6/30/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>242.75</u>	<u>241.27</u>	<u>1/1/2015</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 #NH17-047C FYE 6/30/2014

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Medicaid Reimbursement Per Diem Rates

OAKS OF KISSIMMEE HEALTH AND REHABILITATION CENTER	Provider Number:	0 005549-00
320 N MITCHELL ST	Date:	11/2/2020
KISSIMMEE, FL 34741	Fiscal Year End:	6/30/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>244.17</u>	<u>242.18</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 #NH17-047C FYE 6/30/2014

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Medicaid Reimbursement Per Diem Rates

OAKS OF KISSIMMEE HEALTH AND REHABILITATION CENTER	Provider Number:	0 005549-00
320 N MITCHELL ST	Date:	11/2/2020
KISSIMMEE, FL 34741	Fiscal Year End:	6/30/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>249.25</u>	<u>247.07</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 #NH17-047C FYE 6/30/2014	

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OAKS OF KISSIMMEE HEALTH AND REHABILITATION CENTER	Provider Number:	0 005549-00
320 N MITCHELL ST	Date:	11/2/2020
KISSIMMEE, FL 34741	Fiscal Year End:	12/31/2016
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>237.95</u>	<u>236.50</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 #NH17-047C FYE 6/30/2014	

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Medicaid Reimbursement Per Diem Rates

BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 11/3/2020
Fiscal Year End: 12/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: **262.59** New Rate: **258.41** Effective Date: **9/1/2017**

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"/> FA & RFA #NH17-048C FYE 12/31/2015	

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Medicaid Reimbursement Per Diem Rates

GLEN OAKS HEALTH AND REHABILITATION CENTER
1100 N PINE ST
CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00
Date: 11/2/2020
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **272.49** New Rate: **273.10** Effective Date: **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"/> Field Audit #NH17-105C FYE 6/30/2014	

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Medicaid Reimbursement Per Diem Rates

GLEN OAKS HEALTH AND REHABILITATION CENTER
1100 N PINE ST
CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00
Date: 11/2/2020
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **274.15** New Rate: **275.34** 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	
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ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER	Provider Number:	0 006489-00
600 BUSINESS PARK WAY	Date:	11/13/2020
ROYAL PALM BEACH, FL 33411-1747	Fiscal Year End:	6/30/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>248.16</u>	<u>245.97</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 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 #NH17-051C FYE 6/30/2014

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ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER	Provider Number:	0 006489-00
600 BUSINESS PARK WAY	Date:	11/13/2020
ROYAL PALM BEACH, FL 33411-1747	Fiscal Year End:	6/30/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>245.43</u>	<u>243.25</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 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 #NH17-051C FYE 6/30/2014

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ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER	Provider Number:	0 006489-00
600 BUSINESS PARK WAY	Date:	11/13/2020
ROYAL PALM BEACH, FL 33411-1747	Fiscal Year End:	6/30/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>245.72</u>	<u>243.55</u>	<u>9/1/2016</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 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 #NH17-051C FYE 6/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Pensacola Administrative Services, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER	Provider Number:	0 006489-00
600 BUSINESS PARK WAY	Date:	11/13/2020
ROYAL PALM BEACH, FL 33411-1747	Fiscal Year End:	6/30/2014
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>251.62</u>	<u>249.46</u>	<u>8/1/2017</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 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 #NH17-051C FYE 6/30/2014

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER	Provider Number:	0 006489-00
600 BUSINESS PARK WAY	Date:	11/13/2020
ROYAL PALM BEACH, FL 33411-1747	Fiscal Year End:	12/31/2016
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>236.05</u>	<u>234.03</u>	<u>9/1/2017</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 checked="" type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of Field Audit #NH17-051C FYE 6/30/2014	

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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