



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

MEMORANDUM

Date: October 22, 2021
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From: RF Rebekah Falk, 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.	Hamlin Place	0 259586-00	FA	2
2.	Heartland Health Care Center - Jacksonville	0 325236-00	FA	3
3.	Heartland Health Care Center of South Jacksonville	0 325287-00	FA	1
			<u>TOTAL:</u>	6

If you have any questions regarding the above contact Rebekah Falk at Rebekah.Falk@ahca.myflorida.com.
RF/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
025958600	20140701	260.20	0.00	260.20	260.20	90487-21	NH14-102C
025958600	20150101	264.55	0.00	264.55	264.55	90487-21	NH14-102C
032523600	20150101	226.48	0.00	226.48	226.48	90487-21	NH16-089C
032523600	20150901	225.09	0.00	225.09	225.09	90487-21	NH16-089C
032523600	20160901	227.77	0.00	227.77	227.77	90487-21	NH16-089C
032528700	20160901	210.29	0.00	210.29	210.29	90487-21	NH16-077C



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

HAMLIN PLACE	Provider Number:	0 259586-00
2180 HYPOLUXO ROAD	Date:	3/26/2020
LANTANA, FL 33462	Fiscal Year End:	8/31/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>260.54</u>	<u>260.20</u>	<u>7/1/2014</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 #NH14-102C FYE 8/31/2013

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

HAMLIN PLACE	Provider Number:	0 259586-00
2180 HYPOLUXO ROAD	Date:	3/26/2020
LANTANA, FL 33462	Fiscal Year End:	8/31/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>264.90</u>	<u>264.55</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 #NH14-102C FYE 8/31/2013

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-JACKSONVILLE
8495 NORMANDY BLVD
JACKSONVILLE, FL 32221

Provider Number: 0 325236-00
Date: 9/29/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
227.34 **226.48** **1/1/2015**

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 #NH16-089C FYE 06/30/2014	

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Home Office:

HCR ManorCare Services, LLC
333 North Summit Street
Toledo, OH 43604

Rebekah Falk

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HEARTLAND HEALTH CARE CENTER-JACKSONVILLE
8495 NORMANDY BLVD
JACKSONVILLE, FL 32221

Provider Number: 0 325236-00
Date: 9/29/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
225.95 **225.09** **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 #NH16-089C FYE 06/30/2014	

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HEARTLAND HEALTH CARE CENTER-JACKSONVILLE
8495 NORMANDY BLVD
JACKSONVILLE, FL 32221

Provider Number: 0 325236-00
Date: 9/29/2021
Fiscal Year End: 6/30/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
228.64 **227.77** **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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HEARTLAND HEALTH CARE CENTER OF SOUTH JACKSONVILLE	Provider Number:	0 325287-00
3648 UNIVERSITY BLVD S	Date:	10/20/2020
JACKSONVILLE, FL 32216	Fiscal Year End:	5/31/2015
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>210.76</u>	<u>210.29</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 #NH16-077C FYE 5/31/2015	

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