



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: October 2, 2017
To: Johnnie Mae Peters, Government Operations Consultant II
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.	Longwood Health and Rehabilitation Center	0 005379-00	IRR	2
2.	Calusa Harbour	0 059369-00	FA	6
3.	Stratford Court of Palm Harbor	0 059400-00	FA	8
4.	Lake Harris Health Center	0 122243-00	CS	6
5.	Bay Vue Nursing and Rehabilitation Center	0 147672-00	CS	4
6.	Solaris Healthcare Merritt Island	0 162225-00	CS	4
7.	Jackson Memorial Perdue Medical Center	0 203670-00	QA to exempt	1
			TOTAL:	31

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	MFAO number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
000537900	20170616	241.19	0.00	241.19	241.19	81974-17	
000537900	20170901	221.16	0.00	221.16	221.16	81974-17	
005936900	20121001	222.99	372.20	222.99	222.99	81974-17	NH13-236L
005936900	20130101	225.04	375.85	225.04	225.04	81974-17	NH13-236L
005936900	20130701	231.70	0.00	231.70	231.70	81974-17	NH13-236L
005936900	20140101	238.70	0.00	238.70	238.70	81974-17	NH13-236L
005936900	20140701	246.66	0.00	246.66	246.66	81974-17	NH13-236L
005936900	20150101	251.11	0.00	251.11	251.11	81974-17	NH13-236L
005940000	20121001	226.18	375.39	226.18	226.18	81974-17	NH13-248L
005940000	20130101	228.14	378.95	228.14	228.14	81974-17	NH13-248L
005940000	20130701	234.92	0.00	234.92	234.92	81974-17	NH13-248L
005940000	20140101	239.08	0.00	239.08	239.08	81974-17	NH13-248L
005940000	20140701	250.14	0.00	250.14	250.14	81974-17	NH13-248L
005940000	20150101	254.27	0.00	254.27	254.27	81974-17	NH13-248L
005940000	20150901	250.47	0.00	250.47	250.47	81974-17	NH13-248L
005940000	20160901	255.12	0.00	255.12	255.12	81974-17	NH13-248L
012224300	20140829	209.96	0.00	209.96	209.96	81974-17	
012224300	20150101	213.39	0.00	213.39	213.39	81974-17	
012224300	20150401	214.52	0.00	214.52	214.52	81974-17	
012224300	20150901	214.83	0.00	214.83	214.83	81974-17	
012224300	20160901	217.56	0.00	217.56	217.56	81974-17	
012224300	20170901	221.18	0.00	221.18	221.18	81974-17	
014767200	20150612	253.52	0.00	253.52	253.52	81974-17	
014767200	20150901	246.61	0.00	246.61	246.61	81974-17	
014767200	20160101	252.13	0.00	252.13	252.13	81974-17	
014767200	20160901	255.52	0.00	255.52	255.52	81974-17	
016222500	20160101	252.24	0.00	252.24	252.24	81974-17	
016222500	20160701	252.24	0.00	252.24	252.24	81974-17	
016222500	20160901	256.53	0.00	256.53	256.53	81974-17	
016222500	20170901	260.31	0.00	260.31	260.31	81974-17	
017331400	20160928	244.22	0.00	244.22	244.22	81974-17	
017331400	20170901	243.81	0.00	243.81	243.81	81974-17	
017339800	20160928	242.32	0.00	242.32	242.32	81974-17	
017339800	20170901	241.92	0.00	241.92	241.92	81974-17	
017339900	20160928	238.26	0.00	238.26	238.26	81974-17	
017339900	20170901	239.20	0.00	239.20	239.20	81974-17	
020367000	20170901	251.94	0.00	251.94	251.94	81974-17	



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

LONGWOOD HEALTH AND REHABILITATION CENTER
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 9/27/2017
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
238.21 **241.19** **6/16/2017**

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 IRR Granted Effective 6/16/2017

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

LONGWOOD HEALTH AND REHABILITATION CENTER

1520 S GRANT ST

LONGWOOD, FL 32750

Provider Number:

0 005379-00

Date:

9/27/2017

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

218.22

221.16

9/1/2017

Rate Type:

 Interim

 Total Interim

 Interim Component

 Settlement based on cost

 Prior Provider Prospective data

 X Prospective

 Total Prospective

 X Total Prospective with Interim Component

Basis:

 Budget

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X IRR Granted Effective 6/16/2017

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CALUSA HARBOUR
2525 FIRST ST
FORT MYERS, FL 33901

Provider Number: 0 059369-00
Date: 9/20/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.64</u>	<u>222.99</u>	<u>10/1/2012</u>
	Level H: Aids	<u>372.85</u>	<u>372.20</u>	<u>10/1/2012</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
 Field Audit #NH13-236L FYE 06/30/2013

Distribution:

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

Home Office: No Home Office

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

CALUSA HARBOUR
2525 FIRST ST
FORT MYERS, FL 33901

Provider Number: 0 059369-00
Date: 9/20/2017
Fiscal Year End: 6/30/2013
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:

Form with checkboxes for Interim, Prospective, Total Interim, Total Prospective, Interim Component, Total Prospective with Interim Component, Settlement based on cost, and Prior Provider Prospective data.

