




RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: May 29, 2017
To: Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations
From:  Lisa Smith, 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.	Crestview Rehabilitation Center	0 044886-00	FA	7
2.	Fort Walton Rehabilitation Center	0 044888-00	FA	7
3.	The Pavilion for Health Care	0 129312-00	CS	5
4.	Fountain Manor Health and Rehabilitation Center	0 132449-00	CS	4
5.	Rehabilitation Center at Jupiter Gardens, LLC	0 166176-00	CS	2
6.	Villa Maria Nursing Center	0 203165-00	FA	2
7.	Alpine Health and Rehabilitation Center	0 227251-00	FA & RFA	3
8.	Eden Springs Nursing and Rehab Center	0 253707-00	FA & RFA	12
9.	Lanier Terrace	0 268003-00	FA	2
10.	Regents Park of Winter Park	0 269719-00	FA & RFA	3
11.	Advanced Rehabilitation and Health Center	0 324094-00	FA & RFA	3
12.	Courtyards of Orlando Rehabilitation and Health Center	0 324175-00	FA & RFA	12
13.	Heartland Health Care Center of South Jacksonville	0 325287-00	FA	2
14.	Heartland of Brooksville	0 325295-00	FA	2
15.	ManorCare Health Services Boca Raton	0 325368-00	FA	2
16.	ManorCare at Lely Palms	0 325422-00	FA	3



17.	Manor Care Nursing and Rehabilitation Center	0 325449-00	FA	2
18.	Manor Care Health Services	0 325473-00	FA	2
19.	Heartland and Health Care Center-North Sarasota	0 325490-00	FA	2
20.	ManorCare Health Services-Palm Harbor	0 325694-00	FA	2
			TOTAL:	79

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/sj

		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)	MCM number	Audit Number
004488600	20120201	206.79	354.40	206.79	206.79	81169-17	NH13-295W
004488600	20120701	214.53	363.74	214.53	214.53	81169-17	NH13-295W
004488600	20120801	217.49	366.70	217.49	217.49	81169-17	NH13-295W
004488600	20130101	219.63	370.44	219.63	219.63	81169-17	NH13-295W
004488600	20130701	225.13	0.00	225.13	225.13	81169-17	NH13-295W
004488600	20140101	225.90	0.00	225.90	225.90	81169-17	NH13-295W
004488600	20140701	235.79	0.00	235.79	235.79	81169-17	NH13-295W
004488800	20120201	213.76	361.37	213.76	213.76	81169-17	NH13-291W
004488800	20120701	221.69	370.90	221.69	221.69	81169-17	NH13-291W
004488800	20120801	223.42	372.63	223.42	223.42	81169-17	NH13-291W
004488800	20130101	225.73	376.54	225.73	225.73	81169-17	NH13-291W
004488800	20130701	231.77	0.00	231.77	231.77	81169-17	NH13-291W
004488800	20140101	233.14	0.00	233.14	233.14	81169-17	NH13-291W
004488800	20140701	239.68	0.00	239.68	239.68	81169-17	NH13-291W
012931200	20140815	215.39	0.00	215.39	215.39	81169-17	
012931200	20150101	220.95	0.00	220.95	220.95	81169-17	
012931200	20150901	219.17	0.00	219.17	219.17	81169-17	
012931200	20160701	220.15	0.00	220.15	220.15	81169-17	
012931200	20160901	222.25	0.00	222.25	222.25	81169-17	
013244900	20140901	215.32	0.00	215.32	215.32	81169-17	
013244900	20150101	217.29	0.00	217.29	217.29	81169-17	
013244900	20150301	223.46	0.00	223.46	223.46	81169-17	
013244900	20150901	219.99	0.00	219.99	219.99	81169-17	
016180400	20151201	279.34	0.00	279.34	279.34		
016180400	20160901	284.28	0.00	284.28	284.28		
016189600	20151201	253.84	0.00	253.84	253.84		
016189600	20160901	257.69	0.00	257.69	257.69		
016192800	20151201	250.34	0.00	250.34	250.34		
016192800	20160901	253.68	0.00	253.68	253.68		
016207400	20151201	289.22	0.00	289.22	289.22		
016207400	20160901	295.19	0.00	295.19	295.19		
016207700	20151201	247.88	0.00	247.88	247.88		
016207700	20160901	250.79	0.00	250.79	250.79		
016617600	20160301	252.50	0.00	252.50	252.50	81169-17	
016617600	20160901	257.37	0.00	257.37	257.37	81169-17	
017052100	20160701	244.84	0.00	244.84	244.84		
017052100	20160901	248.94	0.00	248.94	248.94		
020316500	20120701	242.79	392.00	242.79	242.79	81169-17	NH13-004W
020316500	20130101	245.08	395.89	245.08	245.08	81169-17	NH13-004W
022725100	20110101	224.13	368.99	224.13	224.13	81169-17	NH07-102C
022725100	20110701	216.97	363.17	216.97	216.97	81169-17	NH07-102C
022725100	20120101	219.58	367.19	219.58	219.58	81169-17	NH07-102C
025370700	20100701	206.60	349.94	206.60	206.60	81169-17	NH13-057C
025370700	20110101	218.93	363.79	218.93	218.93	81169-17	NH13-058C
025370700	20110701	211.27	357.47	211.27	211.27	81169-17	NH13-058C
025370700	20120101	216.48	364.09	216.48	216.48	81169-17	NH13-058C
025370700	20120701	223.75	372.96	223.75	223.75	81169-17	NH13-058C
025370700	20130101	225.66	376.47	225.66	225.66	81169-17	NH13-058C
025370700	20130701	226.08	0.00	226.08	226.08	81169-17	NH13-058C
025370700	20140101	225.73	0.00	225.73	225.73	81169-17	NH13-058C
025370700	20140701	231.55	0.00	231.55	231.55	81169-17	NH13-058C
025370700	20150101	234.00	0.00	234.00	234.00	81169-17	NH13-058C
025370700	20150901	227.70	0.00	227.70	227.70	81169-17	NH13-058C
025370700	20160901	229.41	0.00	229.41	229.41	81169-17	NH13-058C
026800300	20140701	213.42	0.00	213.42	213.42	81169-17	NH14-083C
026800300	20150101	215.88	0.00	215.88	215.88	81169-17	NH14-083C
026971900	20100701	198.47	341.81	198.47	198.47	81169-17	NH07-094C
026971900	20110101	200.95	345.81	200.95	200.95	81169-17	NH07-094C
026971900	20110701	194.04	340.24	194.04	194.04	81169-17	NH07-094C
032409400	20100701	237.78	381.12	237.78	237.78	81169-17	NH11-156C
032409400	20110101	239.48	384.34	239.48	239.48	81169-17	NH11-156C
032409400	20110701	231.66	377.86	231.66	231.66	81169-17	NH11-156C
032417500	20100701	228.47	371.81	228.47	228.47	81169-17	NH11-162C
032417500	20110101	231.28	376.14	231.28	231.28	81169-17	NH11-162C
032417500	20110701	223.01	369.21	223.01	223.01	81169-17	NH11-162C
032417500	20120101	210.18	357.79	210.18	210.18	81169-17	NH10-071C
032417500	20120701	216.05	365.26	216.05	216.05	81169-17	NH10-071C
032417500	20130101	213.72	364.53	213.72	213.72	81169-17	NH10-071C
032417500	20130701	218.67	0.00	218.67	218.67	81169-17	NH10-071C
032417500	20140101	214.53	0.00	214.53	214.53	81169-17	NH10-071C
032417500	20140701	238.92	0.00	238.92	238.92	81169-17	NH10-071C
032417500	20150101	241.73	0.00	241.73	241.73	81169-17	NH10-071C
032417500	20150901	241.56	0.00	241.56	241.56	81169-17	NH10-071C
032417500	20160901	242.58	0.00	242.58	242.58	81169-17	NH10-071C
032528700	20140101	199.21	0.00	199.21	199.21	81169-17	NH13-272C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
032528700	20140701	207.12	0.00	207.12	207.12	81169-17	NH13-272C
032529500	20140101	199.94	0.00	199.94	199.94	81169-17	NH13-275C
032529500	20140701	208.39	0.00	208.39	208.39	81169-17	NH13-275C
032536800	20140101	193.93	0.00	193.93	193.93	81169-17	NH13-276C
032536800	20140701	201.73	0.00	201.73	201.73	81169-17	NH13-276C
032542200	20140101	228.21	0.00	228.21	228.21	81169-17	NH13-268C
032542200	20140701	237.97	0.00	237.97	237.97	81169-17	NH13-268C
032542200	20150101	243.09	0.00	243.09	243.09	81169-17	NH13-268C
032544900	20140101	218.14	0.00	218.14	218.14	81169-17	NH13-269C
032544900	20140701	227.13	0.00	227.13	227.13	81169-17	NH13-269C
032547300	20140101	212.04	0.00	212.04	212.04	81169-17	NH13-271C
032547300	20140701	221.30	0.00	221.30	221.30	81169-17	NH13-271C
032549000	20140101	213.28	0.00	213.28	213.28	81169-17	NH13-273C
032549000	20140701	221.97	0.00	221.97	221.97	81169-17	NH13-273C
032569400	20140101	191.59	0.00	191.59	191.59	81169-17	NH13-267C
032569400	20140701	199.68	0.00	199.68	199.68	81169-17	NH13-267C