Basis:

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

Changes:

Form with checkboxes for Rate Semester Change and Field Audit #NH13-236L FYE 06/30/2013.

Distribution:

Form with checkboxes for Contract Management / Fiscal Agent, Permanent File, For Information Only, No Change in Rate, Home Office, and No Home Office.

Signature of Lisa Smith, Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CALUSA HARBOUR
2525 FIRST ST
FORT MYERS, FL 33901

Provider Number: 0 059369-00
Date: 9/20/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>239.37</u>	<u>238.70</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 #NH13-236L FYE 06/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CALUSA HARBOUR
2525 FIRST ST
FORT MYERS, FL 33901

Provider Number: 0 059369-00
Date: 9/20/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
247.35	246.66	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 #NH13-236L FYE 06/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

Lisa Smith
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CALUSA HARBOUR
2525 FIRST ST
FORT MYERS, FL 33901

Provider Number: 0 059369-00
Date: 9/20/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
251.81	251.11	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

Field Audit #NH13-236L FYE 06/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF PALM HARBOR
45 KATHERINE BLVD
PALM HARBOR, FL 34684

Provider Number: 0 059400-00
Date: 9/20/2017
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	228.20	226.18	10/1/2012
	Level H: Aids	377.41	375.39	10/1/2012

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 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 #NH13-248L FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent
Permanent File
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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF PALM HARBOR

45 KATHERINE BLVD

PALM HARBOR, FL 34684

Provider Number:

0 059400-00

Date:

9/20/2017

Fiscal Year End:

6/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

230.15

228.14

1/1/2013

Level H: Aids

380.96

378.95

1/1/2013

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 #NH13-248L FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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

STRATFORD COURT OF PALM HARBOR

45 KATHERINE BLVD

PALM HARBOR, FL 34684

Provider Number:

0 059400-00

Date:

9/20/2017

Fiscal Year End:

6/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

236.98

234.92

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 #NH13-248L FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF PALM HARBOR

45 KATHERINE BLVD

PALM HARBOR, FL 34684

Provider Number:

0 059400-00

Date:

9/20/2017

Fiscal Year End:

6/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

241.16

New
Rate

239.08

Effective
Date

1/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-248L FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF PALM HARBOR

45 KATHERINE BLVD

PALM HARBOR, FL 34684

Provider Number:

0 059400-00

Date:

9/20/2017

Fiscal Year End:

6/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
252.28	250.14	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 #NH13-248L FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF PALM HARBOR

45 KATHERINE BLVD

PALM HARBOR, FL 34684

Provider Number:

0 059400-00

Date:

9/20/2017

Fiscal Year End:

6/30/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
256.44	254.27	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

Field Audit #NH13-248L FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF PALM HARBOR

45 KATHERINE BLVD

PALM HARBOR, FL 34684

Provider Number:

0 059400-00

Date:

9/20/2017

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>252.12</u>	<u>250.47</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 Field Audit #NH13-248L FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF PALM HARBOR

45 KATHERINE BLVD

PALM HARBOR, FL 34684

Provider Number:

0 059400-00

Date:

9/20/2017

Fiscal Year End:

12/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>255.31</u>	<u>255.12</u>	<u>9/1/2016</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH13-248L FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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

LAKE HARRIS HEALTH CENTER

701 LAKE PORT BLVD

LEESBURG, FL 34748

Provider Number:

0 122243-00

Date:

8/17/2017

Fiscal Year End:

3/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

208.41

New
Rate

209.96

Effective
Date

8/29/2014

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

Cost Settlement FYE 3/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place
Suite 400
Brentwood, TN 37027

 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

LAKE HARRIS HEALTH CENTER

701 LAKE PORT BLVD

LEESBURG, FL 34748

Provider Number:

0 122243-00

Date:

8/17/2017

Fiscal Year End:

3/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
210.32	213.39	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 3/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place
Suite 400
Brentwood, TN 37027

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKE HARRIS HEALTH CENTER

701 LAKE PORT BLVD

LEESBURG, FL 34748

Provider Number:

0 122243-00

Date:

8/17/2017

Fiscal Year End:

3/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
210.32	214.52	4/1/2015

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 3/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place
Suite 400
Brentwood, TN 37027

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKE HARRIS HEALTH CENTER
701 LAKE PORT BLVD
LEESBURG, FL 34748

Provider Number: 0 122243-00
Date: 8/17/2017
Fiscal Year End: 3/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
221.19	221.18	9/1/2017

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 3/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place
Suite 400
Brentwood, TN 37027

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

BAY VUE NURSING AND REHABILITATION CENTER
105 15TH ST E
BRADENTON, FL 34208

Provider Number: 0 147672-00
Date: 8/16/2017
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
247.40	253.52	6/12/2015

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 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Royal Meridian Management Company, LLC
3777 Royal Palm Ave
Miami, FL 33140