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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

CRESTVIEW REHABILITATION CENTER	Provider Number:	0 044886-00
1849 FIRST AVENUE EAST	Date:	1/26/2017
CRESTVIEW, FL 32539	Fiscal Year End:	7/31/2012
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	206.84	206.79	2/1/2012
	Level H: Aids	354.45	354.40	2/1/2012

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
<input checked="" type="checkbox"/> 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 #NH13-295W FYE 07/31/2012

Distribution:

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Lisa Smith

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Medicaid Reimbursement Per Diem Rates

CRESTVIEW REHABILITATION CENTER

1849 FIRST AVENUE EAST

CRESTVIEW, FL 32539

Provider Number:

0 044886-00

Date:

1/26/2017

Fiscal Year End:

7/31/2012

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

New
Rate

Effective
Date

214.59

214.53

7/1/2012

363.80

363.74

7/1/2012

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 #NH13-295W FYE 07/31/2012

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Medicaid Reimbursement Per Diem Rates

CRESTVIEW REHABILITATION CENTER
1849 FIRST AVENUE EAST
CRESTVIEW, FL 32539

Provider Number: 0 044886-00
Date: 1/26/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.55	217.49	8/1/2012
	Level H: Aids	366.76	366.70	8/1/2012

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 #NH13-295W FYE 07/31/2012

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Medicaid Reimbursement Per Diem Rates

CRESTVIEW REHABILITATION CENTER Provider Number: 0 044886-00
1849 FIRST AVENUE EAST Date: 1/26/2017
CRESTVIEW, FL 32539 Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

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 #NH13-295W FYE 07/31/2012

Handwritten signature of Lisa Smith

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Medicaid Reimbursement Per Diem Rates

CRESTVIEW REHABILITATION CENTER	Provider Number:	0 044886-00
1849 FIRST AVENUE EAST	Date:	1/26/2017
CRESTVIEW, FL 32539	Fiscal Year End:	7/31/2012
	Audit Status:	Field Audited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		225.86	225.13	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 #NH13-295W FYE 07/31/2012

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Medicaid Reimbursement Per Diem Rates

CRESTVIEW REHABILITATION CENTER
1849 FIRST AVENUE EAST
CRESTVIEW, FL 32539

Provider Number: 0 044886-00
Date: 1/26/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
227.16	225.90	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 #NH13-295W FYE 07/31/2012

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Medicaid Reimbursement Per Diem Rates

CRESTVIEW REHABILITATION CENTER	Provider Number:	0 044886-00
1849 FIRST AVENUE EAST	Date:	1/26/2017
CRESTVIEW, FL 32539	Fiscal Year End:	7/31/2012
	Audit Status:	Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	238.09	235.79	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 #NH13-295W FYE 07/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER

1 LBJ SR DRIVE

FORT WALTON BEACH, FL 32548

Provider Number:

0 044888-00

Date:

1/24/2017

Fiscal Year End:

7/31/2012

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

213.83

New
Rate

213.76

Effective
Date

2/1/2012

361.44

361.37

2/1/2012

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 #NH13-291W FYE 07/31/2012

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Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER
1 LBJ SR DRIVE
FORT WALTON BEACH, FL 32548

Provider Number: 0 044888-00
Date: 1/24/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.76	221.69	7/1/2012
	Level H: Aids	370.97	370.90	7/1/2012

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 #NH13-291W FYE 07/31/2012

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER	Provider Number:	0 044888-00
1 LBJ SR DRIVE	Date:	1/24/2017
FORT WALTON BEACH, FL 32548	Fiscal Year End:	7/31/2012
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.49</u>	<u>223.42</u>	<u>8/1/2012</u>
	Level H: Aids	<u>372.70</u>	<u>372.63</u>	<u>8/1/2012</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 #NH13-291W FYE 07/31/2012	

Distribution:

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Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER
1 LBJ SR DRIVE
FORT WALTON BEACH, FL 32548

Provider Number: 0 044888-00
Date: 1/24/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.80</u>	<u>225.73</u>	<u>1/1/2013</u>
	Level H: Aids	<u>376.61</u>	<u>376.54</u>	<u>1/1/2013</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 #NH13-291W FYE 07/31/2012	

Distribution:
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Permanent File
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 No Change in Rate

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Home Office: Southern HealthCare Management, LLC
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER
1 LBJ SR DRIVE
FORT WALTON BEACH, FL 32548

Provider Number: 0 044888-00
Date: 1/24/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
231.84	231.77	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 #NH13-291W FYE 07/31/2012

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER

1 LBJ SR DRIVE

FORT WALTON BEACH, FL 32548

Provider Number:

0 044888-00

Date:

1/24/2017

Fiscal Year End:

7/31/2012

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

233.21

New
Rate

233.14

Effective
Date

1/1/2014

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

Field Audit #NH13-291W FYE 07/31/2012

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Medicaid Reimbursement Per Diem Rates

<u>FORT WALTON REHABILITATION CENTER</u>	Provider Number:	<u>0 044888-00</u>
<u>1 LBJ SR DRIVE</u>	Date:	<u>1/24/2017</u>
<u>FORT WALTON BEACH, FL 32548</u>	Fiscal Year End:	<u>7/31/2012</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>239.74</u>	<u>239.68</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 #NH13-291W FYE 07/31/2012	

Distribution:
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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTH CARE
ONE PAVILION PLACE
PENNEY FARMS, FL 32079

Provider Number: 0 129312-00
Date: 5/5/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.00	215.39	8/15/2014

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

Cost Settlement FYE 6/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

____ For Information Only

____ No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTH CARE

ONE PAVILION PLACE

PENNEY FARMS, FL 32079

Provider Number:

0 129312-00

Date:

5/5/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.60	220.95	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

Cost Settlement FYE 6/30/2016

Distribution:

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No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>THE PAVILION FOR HEALTH CARE</u>	Provider Number:	<u>0 129312-00</u>
<u>ONE PAVILION PLACE</u>	Date:	<u>5/5/2017</u>
<u>PENNEY FARMS, FL 32079</u>	Fiscal Year End:	<u>6/30/2016</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>209.71</u>	<u>219.17</u>	<u>9/1/2015</u>

Rate Type:

<u>X</u> Interim	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u>X</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> Cost Settlement FYE 6/30/2016

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTH CARE
ONE PAVILION PLACE
PENNEY FARMS, FL 32079

Provider Number: 0 129312-00
Date: 5/5/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>209.71</u>	<u>220.15</u>	<u>7/1/2016</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

Cost Settlement FYE 6/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

THE PAVILION FOR HEALTH CARE

ONE PAVILION PLACE

PENNEY FARMS, FL 32079

Provider Number:

0 129312-00

Date:

5/5/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
207.05	222.25	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

Cost Settlement FYE 6/30/2016

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

FOUNTAIN MANOR HEALTH & REHABILITATION CENTER
390 NE 135TH ST
NORTH MIAMI, FL 33161-3967

Provider Number: 0 132449-00
Date: 4/25/2017
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>233.26</u>	<u>215.32</u>	<u>9/1/2014</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

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 2/28/2015

Distribution:


Contract Management / Fiscal Agent

Permanent File

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

FOUNTAIN MANOR HEALTH & REHABILITATION CENTER
390 NE 135TH ST
NORTH MIAMI, FL 33161-3967

Provider Number: 0 132449-00
Date: 4/25/2017
Fiscal Year End: 2/28/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>233.37</u>	<u>217.29</u>	<u>1/1/2015</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

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 2/28/2015


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_____ No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>FOUNTAIN MANOR HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 132449-00</u>
<u>390 NE 135TH ST</u>	Date:	<u>4/25/2017</u>
<u>NORTH MIAMI, FL 33161-3967</u>	Fiscal Year End:	<u>2/28/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		233.37	223.46	3/1/2015

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </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> Cost Settlement FYE 2/28/2015

Distribution:

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 **Lisa Smith**
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Medicaid Reimbursement Per Diem Rates

<u>FOUNTAIN MANOR HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 132449-00</u>
<u>390 NE 135TH ST</u>	Date:	<u>4/25/2017</u>
<u>NORTH MIAMI, FL 33161-3967</u>	Fiscal Year End:	<u>2/28/2015</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>224.67</u>	<u>219.99</u>	<u>9/1/2015</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component		
<u> X </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> Cost Settlement FYE 2/28/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

BAYSIDE CARE CENTER
811 JACKSON ST N
SAINT PETERSBURG, FL 33705

Provider Number: 0 161804-00
Date: 5/5/2017
Fiscal Year End: 11/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
268.99	279.34	12/1/2015

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP effective 12/1/2015

Distribution:

Contract Management / Fiscal Agent
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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

BAYSIDE CARE CENTER	Provider Number:	0 161804-00
811 JACKSON ST N	Date:	5/5/2017
SAINT PETERSBURG, FL 33705	Fiscal Year End:	11/30/2016
	Audit Status:	Unaudited

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	269.73	284.28	9/1/2016

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> NRP CHOP effective 12/1/2015

Distribution:

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Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MADISON POINTE CARE CENTER	Provider Number:	0 161896-00
6020 INDIANA AVE	Date:	5/17/2017
NEW PORT RICHEY, FL 34653-3214	Fiscal Year End:	11/30/2016
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>243.85</u>	<u>253.84</u>	<u>12/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> NRP CHOP effective 12/01/2015

Distribution:

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 No Change in Rate

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

MADISON POINTE CARE CENTER	Provider Number:	0 161896-00
6020 INDIANA AVE	Date:	5/17/2017
NEW PORT RICHEY, FL 34653-3214	Fiscal Year End:	11/30/2016
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>242.33</u>	<u>257.69</u>	<u>9/1/2016</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> NRP CHOP effective 12/01/2015

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

GULF SHORE CARE CENTER
 6767 86TH AVENUE
 PINELLAS PARK, FL 33782

Provider Number: 0 161928-00
 Date: 5/22/2017
 Fiscal Year End: 11/30/2016
 Audit Status: Unaudited

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>248.02</u>	<u>250.34</u>	<u>12/1/2015</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP effective 12/01/2015

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

GULF SHORE CARE CENTER
6767 86TH AVE N
PINELLAS PARK, FL 33782

Provider Number: 0 161928-00
Date: 5/22/2017
Fiscal Year End: 11/30/2016
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>250.34</u>	<u>253.68</u>	<u>9/1/2016</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP effective 12/01/2015

Distribution:

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Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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

<u>TERRACES OF LAKE WORTH CARE CENTER</u>	Provider Number:	<u>0 162074-00</u>
<u>1711 6TH AVENUE SOUTH</u>	Date:	<u>5/15/2017</u>
<u>LAKE WORTH, FL 33460</u>	Fiscal Year End:	<u>11/30/2016</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>266.03</u>	<u>289.22</u>	<u>12/1/2015</u>

Rate Type:

<u>X</u> Interim	<u> </u> Prospective
<u> </u> <u>X</u> Total Interim	<u> </u> 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>X</u> Budget
<u> </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u>X</u> NRP CHOP effective 12/01/2015

Distribution:

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Lisa Smith
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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH CARE CENTER
1711 6TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 162074-00
Date: 5/15/2017
Fiscal Year End: 11/30/2016
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>267.24</u>	<u>295.19</u>	<u>9/1/2016</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP effective 12/01/2015

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Medicaid Reimbursement Per Diem Rates

<u>WILLISTON CARE CENTER</u>	Provider Number:	<u>0 162077-00</u>
<u>300 NW 1ST AVE</u>	Date:	<u>5/24/2017</u>
<u>WILLISTON, FL 32696</u>	Fiscal Year End:	<u>11/30/2016</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>243.32</u>	<u>247.88</u>	<u>12/1/2015</u>

Rate Type:

<u> X </u> Interim	<u> </u> Prospective
<u> </u> X Total Interim	<u> </u> 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> X </u> Budget
<u> </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> NRP CHOP effective 12/1/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

WILLISTON CARE CENTER
300 NW 1ST AVE
WILLISTON, FL 32696

Provider Number: 0 162077-00
Date: 5/24/2017
Fiscal Year End: 11/30/2016
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>244.48</u>	<u>250.79</u>	<u>9/1/2016</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP effective 12/1/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER AT JUPITER GARDENS, LLC
17781 THELMA AVE
JUPITER, FL 33458

Provider Number: 0 166176-00
Date: 5/12/2017
Fiscal Year End: 8/31/2016
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	252.28	252.50	3/1/2016

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:	
<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 08/31/2016

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER AT JUPITER GARDENS, LLC
17781 THELMA AVE
JUPITER, FL 33458

Provider Number: 0 166176-00
Date: 5/12/2017
Fiscal Year End: 8/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
254.79 257.37 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

Cost Settlement FYE 08/31/2016

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF SARASOTA
8104 TUTTLE AVE
SARASOTA, FL 34243-2885

Provider Number: 0 170521-00
Date: 5/4/2017
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.84</u>	<u>244.84</u>	<u>7/1/2016</u>

Rate Type:

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

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 RP CHOP effective 07/01/2016

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF SARASOTA
8104 TUTTLE AVE
SARASOTA, FL 34243-2885

Provider Number: 0 170521-00
Date: 5/4/2017
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>248.94</u>	<u>248.94</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

RP CHOP effective 07/01/2016

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203165-00
Date: 2/6/2017
Fiscal Year End: 9/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>243.95</u>	<u>242.79</u>	<u>7/1/2012</u>
	Level H: Aids	<u>393.16</u>	<u>392.00</u>	<u>7/1/2012</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 #NH13-004W FYE 9/30/2011

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203165-00
Date: 2/6/2017
Fiscal Year End: 9/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	246.26	245.08	1/1/2013
	Level H: Aids	397.07	395.89	1/1/2013

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 #NH13-004W FYE 9/30/2011

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Lauderdale Lakes, FL 33319



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Medicaid Reimbursement Per Diem Rates

ALPINE HEALTH AND REHABILITATION CENTER
3456 21ST AVE S
SAINT PETERSBURG, FL 33711

Provider Number: 0 227251-00
Date: 5/4/2017
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.98</u>	<u>224.13</u>	<u>1/1/2011</u>
	Level H: Aids	<u>366.84</u>	<u>368.99</u>	<u>1/1/2011</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 and Revised Field Audit #NH07-102C FYE 12/31/2005


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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

ALPINE HEALTH AND REHABILITATION CENTER
3456 21ST AVE S
SAINT PETERSBURG, FL 33711

Provider Number: 0 227251-00
Date: 5/4/2017
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.91	216.97	7/1/2011
	Level H: Aids	361.11	363.17	7/1/2011

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 and Revised Field Audit #NH07-102C FYE 12/31/2005

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

ALPINE HEALTH AND REHABILITATION CENTER
3456 21ST AVE S
SAINT PETERSBURG, FL 33711

Provider Number: 0 227251-00
Date: 5/4/2017
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.47	219.58	1/1/2012
	Level H: Aids	365.08	367.19	1/1/2012

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 and Revised Field Audit #NH07-102C FYE 12/31/2005

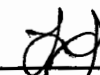
Distribution:

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 Lisa Smith
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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 2/10/2017
Fiscal Year End: 7/31/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.22	206.60	7/1/2010
	Level H: Aids	350.56	349.94	7/1/2010

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 #NH13-057C FYE 07/31/2009

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 2/10/2017
Fiscal Year End: 7/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.23	218.93	1/1/2011
	Level H: Aids	364.09	363.79	1/1/2011

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 #NH13-058C FYE 07/31/2010

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 2/10/2017
Fiscal Year End: 7/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.56</u>	<u>211.27</u>	<u>7/1/2011</u>
	Level H: Aids	<u>357.76</u>	<u>357.47</u>	<u>7/1/2011</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 #NH13-058C FYE 07/31/2010

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 2/10/2017
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

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 #NH13-058C FYE 07/31/2010

Handwritten signature of Lisa Smith

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 2/10/2017
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.74	223.75	7/1/2012
	Level H: Aids	372.95	372.96	7/1/2012

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 #NH13-058C FYE 07/31/2010

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 2/10/2017
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.65</u>	<u>225.66</u>	<u>1/1/2013</u>
	Level H: Aids	<u>376.46</u>	<u>376.47</u>	<u>1/1/2013</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-058C FYE 07/31/2010

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER
4679 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

Provider Number: 0 253707-00
Date: 2/10/2017
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>226.07</u>	<u>226.08</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

Effects of FA & RFA #NH13-058C FYE 07/31/2010

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Medicaid Cost Reimbursement Planning and Finance

Distribution:

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For Information Only

No Change in Rate

Home Office: DOS Health Care
300 71 Street
Suite #400
Miami Beach, Fl 33141



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

EDEN SPRINGS NURSING AND REHAB CENTER

4679 CRAWFORDVILLE HWY

CRAWFORDVILLE, FL 32326

Provider Number:

0 253707-00

Date:

2/10/2017

Fiscal Year End:

7/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

225.72

New
Rate

225.73

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

Effects of FA & RFA #NH13-058C FYE
07/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

DOS Health Care

300 71 Street

Suite #400

Miami Beach, Fl 33141

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>EDEN SPRINGS NURSING AND REHAB CENTER</u>	Provider Number:	<u>0 253707-00</u>
<u>4679 CRAWFORDVILLE HWY</u>	Date:	<u>2/10/2017</u>
<u>CRAWFORDVILLE, FL 32326</u>	Fiscal Year End:	<u>7/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		231.54	231.55	7/1/2014

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:

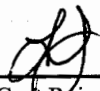
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-058C FYE 07/31/2010

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate


Lisa Smith
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Home Office: DOS Health Care
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 Miami Beach, Fl 33141



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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER

4679 CRAWFORDVILLE HWY

CRAWFORDVILLE, FL 32326

Provider Number:

0 253707-00

Date:

2/10/2017

Fiscal Year End:

7/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

233.99

234.00

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

Effects of FA & RFA #NH13-058C FYE
07/31/2010

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER

4679 CRAWFORDVILLE HWY

CRAWFORDVILLE, FL 32326

Provider Number:

0 253707-00

Date:

2/10/2017

Fiscal Year End:

1/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.69</u>	<u>227.70</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

Effects of FA & RFA #NH13-058C FYE 07/31/2010


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Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING AND REHAB CENTER

4679 CRAWFORDVILLE HWY

CRAWFORDVILLE, FL 32326

Provider Number:

0 253707-00

Date:

2/10/2017

Fiscal Year End:

1/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

229.40

229.41

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 #NH13-058C FYE
07/31/2010

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LANIER TERRACE	Provider Number:	0 268003-00
12740 LANIER ROAD	Date:	5/22/2017
JACKSONVILLE, FL 32226-1704	Fiscal Year End:	12/31/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>213.64</u>	<u>213.42</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 #NH14-083C FYE 12/31/2013

Distribution:

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

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>LANIER TERRACE</u>	Provider Number:	<u>0 268003-00</u>
<u>12740 LANIER ROAD</u>	Date:	<u>5/22/2017</u>
<u>JACKSONVILLE, FL 32226-1704</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>216.10</u>	<u>215.88</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:


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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-083C FYE 12/31/2013

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK OF WINTER PARK

558 N SEMORAN BLVD

WINTER PARK, FL 32792

Provider Number:

0 269719-00

Date:

1/10/2017

Fiscal Year End:

12/31/2009

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
200.18	198.47	7/1/2010
343.52	341.81	7/1/2010

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 #NH07-094C FYE 12/31/2005

Distribution:

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No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK OF WINTER PARK
558 N SEMORAN BLVD
WINTER PARK, FL 32792

Provider Number: 0 269719-00
Date: 1/10/2017
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

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
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH07-094C FYE 12/31/2005

Distribution:

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Permanent File
For Information Only
No Change in Rate
Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK OF WINTER PARK
558 N SEMORAN BLVD
WINTER PARK, FL 32792

Provider Number: 0 269719-00
Date: 1/10/2017
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.73	194.04	7/1/2011
	Level H: Aids	341.93	340.24	7/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH07-094C FYE 12/31/2005

Distribution:

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

Lisa Smith
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Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVANCED REHABILITATION & HEALTH CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 324094-00
Date: 5/25/2017
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.95</u>	<u>237.78</u>	<u>7/1/2010</u>
	Level H: Aids	<u>381.29</u>	<u>381.12</u>	<u>7/1/2010</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH11-156C FYE 02/28/2010

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

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Hallmark Accounting
 368 New Hempstead Road #309
 New City, NY 10956



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVANCED REHABILITATION & HEALTH CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 324094-00
Date: 5/25/2017
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>239.76</u>	<u>239.48</u>	<u>1/1/2011</u>
	Level H: Aids	<u>384.62</u>	<u>384.34</u>	<u>1/1/2011</u>

Rate Type:

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

Basis:


_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH11-156C FYE 02/28/2010

Distribution:

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


 Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Hallmark Accounting
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 New City, NY 10956



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

ADVANCED REHABILITATION & HEALTH CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 324094-00
Date: 5/25/2017
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.92</u>	<u>231.66</u>	<u>7/1/2011</u>
	Level H: Aids	<u>378.12</u>	<u>377.86</u>	<u>7/1/2011</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 #NH11-156C FYE 02/28/2010

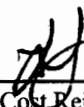
Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

 Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Home Office: Hallmark Accounting
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New City, NY 10956



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

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 324175-00
Date: 4/14/2017
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	229.55	228.47	7/1/2010
	Level H: Aids	372.89	371.81	7/1/2010

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 #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Home Office: Hallmark Accounting
368 New Hempstead Road #309
New City, NY 10956



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 324175-00
Date: 4/14/2017
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.37	231.28	1/1/2011
	Level H: Aids	377.23	376.14	1/1/2011

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 #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

Distribution:

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Permanent File
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 324175-00
Date: 4/14/2017
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.03	223.01	7/1/2011
	Level H: Aids	370.23	369.21	7/1/2011

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 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 #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

Distribution:

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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 324175-00
Date: 4/14/2017
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.32	210.18	1/1/2012
	Level H: Aids	357.93	357.79	1/1/2012

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 #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

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Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 324175-00
Date: 4/14/2017
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

Table with 4 columns: Provider Type, Level, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

Rate Type:

Form with checkboxes for Interim and Prospective rate types, and fields for Total Interim, Total Prospective, and Total Prospective with Interim Component.

Basis:

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

Changes:

Rate Semester Change
Effects of FA & RFA #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

Lisa Smith (Signature)

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office: Hallmark Accounting
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New City, NY 10956



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER	Provider Number:	0 324175-00
1900 MERCY DRIVE	Date:	4/14/2017
ORLANDO, FL 32808	Fiscal Year End:	2/29/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.87</u>	<u>213.72</u>	<u>1/1/2013</u>
	Level H: Aids	<u>364.68</u>	<u>364.53</u>	<u>1/1/2013</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 FA & RFA #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER	Provider Number:	0 324175-00
1900 MERCY DRIVE	Date:	4/14/2017
ORLANDO, FL 32808	Fiscal Year End:	2/29/2012
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		218.83	218.67	7/1/2013

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 #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER
1900 MERCY DRIVE
ORLANDO, FL 32808

Provider Number: 0 324175-00
Date: 4/14/2017
Fiscal Year End: 2/28/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.68	214.53	1/1/2014

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 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 #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER	Provider Number:	0 324175-00
1900 MERCY DRIVE	Date:	4/14/2017
ORLANDO, FL 32808	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>239.08</u>	<u>238.92</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
_____ 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"/>	Effects of FA & RFA #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER	Provider Number:	0 324175-00
1900 MERCY DRIVE	Date:	4/14/2017
ORLANDO, FL 32808	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	241.88	241.73	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 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 #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008


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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER	Provider Number:	0 324175-00
1900 MERCY DRIVE	Date:	4/14/2017
ORLANDO, FL 32808	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	241.71	241.56	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 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 #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO REHABILITATION AND HEALTH CENTER	Provider Number:	0 324175-00
1900 MERCY DRIVE	Date:	4/14/2017
ORLANDO, FL 32808	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		242.73	242.58	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 FA & RFA #NH11-162C FYE 2/28/2010, Effects of FA & RFA #NH10-072C FYE 2/28/2009, and Effects of FA & RFA #NH10-071C FYE 2/29/2008

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Medicaid Reimbursement Per Diem Rates

<u>HEARTLAND HEALTH CARE CENTER OF SOUTH JACKSONVILLE</u>	Provider Number:	<u>0 325287-00</u>
<u>3648 UNIVERSITY BLVD S</u>	Date:	<u>3/14/2017</u>
<u>JACKSONVILLE, FL 32216</u>	Fiscal Year End:	<u>5/31/2013</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>199.71</u>	<u>199.21</u>	<u>1/1/2014</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 #NH13-272C FYE 5/31/2013	

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER OF SOUTH JACKSONVILLE	Provider Number:	0 325287-00
3648 UNIVERSITY BLVD S	Date:	3/14/2017
JACKSONVILLE, FL 32216	Fiscal Year End:	5/31/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>207.64</u>	<u>207.12</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 #NH13-272C FYE 5/31/2013

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Medicaid Reimbursement Per Diem Rates

HEARTLAND OF BROOKSVILLE
575 LAMAR AVE
BROOKSVILLE, FL 34601

Provider Number: 0 325295-00
Date: 3/31/2017
Fiscal Year End: 8/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>200.99</u>	<u>199.94</u>	<u>1/1/2014</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 #NH13-275C FYE 8/31/2013

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Medicaid Reimbursement Per Diem Rates

HEARTLAND OF BROOKSVILLE
575 LAMAR AVE
BROOKSVILLE, FL 34601

Provider Number: 0 325295-00
Date: 3/31/2017
Fiscal Year End: 8/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
209.48 **208.39** **7/1/2014**

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 #NH13-275C FYE 8/31/2013	

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Medicaid Reimbursement Per Diem Rates

<u>MANORCARE HEALTH SERVICES (BOCA RATON)</u>	Provider Number:	<u>0 325368-00</u>
<u>375 NW 51ST STREET</u>	Date:	<u>3/28/2017</u>
<u>BOCA RATON, FL 33431</u>	Fiscal Year End:	<u>5/31/2013</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>
		194.38	193.93	1/1/2014

Rate Type:

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

Basis:


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

Changes:

<u>Rate Semester Change</u>
<u>X</u> Field Audit #NH13-276C FYE 5/31/2013

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Medicaid Reimbursement Per Diem Rates

<u>MANORCARE HEALTH SERVICES (BOCA RATON)</u>	Provider Number:	<u>0 325368-00</u>
<u>375 NW 51ST STREET</u>	Date:	<u>3/28/2017</u>
<u>BOCA RATON, FL 33431</u>	Fiscal Year End:	<u>5/31/2013</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>
		202.19	201.73	7/1/2014

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u>Total Interim</u>	<u>X</u>	<u>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</u>		

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X Field Audit #NH13-276C FYE 5/31/2013</u>

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Medicaid Reimbursement Per Diem Rates

MANORCARE AT LELY PALMS
6135 RATTLESNAKE HAMMOCK ROAD
NAPLES, FL 34113

Provider Number: 0 325422-00
Date: 2/22/2017
Fiscal Year End: 9/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>228.28</u>	<u>228.21</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

Field Audit #NH13-268C FYE 09/30/2013

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Medicaid Reimbursement Per Diem Rates

MANORCARE AT LELY PALMS
6135 RATTLESNAKE HAMMOCK ROAD
NAPLES, FL 34113

Provider Number: 0 325422-00
Date: 2/22/2017
Fiscal Year End: 9/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.04</u>	<u>237.97</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 #NH13-268C FYE 09/30/2013

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Medicaid Reimbursement Per Diem Rates

MANORCARE AT LELY PALMS	Provider Number:	0 325422-00
6135 RATTLESNAKE HAMMOCK ROAD	Date:	2/22/2017
NAPLES, FL 34113	Fiscal Year End:	9/30/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>243.17</u>	<u>243.09</u>	<u>1/1/2015</u>

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 #NH13-268C FYE 09/30/2013

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MANOR CARE NURSING AND REHABILITATION CENTER

3601 LAKEWOOD BLVD

NAPLES, FL 34112

Provider Number:

0 325449-00

Date:

2/23/2017

Fiscal Year End:

5/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

210.07

218.14

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 #NH13-269C FYE 05/31/2013

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Medicaid Reimbursement Per Diem Rates

MANOR CARE NURSING AND REHABILITATION CENTER
3601 LAKEWOOD BLVD
NAPLES, FL 34112

Provider Number: 0 325449-00
Date: 2/23/2017
Fiscal Year End: 5/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
218.83 **227.13** **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 #NH13-269C FYE 05/31/2013

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Medicaid Reimbursement Per Diem Rates

MANOR CARE HEALTH SERVICES

1450 EAST VENICE AVENUE

VENICE, FL 34292

Provider Number:

0 325473-00

Date:

3/14/2017

Fiscal Year End:

5/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>213.42</u>	<u>212.04</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

Field Audit #NH13-271C FYE 5/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

HCR Manor Care
333 North Summit Street

Toledo, OH 43604

Lisa Smith

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

MANOR CARE HEALTH SERVICES
1450 EAST VENICE AVENUE
VENICE, FL 34292

Provider Number: 0 325473-00
Date: 3/14/2017
Fiscal Year End: 5/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
222.72 221.30 7/1/2014

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

Field Audit #NH13-271 C FYE 5/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: HCR Manor Care
333 North Summit Street
Toledo, OH 43604

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-NORTH SARASOTA
3250 12TH ST
SARASOTA, FL 34237

Provider Number: 0 325490-00
Date: 3/9/2017
Fiscal Year End: 8/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>214.19</u>	<u>213.28</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

Field Audit #NH13-273C FYE 8/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: HCR Manor Care
333 North Summit Street

Toledo, OH 43604

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-NORTH SARASOTA
3250 12TH ST
SARASOTA, FL 34237

Provider Number: 0 325490-00
Date: 3/9/2017
Fiscal Year End: 8/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.91</u>	<u>221.97</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-273C FYE 8/31/2013

Distribution:

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

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 Toledo, OH 43604



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-PALM HARBOR
2851 TAMPA RD
PALM HARBOR, FL 34684

Provider Number: 0 325694-00
Date: 3/30/2017
Fiscal Year End: 5/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
191.80 **191.59** **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 #NH13-267C FYE 5/31/2013

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Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: HCR Manor Care
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Toledo, OH 43604



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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-PALM HARBOR
2851 TAMPA RD
PALM HARBOR, FL 34684

Provider Number: 0 325694-00
Date: 3/30/2017
Fiscal Year End: 5/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>199.89</u>	<u>199.68</u>	<u>7/1/2014</u>

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
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Field Audit #NH13-267C FYE 5/31/2013

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate


Home Office: HCR Manor Care
333 North Summit Street
Toledo, OH 43604



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: May 30, 2017
To: Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations
From:  Lisa Smith, Regulatory Analyst Supervisor
Subject: Retroactive Nursing Facility Per Diem Rates – Providers with Escrow Accounts

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP. **Please set the max recoupment to \$0.01 so the amount owed based on these rate changes may be dispositioned by Financial Services.**

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	Parklands Rehabilitation and Nursing Center	0 317578-00	FA & RFA	12
2.	Williston Rehabilitation and Nursing Center	0 317586-00	FA & RFA	12
3.	Bayside Rehabilitation and Health Center	0 324108-00	FA & RFA	4
4.	Madison Pointe Rehabilitation and Health Center	0 324124-00	FA & RFA	12
5.	Woodbridge Rehabilitation and Health Center	0 324141-00	FA & RFA	4
			Total:	44

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/sj



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
031757800	20100701	228.59	371.93	228.59	228.59	81172-17	NH10-080C
031757800	20110101	225.75	370.61	225.75	225.75	81172-17	NH10-059C
031757800	20110701	221.96	368.16	221.96	221.96	81172-17	NH10-059C
031757800	20120101	223.31	370.92	223.31	223.31	81172-17	NH10-059C
031757800	20120701	230.67	379.88	230.67	230.67	81172-17	NH10-059C
031757800	20130101	229.07	379.88	229.07	229.07	81172-17	NH10-059C
031757800	20130701	233.87	0.00	233.87	233.87	81172-17	NH10-059C
031757800	20140101	233.07	0.00	233.07	233.07	81172-17	NH10-059C
031757800	20140701	245.25	0.00	245.25	245.25	81172-17	NH10-059C
031757800	20150101	243.37	0.00	243.37	243.37	81172-17	NH10-059C
031757800	20150901	241.26	0.00	241.26	241.26	81172-17	NH14-028C
031757800	20160901	239.92	0.00	239.92	239.92	81172-17	NH10-059C
031758600	20100701	228.84	372.18	228.84	228.84	81172-17	NH10-082C
031758600	20110101	225.65	370.51	225.65	225.65	81172-17	NH10-077C
031758600	20110701	218.62	364.82	218.62	218.62	81172-17	NH10-077C
031758600	20120101	219.93	367.54	219.93	219.93	81172-17	NH10-077C
031758600	20120701	227.86	377.07	227.86	227.86	81172-17	NH10-077C
031758600	20130101	230.42	381.23	230.42	230.42	81172-17	NH10-077C
031758600	20130701	236.28	0.00	236.28	236.28	81172-17	NH10-077C
031758600	20140101	224.89	0.00	224.89	224.89	81172-17	NH10-077C
031758600	20140701	237.37	0.00	237.37	237.37	81172-17	NH10-077C
031758600	20150101	239.88	0.00	239.88	239.88	81172-17	NH10-077C
031758600	20150901	243.32	0.00	243.32	243.32	81172-17	NH10-077C
031758600	20160901	244.48	0.00	244.48	244.48	81172-17	NH10-077C
032410800	20100701	254.30	397.64	254.30	254.30	81172-17	NH11-157C
032410800	20110101	258.01	402.87	258.01	258.01	81172-17	NH11-157C
032410800	20110701	248.70	394.90	248.70	248.70	81172-17	NH11-157C
032410800	20150101	266.13	0.00	266.13	266.13	81172-17	NH10-073C
032412400	20100701	225.78	369.12	225.78	225.78	81172-17	NH11-159C
032412400	20110101	228.37	373.23	228.37	228.37	81172-17	NH11-159C
032412400	20110701	219.71	365.91	219.71	219.71	81172-17	NH11-159C
032412400	20120101	220.01	367.62	220.01	220.01	81172-17	NH10-065C
032412400	20120701	226.35	375.56	226.35	226.35	81172-17	NH10-065C
032412400	20130101	225.86	376.67	225.86	225.86	81172-17	NH10-065C
032412400	20130701	231.34	0.00	231.34	231.34	81172-17	NH10-065C
032412400	20140101	228.93	0.00	228.93	228.93	81172-17	NH10-065C
032412400	20140701	241.76	0.00	241.76	241.76	81172-17	NH10-065C
032412400	20150101	244.90	0.00	244.90	244.90	81172-17	NH10-065C
032412400	20150901	243.85	0.00	243.85	243.85	81172-17	NH10-065C
032412400	20160901	242.33	0.00	242.33	242.33	81172-17	NH10-065C
032414100	20100701	227.34	370.68	227.34	227.34	81172-17	NH11-161C
032414100	20110101	229.99	374.85	229.99	229.99	81172-17	NH11-161C
032414100	20110701	221.32	367.52	221.32	221.32	81172-17	NH11-161C
032414100	20160901	254.44	0.00	254.44	254.44	81172-17	NH10-060C



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Medicaid Reimbursement Per Diem Rates

PARKLANDS REHABILITATION AND NURSING CENTER
1000 SW 16TH AVE
GAINESVILLE, FL 32601

Provider Number: 0 317578-00
Date: 3/10/2017
Fiscal Year End: 3/31/2009
Audit Status: Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>228.67</u>	<u>228.59</u>	<u>7/1/2010</u>
	Level H: Aids	<u>372.01</u>	<u>371.93</u>	<u>7/1/2010</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 #NH10-080C FYE 03/31/2009 with effects from FA & RFA #NH10-059C FYE 03/31/2007


Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate


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368 New Hempstead Road #309
New City, NY 10956



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>PARKLANDS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317578-00</u>
<u>1000 SW 16TH AVE</u>	Date:	<u>3/10/2017</u>
<u>GAINESVILLE, FL 32601</u>	Fiscal Year End:	<u>3/31/2010</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>225.82</u>	<u>225.75</u>	<u>1/1/2011</u>
	Level H: Aids	<u>370.68</u>	<u>370.61</u>	<u>1/1/2011</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 #NH10-059C FYE 03/31/2007 and FA & RFA #NH10-080C FYE 03/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PARKLANDS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317578-00</u>
<u>1000 SW 16TH AVE</u>	Date:	<u>3/10/2017</u>
<u>GAINESVILLE, FL 32601</u>	Fiscal Year End:	<u>3/31/2011</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>222.02</u>	<u>221.96</u>	<u>7/1/2011</u>
	Level H: Aids	<u>368.22</u>	<u>368.16</u>	<u>7/1/2011</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 FA & RFA #NH10-059C FYE 03/31/2007 and FA & RFA #NH10-080C FYE 03/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PARKLANDS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317578-00</u>
<u>1000 SW 16TH AVE</u>	Date:	<u>3/10/2017</u>
<u>GAINESVILLE, FL 32601</u>	Fiscal Year End:	<u>3/31/2011</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>223.37</u>	<u>223.31</u>	<u>1/1/2012</u>
	Level H: Aids	<u>370.98</u>	<u>370.92</u>	<u>1/1/2012</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 FA & RFA #NH10-059C FYE 03/31/2007 and FA & RFA #NH10-080C FYE 03/31/2009

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Medicaid Reimbursement Per Diem Rates

PARKLANDS REHABILITATION AND NURSING CENTER
1000 SW 16TH AVE
GAINESVILLE, FL 32601

Provider Number: 0 317578-00
Date: 3/10/2017
Fiscal Year End: 3/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.74</u>	<u>230.67</u>	<u>7/1/2012</u>
	Level H: Aids	<u>379.95</u>	<u>379.88</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:


_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH10-059C FYE
 03/31/2007 and FA & RFA #NH10-080C FYE
 03/31/2009

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

<u>PARKLANDS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317578-00</u>
<u>1000 SW 16TH AVE</u>	Date:	<u>3/10/2017</u>
<u>GAINESVILLE, FL 32601</u>	Fiscal Year End:	<u>3/31/2012</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>229.13</u>	<u>229.07</u>	<u>1/1/2013</u>
	Level H: Aids	<u>379.94</u>	<u>379.88</u>	<u>1/1/2013</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 FA & RFA #NH10-059C FYE 03/31/2007 and FA & RFA #NH10-080C FYE 03/31/2009


Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

 **Lisa Smith**

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Medicaid Reimbursement Per Diem Rates

<u>PARKLANDS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317578-00</u>
<u>1000 SW 16TH AVE</u>	Date:	<u>3/10/2017</u>
<u>GAINESVILLE, FL 32601</u>	Fiscal Year End:	<u>3/31/2012</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>233.93</u>	<u>233.87</u>	<u>7/1/2013</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X Total Prospective with Interim Component	<u> </u> Total Prospective with Interim Component
<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 #NH10-059C FYE 03/31/2007 and FA & RFA #NH10-080C FYE 03/31/2009

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>PARKLANDS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317578-00</u>
<u>1000 SW 16TH AVE</u>	Date:	<u>3/10/2017</u>
<u>GAINESVILLE, FL 32601</u>	Fiscal Year End:	<u>3/31/2013</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>233.13</u>	<u>233.07</u>	<u>1/1/2014</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 #NH10-059C FYE 03/31/2007 and FA & RFA #NH10-080C FYE 03/31/2009

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Medicaid Reimbursement Per Diem Rates

PARKLANDS REHABILITATION AND NURSING CENTER
1000 SW 16TH AVE
GAINESVILLE, FL 32601

Provider Number: 0 317578-00
Date: 3/10/2017
Fiscal Year End: 3/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>245.32</u>	<u>245.25</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
_____ 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 #NH10-059C FYE 03/31/2007 and FA & RFA #NH10-080C FYE 03/31/2009

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Medicaid Reimbursement Per Diem Rates

PARKLANDS REHABILITATION AND NURSING CENTER
1000 SW 16TH AVE
GAINESVILLE, FL 32601

Provider Number: 0 317578-00
Date: 3/10/2017
Fiscal Year End: 3/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.11</u>	<u>243.37</u>	<u>1/1/2015</u>

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
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA #NH14-028C FYE 03/31/2014 with effects of
 FA & RFA #NH10-059C FYE 03/31/2007 and
 FA & RFA #NH10-0080C FYE 03/31/2009

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PARKLANDS REHABILITATION AND NURSING CENTER
1000 SW 16TH AVE
GAINESVILLE, FL 32601

Provider Number: 0 317578-00
Date: 3/10/2017
Fiscal Year End: 3/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.00	241.26	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
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

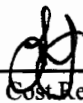
_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA #NH14-028C FYE 03/31/2014 with effects of
 FA & RFA #NH10-059C FYE 03/31/2007 and
 FA & RFA #NH10-0080C FYE 03/31/2009

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Medicaid Reimbursement Per Diem Rates

<u>PARKLANDS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317578-00</u>
<u>1000 SW 16TH AVE</u>	Date:	<u>3/10/2017</u>
<u>GAINESVILLE, FL 32601</u>	Fiscal Year End:	<u>12/31/2014</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>239.99</u>	<u>239.92</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 #NH10-059C FYE 03/31/2007 and FA & RFA #NH10-080C FYE 03/31/2009	

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Medicaid Reimbursement Per Diem Rates

<u>WILLISTON REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317586-00</u>
<u>300 NW 1ST AVE</u>	Date:	<u>12/5/2016</u>
<u>WILLISTON, FL 32696</u>	Fiscal Year End:	<u>3/31/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>229.03</u>	<u>228.84</u>	<u>7/1/2010</u>
	Level H: Aids	<u>372.37</u>	<u>372.18</u>	<u>7/1/2010</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"/> FA & RFA #NH10-082C FYE 03/31/2009 with effects of FA & RFA #NH10-077C FYE 03/31/2007

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WILLISTON REHABILITATION AND NURSING CENTER
300 NW 1ST AVE
WILLISTON, FL 32696

Provider Number: 0 317586-00
Date: 12/5/2016
Fiscal Year End: 3/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.66</u>	<u>225.65</u>	<u>1/1/2011</u>
	Level H: Aids	<u>370.52</u>	<u>370.51</u>	<u>1/1/2011</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 FA & RFA #NH10-077C FYE
03/31/2007 with effects of FA & RFA #NH10-
082C FYE 03/31/2009

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Medicaid Reimbursement Per Diem Rates

<u>WILLISTON REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317586-00</u>
<u>300 NW 1ST AVE</u>	Date:	<u>12/5/2016</u>
<u>WILLISTON, FL 32696</u>	Fiscal Year End:	<u>3/31/2011</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>218.63</u>	<u>218.62</u>	<u>7/1/2011</u>
	Level H: Aids	<u>364.83</u>	<u>364.82</u>	<u>7/1/2011</u>

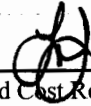
Rate Type:	
<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

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 #NH10-077C FYE 03/31/2007 with effects of FA & RFA #NH10-082C FYE 03/31/2009	

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WILLISTON REHABILITATION AND NURSING CENTER
300 NW 1ST AVE
WILLISTON, FL 32696

Provider Number: 0 317586-00
Date: 12/5/2016
Fiscal Year End: 3/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.94</u>	<u>219.93</u>	<u>1/1/2012</u>
	Level H: Aids	<u>367.55</u>	<u>367.54</u>	<u>1/1/2012</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 FA & RFA #NH10-077C FYE

03/31/2007 with effects of FA & RFA #NH10-082C FYE 03/31/2009

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Medicaid Reimbursement Per Diem Rates

WILLISTON REHABILITATION AND NURSING CENTER
300 NW 1ST AVE
WILLISTON, FL 32696

Provider Number: 0 317586-00
Date: 12/5/2016
Fiscal Year End: 3/31/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.87</u>	<u>227.86</u>	<u>7/1/2012</u>
	Level H: Aids	<u>377.08</u>	<u>377.07</u>	<u>7/1/2012</u>

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 #NH10-077C FYE
03/31/2007 with effects of FA & RFA #NH10-
082C FYE 03/31/2009

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Medicaid Reimbursement Per Diem Rates

WILLISTON REHABILITATION AND NURSING CENTER
300 NW 1ST AVE
WILLISTON, FL 32696

Provider Number: 0 317586-00
Date: 12/5/2016
Fiscal Year End: 3/31/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.43</u>	<u>230.42</u>	<u>1/1/2013</u>
	Level H: Aids	<u>381.24</u>	<u>381.23</u>	<u>1/1/2013</u>

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 #NH10-077C FYE
03/31/2007 with effects of FA & RFA #NH10-082C FYE 03/31/2009


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Medicaid Reimbursement Per Diem Rates

WILLISTON REHABILITATION AND NURSING CENTER
300 NW 1ST AVE
WILLISTON, FL 32696

Provider Number: 0 317586-00
Date: 12/5/2016
Fiscal Year End: 3/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
236.30	236.28	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

Effects of FA & RFA #NH10-077C FYE 03/31/2007 with effects of FA & RFA #NH10-082C FYE 03/31/2009

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Medicaid Reimbursement Per Diem Rates

WILLISTON REHABILITATION AND NURSING CENTER	Provider Number:	0 317586-00
300 NW 1ST AVE	Date:	12/5/2016
WILLISTON, FL 32696	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	224.90	224.89	1/1/2014

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 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 #NH10-077C FYE 03/31/2007 with effects of FA & RFA #NH10-082C FYE 03/31/2009

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<u>WILLISTON REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 317586-00</u>
<u>300 NW 1ST AVE</u>	Date:	<u>12/5/2016</u>
<u>WILLISTON, FL 32696</u>	Fiscal Year End:	<u>3/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>237.39</u>	<u>237.37</u>	<u>7/1/2014</u>

Rate Type:

<u>Interim</u>	<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 #NH10-077C FYE 03/31/2007 with effects of FA & RFA #NH10-082C FYE 03/31/2009

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WILLISTON REHABILITATION AND NURSING CENTER	Provider Number:	0 317586-00
300 NW 1ST AVE	Date:	12/5/2016
WILLISTON, FL 32696	Fiscal Year End:	3/31/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>239.90</u>	<u>239.88</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 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 #NH10-077C FYE 03/31/2007 with effects of FA & RFA #NH10-082C FYE 03/31/2009


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WILLISTON REHABILITATION AND NURSING CENTER
300 NW 1ST AVE
WILLISTON, FL 32696

Provider Number: 0 317586-00
Date: 12/5/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
243.34	243.32	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 FA & RFA #NH10-077C FYE
03/31/2007 with effects of FA & RFA #NH10-082C FYE 03/31/2009

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300 NW 1ST AVE
WILLISTON, FL 32696

Provider Number: 0 317586-00
Date: 12/5/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
244.50 244.48 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 #NH10-077C FYE
03/31/2007 with effects of FA & RFA #NH10-
082C FYE 03/31/2009

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYSIDE REHABILITATION & HEALTH CENTER

811 JACKSON ST N

SAINT PETERSBURG, FL 33705

Provider Number:

0 324108-00

Date:

3/27/2017

Fiscal Year End:

2/28/2010

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

254.31

254.30

7/1/2010

Level H: Aids

397.65

397.64

7/1/2010

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 #NH11-157C FYE 02/28/2010 and effects of FA & RFA #NH10-073C FYE 02/29/2008

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No Change in Rate

Home Office: Hallmark Accounting

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Medicaid Reimbursement Per Diem Rates

BAYSIDE REHABILITATION & HEALTH CENTER

811 JACKSON ST N

SAINT PETERSBURG, FL 33705

Provider Number:

0 324108-00

Date:

3/27/2017

Fiscal Year End:

2/28/2010

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>258.02</u>	<u>258.01</u>	<u>1/1/2011</u>
<u>402.88</u>	<u>402.87</u>	<u>1/1/2011</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 #NH11-157C FYE 02/28/2010 and effects of FA & RFA #NH10-073C FYE 02/29/2008

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BAYSIDE REHABILITATION & HEALTH CENTER

Provider Number: 0 324108-00

811 JACKSON ST N

Date: 3/27/2017

SAINT PETERSBURG, FL 33705

Fiscal Year End: 2/28/2010

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	248.74	248.70	7/1/2011
	Level H: Aids	394.94	394.90	7/1/2011

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 #NH11-157C FYE 02/28/2010 and effects of FA & RFA #NH10-073C FYE 02/29/2008

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BAYSIDE REHABILITATION & HEALTH CENTER
811 JACKSON ST N
SAINT PETERSBURG, FL 33705

Provider Number: 0 324108-00
Date: 3/27/2017
Fiscal Year End: 2/28/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
267.04	266.13	1/1/2015

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 #NH14-025C FYE 02/28/2014 and effects of FA & RFA #NH10-073C FYE 02/29/2008

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Medicaid Reimbursement Per Diem Rates

MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00

Date: 4/13/2017

Fiscal Year End: 2/28/2010

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.29	225.78	7/1/2010
	Level H: Aids	369.63	369.12	7/1/2010

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 #NH11-159C FYE 02/28/2010 with effects of FA & RFA #NH10-065C FYE 02/29/2008

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MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.90	228.37	1/1/2011
	Level H: Aids	373.76	373.23	1/1/2011

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 #NH11-159C FYE 02/28/2010 with effects of FA & RFA #NH10-065C FYE 02/29/2008

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6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.21</u>	<u>219.71</u>	<u>7/1/2011</u>
	Level H: Aids	<u>366.41</u>	<u>365.91</u>	<u>7/1/2011</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 #NH11-159C FYE 02/28/2010 with effects of FA & RFA #NH10-065C FYE 02/29/2008

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6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.03</u>	<u>220.01</u>	<u>1/1/2012</u>
	Level H: Aids	<u>367.64</u>	<u>367.62</u>	<u>1/1/2012</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 FA & RFA #NH10-065C FYE 02/29/2008

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MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/28/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.37	226.35	7/1/2012
	Level H: Aids	375.58	375.56	7/1/2012

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 #NH10-065C FYE 02/29/2008

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MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.88</u>	<u>225.86</u>	<u>1/1/2013</u>
	Level H: Aids	<u>376.69</u>	<u>376.67</u>	<u>1/1/2013</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 FA & RFA #NH10-065C FYE 02/29/2008	

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MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/29/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
231.36	231.34	7/1/2013

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 #NH10-065C FYE 02/29/2008

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Medicaid Reimbursement Per Diem Rates

MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/28/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>228.95</u>	<u>228.93</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

Effects of FA & RFA #NH10-065C FYE 02/29/2008

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Medicaid Reimbursement Per Diem Rates

MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
241.78	241.76	7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH10-065C FYE 02/29/2008

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Medicaid Reimbursement Per Diem Rates

MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
244.92 244.90 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 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 #NH10-065C FYE 02/29/2008	

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Medicaid Reimbursement Per Diem Rates

MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
243.87	243.85	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

Effects of FA & RFA #NH10-065C FYE 02/29/2008

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MADISON POINTE REHABILITATION & HEALTH CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 324124-00
Date: 4/13/2017
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.35	242.33	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 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 #NH10-065C FYE 02/29/2008	

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Medicaid Reimbursement Per Diem Rates

WOODBIDGE REHABILITATION & HEALTH CENTER
8720 JACKSON SPRINGS RD
TAMPA, FL 33615-3210

Provider Number: 0 324141-00
Date: 11/2/2016
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.46</u>	<u>227.34</u>	<u>7/1/2010</u>
	Level H: Aids	<u>370.80</u>	<u>370.68</u>	<u>7/1/2010</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 #NH11-161C FYE 02/28/2010 and Effects of FA & RFA #NH10-060C FYE 02/29/2008 and Effects of FA & RFA #NH10-081C FYE 02/28/2009

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Medicaid Reimbursement Per Diem Rates

WOODBIDGE REHABILITATION & HEALTH CENTER
8720 JACKSON SPRINGS RD
TAMPA, FL 33615-3210

Provider Number: 0 324141-00
Date: 11/2/2016
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.25</u>	<u>229.99</u>	<u>1/1/2011</u>
	Level H: Aids	<u>375.11</u>	<u>374.85</u>	<u>1/1/2011</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 #NH11-161C FYE 02/28/2010 and Effects of FA & RFA #NH10-060C FYE 02/29/2008 and Effects of FA & RFA #NH10-081C FYE 02/28/2009

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WOODBIDGE REHABILITATION & HEALTH CENTER
8720 JACKSON SPRINGS RD
TAMPA, FL 33615-3210

Provider Number: 0 324141-00
Date: 11/2/2016
Fiscal Year End: 2/28/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.71</u>	<u>221.32</u>	<u>7/1/2011</u>
	Level H: Aids	<u>367.91</u>	<u>367.52</u>	<u>7/1/2011</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 #NH11-161C FYE 02/28/2010 and Effects of FA & RFA #NH10-060C FYE 02/29/2008 and Effects of FA & RFA #NH10-081C FYE 02/28/2009

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New City, NY 10956

Lisa Smith

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

WOODBRIDGE REHABILITATION & HEALTH CENTER	Provider Number:	0 324141-00
8720 JACKSON SPRINGS RD	Date:	11/2/2016
TAMPA, FL 33615-3210	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>254.39</u>	<u>254.44</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 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 #NH10-060C FYE 02/29/2008 and Effects of FA & RFA #NH10-081C FYE 02/28/2009

Distribution:

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

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