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

BAY VUE NURSING AND REHABILITATION CENTER

105 15TH ST E

BRADENTON, FL 34208

Provider Number:

0 147672-00

Date:

8/16/2017

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
238.91	246.61	9/1/2015

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 12/31/2015

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Royal Meridian Management Company, LLC
3777 Royal Palm Ave
Miami, FL 33140



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

BAY VUE NURSING AND REHABILITATION CENTER

105 15TH ST E

BRADENTON, FL 34208

Provider Number: _____

0 147672-00

Date: _____

8/16/2017

Fiscal Year End: _____

12/31/2015

Audit Status: _____

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

238.91

New
Rate

252.13

Effective
Date

1/1/2016

Rate Type:

 Interim

 Total Interim

 Interim Component

 X 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 Cost Settlement FYE 12/31/2015

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Home Office: Royal Meridian Management Company, LLC
3777 Royal Palm Ave
Miami, FL 33140



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

BAY VUE NURSING AND REHABILITATION CENTER

105 15TH ST E

BRADENTON, FL 34208

Provider Number:

0 147672-00

Date:

8/16/2017

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
239.28	255.52	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 12/31/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Royal Meridian Management Company, LLC
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOLARIS HEALTHCARE MERRITT ISLAND

500 CROCKETT BLVD

MERRITT ISLAND, FL 32953

Provider Number:

0 162225-00

Date:

7/28/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>252.56</u>	<u>252.24</u>	<u>1/1/2016</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 06/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Solaris Foundation, Inc.
9250 Bonita Beach Road SE
Bonita Springs, FL 34135

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

SOLARIS HEALTHCARE MERRITT ISLAND
500 CROCKETT BLVD
MERRITT ISLAND, FL 32953

Provider Number: 0 162225-00
Date: 7/28/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>252.56</u>	<u>252.24</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 06/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Solaris Foundation, Inc.
9250 Bonita Beach Road SE
Bonita Springs, FL 34135

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

SOLARIS HEALTHCARE MERRITT ISLAND

500 CROCKETT BLVD

MERRITT ISLAND, FL 32953

Provider Number:

0 162225-00

Date:

7/28/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>251.88</u>	<u>256.53</u>	<u>9/1/2016</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 06/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Solaris Foundation, Inc.

9250 Bonita Beach Road SE

Bonita Springs, FL 34135

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

SOLARIS HEALTHCARE MERRITT ISLAND
500 CROCKETT BLVD
MERRITT ISLAND, FL 32953

Provider Number: 0 162225-00
Date: 7/28/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>260.30</u>	<u>260.31</u>	<u>9/1/2017</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 06/30/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Solaris Foundation, Inc.
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Bonita Springs, FL 34135

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

CROSS CITY NURSING AND REHABILITATION CENTER

583 NE 351 HWY

CROSS CITY, FL 32628

Provider Number:

0 173314-00

Date:

8/18/2017

Fiscal Year End:

3/31/2017

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

196.85

244.22

9/28/2016

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

NRP CHOP/CHOW effective 09/28/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

CROSS CITY NURSING AND REHABILITATION CENTER
583 NE 351 HWY
CROSS CITY, FL 32628

Provider Number: 0 173314-00
Date: 8/18/2017
Fiscal Year End: 3/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
197.98 243.81 9/1/2017

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
 NRP CHOP/CHOW effective 09/28/2016

Distribution:

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

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

LAFAYETTE NURSING AND REHABILITATION CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 173398-00
Date: 8/10/2017
Fiscal Year End: 3/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
188.17	242.32	9/28/2016

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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

NRP CHOP/CHOW effective 09/28/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

LAFAYETTE NURSING AND REHABILITATION CENTER
512 W MAIN ST
MAYO, FL 32066

Provider Number: 0 173398-00
Date: 8/10/2017
Fiscal Year End: 3/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
207.82 **241.92** **9/1/2017**

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP/CHOW effective 09/28/2016

Distribution:

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

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

LAKE PARK OF MADISON NURSING AND REHABILITATION CENTER

259 SW CAPTAIN BROWN RD

MADISON, FL 32340

Provider Number:

0 173399-00

Date:

8/14/2017

Fiscal Year End:

3/31/2017

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
198.53	238.26	9/28/2016

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP/CHOW effective 9/28/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

LAKE PARK OF MADISON NURSING AND REHABILITATION CENTER

259 SW CAPTAIN BROWN RD

MADISON, FL 32340

Provider Number:

0 173399-00

Date:

8/14/2017

Fiscal Year End:

3/31/2017

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>196.37</u>	<u>239.20</u>	<u>9/1/2017</u>

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

NRP CHOP/CHOW effective 9/28/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

JACKSON MEMORIAL PERDUE MEDICAL CENTER

19590 OLD CUTLER ROAD

CUTLER RIDGE, FL 33157

Provider Number:

0 203670-00

Date:

9/20/2017

Fiscal Year End:

9/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>276.46</u>	<u>251.94</u>	<u>9/1/2017</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro for 9/17 to change QA status to exempt

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance