



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: April 30, 2018
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.	The Gardens Health & Rehabilitation Center	0 122342-00	FA & RFA	5
2.	Cypress Care Center	0 147948-00	CS	5
3.	North Lake Care Center	0 151590-00	CS	6
4.	Pines Nursing Home	0 155062-00	CS	4
5.	Bayside Care Center	0 161804-00	CS	4
6.	Madison Pointe Care Center	0 161896-00	CS	4
7.	Gulf Shore Care Center	0 161928-00	CS	4
8.	Palmetto Care Center	0 161944-00	CS	4
9.	Palms Care Center	0 161951-00	CS	4
10.	Woodbridge Care Center	0 162078-00	CS	4
11.	Solaris Healthcare Plant City	0 162231-00	CS	3
12.	KR at College Harbor	0 189252-00	NRP CHOP	2
13.	The Bristol at Tampa Rehabilitation and Nursing Center LLC	0 208433-00	NRP CHOP/CHOW	2
14.	Bridgewater Park Health and Rehabilitation Center	0 229220-00	NEW FACILITY	1
15.	The Palms of Sebring	0 252671-00	FA	6
16.	Bay Tree Center	0 253448-00	FA	2
17.	West Bay of Tampa	0 253464-00	FA	2
18.	Lakeside Pavilion	0 256846-00	FA	2
19.	Alhambra Health and Rehabilitation Center	0 261254-00	FA & RFA	10
20.	The Terrace at Daytona Beach	0 282553-00	FA & RFA	4
21.	Lehigh Acres Health & Rehabilitation Center	0 320978-00	FA & RFA	1



22.	Heartland Health Care Center- Miami Lakes	0 325252-00	FA	2
			TOTAL:	81

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

LS/nr



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: April 16, 2018
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.	Signature Healthcare of Pinellas Park	0 324469-00	FA	2
			TOTAL:	2

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

LS/nr



Provider Number	Effective Date Format YYYYMMDD	Single Level Intermediate I (IN1)	Level H: AIDS Skilled AIDS (SKA)	Single Level Intermediate II (IN2)	Single Level Skilled (SKD)	MFAO number	Audit Number
012234200	20140701	227.46	0.00	227.46	227.46	83407-18	NH13-086C
012234200	20150101	232.57	0.00	232.57	232.57	83407-18	NH13-086C
012234200	20150901	231.92	0.00	231.92	231.92	83407-18	NH13-086C
012234200	20160901	237.01	0.00	237.01	237.01	83407-18	NH13-086C
012234200	20170901	229.92	0.00	229.92	229.92	83407-18	NH13-086C
014794800	20150601	246.20	0.00	246.20	246.20	83407-18	
014794800	20150901	246.73	0.00	246.73	246.73	83407-18	
014794800	20160201	248.68	0.00	248.68	248.68	83407-18	
014794800	20160901	252.65	0.00	252.65	252.65	83407-18	
014794800	20170901	258.64	0.00	258.64	258.64	83407-18	
015159000	20150701	284.95	0.00	284.95	284.95	83407-18	
015159000	20150901	285.35	0.00	285.35	285.35	83407-18	
015159000	20160201	292.59	0.00	292.59	292.59	83407-18	
015159000	20160901	301.94	0.00	301.94	301.94	83407-18	
015159000	20170901	310.92	0.00	310.92	310.92	83407-18	
015159000	20170907	313.17	0.00	313.17	313.17	83407-18	
015506200	20150918	278.53	0.00	278.53	278.53	83407-18	
015506200	20160401	286.46	0.00	286.46	286.46	83407-18	
015506200	20160901	294.74	0.00	294.74	294.74	83407-18	
015506200	20170901	305.13	0.00	305.13	305.13	83407-18	
016180400	20151201	278.91	0.00	278.91	278.91	83407-18	
016180400	20160601	283.09	0.00	283.09	283.09	83407-18	
016180400	20160901	289.50	0.00	289.50	289.50	83407-18	
016180400	20170901	296.10	0.00	296.10	296.10	83407-18	
016189600	20151201	253.46	0.00	253.46	253.46	83407-18	
016189600	20160601	255.70	0.00	255.70	255.70	83407-18	
016189600	20160901	259.93	0.00	259.93	259.93	83407-18	
016189600	20170901	265.05	0.00	265.05	265.05	83407-18	
016192800	20151201	250.36	0.00	250.36	250.36	83407-18	
016192800	20160601	250.39	0.00	250.39	250.39	83407-18	
016192800	20160901	253.99	0.00	253.99	253.99	83407-18	
016192800	20170901	257.48	0.00	257.48	257.48	83407-18	
016194400	20151201	289.96	0.00	289.96	289.96	83407-18	
016194400	20160601	289.96	0.00	289.96	289.96	83407-18	
016194400	20160901	297.96	0.00	297.96	297.96	83407-18	
016194400	20170901	303.84	0.00	303.84	303.84	83407-18	
016195100	20151201	253.49	0.00	253.49	253.49	83407-18	
016195100	20160601	258.44	0.00	258.44	258.44	83407-18	
016195100	20160901	263.82	0.00	263.82	263.82	83407-18	
016195100	20170901	268.86	0.00	268.86	268.86	83407-18	
016207800	20151201	255.60	0.00	255.60	255.60	83407-18	
016207800	20160601	259.21	0.00	259.21	259.21	83407-18	
016207800	20160901	262.06	0.00	262.06	262.06	83407-18	
016207800	20170901	266.39	0.00	266.39	266.39	83407-18	
016223100	20160101	251.53	0.00	251.53	251.53	83407-18	
016223100	20160701	254.87	0.00	254.87	254.87	83407-18	
016223100	20160901	259.64	0.00	259.64	259.64	83407-18	
018925200	20161101	274.62	0.00	274.62	274.62	83407-18	
018925200	20170901	273.85	0.00	273.85	273.85	83407-18	
020843300	20170602	235.31	0.00	235.31	235.31	83407-18	
020843300	20170901	239.41	0.00	239.41	239.41	83407-18	
022922000	20171102	252.41	0.00	252.41	252.41	83407-18	
025267100	20140701	202.43	0.00	202.43	202.43	83407-18	NH14-112C
025267100	20150101	205.32	0.00	205.32	205.32	83407-18	NH14-112C
025267100	20150901	204.00	0.00	204.00	204.00	83407-18	NH14-112C
025267100	20160901	204.81	0.00	204.81	204.81	83407-18	NH14-112C
025267100	20170901	196.09	0.00	196.09	196.09	83407-18	NH14-112C
025267100	20170907	208.69	0.00	208.69	208.69	83407-18	NH14-112C
025344800	20140701	206.99	0.00	206.99	206.99	83407-18	NH14-004G
025344800	20150101	209.80	0.00	209.80	209.80	83407-18	NH14-004G
025346400	20140701	208.88	0.00	208.88	208.88	83407-18	NH14-007G
025346400	20150101	212.17	0.00	212.17	212.17	83407-18	NH14-007G
025684600	20140701	209.89	0.00	209.89	209.89	83407-18	NH14-011G
025684600	20150101	212.84	0.00	212.84	212.84	83407-18	NH14-011G
026125400	20120101	207.78	355.39	207.78	207.78	83407-18	NH13-102C
026125400	20120701	217.93	367.14	217.93	217.93	83407-18	NH13-102C
026125400	20130101	221.63	372.44	221.63	221.63	83407-18	NH13-102C
026125400	20130701	228.30	0.00	228.30	228.30	83407-18	NH13-102C
026125400	20140101	227.55	0.00	227.55	227.55	83407-18	NH13-102C
026125400	20140701	233.87	0.00	233.87	233.87	83407-18	NH13-102C
026125400	20150101	227.32	0.00	227.32	227.32	83407-18	NH13-102C
026125400	20150901	225.51	0.00	225.51	225.51	83407-18	NH13-102C
026125400	20160901	231.38	0.00	231.38	231.38	83407-18	NH13-102C
026125400	20170901	236.86	0.00	236.86	236.86	83407-18	NH13-102C
028255300	20120701	164.54	313.75	164.54	164.54	83407-18	NH13-086C
028255300	20130101	166.32	317.13	166.32	166.32	83407-18	NH13-086C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
028255300	20130701	163.99	0.00	163.99	163.99	83407-18	NH13-086C
028255300	20140101	168.72	0.00	168.72	168.72	83407-18	NH13-086C
032097800	20110701	230.01	376.21	230.01	230.01	83407-18	NH13-104C
032446900	20150101	221.03	0.00	221.03	221.03	83298-18	NH14-038C
032446900	20150901	220.20	0.00	220.20	220.20	83298-18	NH14-038C
032525200	20150101	225.84	0.00	225.84	225.84	83407-18	NH14-030C
032525200	20150901	225.24	0.00	225.24	225.24	83407-18	NH14-030C



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

THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 122342-00
Date: 11/15/2017
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **227.25**
New Rate: **227.46**
Effective Date: **7/1/2014**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-086C FYE 7/31/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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

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

THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 122342-00
Date: 11/15/2017
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
232.36 **232.57** **1/1/2015**

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

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

Changes:
_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-086C FYE 7/31/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

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_____ No Change in Rate

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THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 122342-00
Date: 11/15/2017
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
231.71	231.92	9/1/2015

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH13-086C FYE 7/31/2011

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 122342-00
Date: 11/15/2017
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>236.79</u>	<u>237.01</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 FA & RFA #NH13-086C FYE 7/31/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 122342-00
Date: 11/15/2017
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>229.70</u>	<u>229.92</u>	<u>9/1/2017</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-086C FYE 7/31/2011

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS CARE CENTER

490 S OLD WIRE RD

WILDWOOD, FL 34785

Provider Number:

0 147948-00

Date:

4/12/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
246.56	246.20	6/1/2015

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 1/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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Medicaid Reimbursement Per Diem Rates

CYPRESS CARE CENTER

490 S OLD WIRE RD

WILDWOOD, FL 34785

Provider Number: 0 147948-00

Date: 4/12/2018

Fiscal Year End: 1/31/2016

Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>243.81</u>	<u>246.73</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

Cost Settlement FYE 1/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

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368 New Hempstead Road
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Medicaid Reimbursement Per Diem Rates

CYPRESS CARE CENTER
490 S OLD WIRE RD
WILDWOOD, FL 34785

Provider Number: 0 147948-00
Date: 4/12/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>243.81</u>	<u>248.68</u>	<u>2/1/2016</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 1/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS CARE CENTER
490 S OLD WIRE RD
WILDWOOD, FL 34785

Provider Number: 0 147948-00
Date: 4/12/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>240.47</u>	<u>252.65</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 1/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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Medicaid Reimbursement Per Diem Rates

CYPRESS CARE CENTER

490 S OLD WIRE RD

WILDWOOD, FL 34785

Provider Number:

0 147948-00

Date:

4/12/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
238.14	258.64	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

Cost Settlement FYE 1/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 4/11/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
284.83	284.95	7/1/2015

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 1/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Florida Care, Inc
368 New Hempstead Road
#309
New City, NY 10956

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 4/11/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
282.87	285.35	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 1/31/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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Home Office: Florida Care, Inc
368 New Hempstead Road
#309
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

NORTH LAKE CARE CENTER

750 BAYBERRY DRIVE

LAKE PARK, FL 33403

Provider Number:

0 151590-00

Date:

4/11/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

282.87

292.59

2/1/2016

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 1/31/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 4/11/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
279.51	301.94	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 1/31/2016

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER

750 BAYBERRY DRIVE

LAKE PARK, FL 33403

Provider Number:

0 151590-00

Date:

4/11/2018

Fiscal Year End:

1/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

276.71

310.92

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

Cost Settlement FYE 1/31/2016

Distribution:

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No Change in Rate

Home Office:

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#309
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Medicaid Reimbursement Per Diem Rates

NORTH LAKE CARE CENTER
750 BAYBERRY DRIVE
LAKE PARK, FL 33403

Provider Number: 0 151590-00
Date: 4/11/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
279.62	313.17	9/7/2017

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

Cost Settlement FYE 1/31/2016

Distribution:

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Home Office: Florida Care, Inc
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Medicaid Reimbursement Per Diem Rates

PINES NURSING HOME

301 NE 141 STREET

MIAMI, FL 33161

Provider Number:

0 155062-00

Date:

4/18/2018

Fiscal Year End:

3/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

277.56

278.53

9/18/2015

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 3/31/2016

Distribution:

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Permanent File

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No Change in Rate

Home Office:

No Home Office

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PINES NURSING HOME

301 NE 141 STREET

MIAMI, FL 33161

Provider Number:

0 155062-00

Date:

4/18/2018

Fiscal Year End:

3/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
277.56	286.46	4/1/2016

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 3/31/2016

Distribution:

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No Change in Rate

Home Office:

No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PINES NURSING HOME
301 NE 141 STREET
MIAMI, FL 33161

Provider Number: 0 155062-00
Date: 4/18/2018
Fiscal Year End: 3/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>274.99</u>	<u>294.74</u>	<u>9/1/2016</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Cost Settlement FYE 3/31/2016

Distribution:

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No Change in Rate

Home Office: No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PINES NURSING HOME
301 NE 141 STREET
MIAMI, FL 33161

Provider Number: 0 155062-00
Date: 4/18/2018
Fiscal Year End: 3/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>271.96</u>	<u>305.13</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 3/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office: No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYSIDE CARE CENTER

811 JACKSON ST N

SAINT PETERSBURG, FL 33705

Provider Number:

0 161804-00

Date:

4/10/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
279.34	278.91	12/1/2015

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 5/31/2016

Distribution:

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_____ No Change in Rate

Home Office:

Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYSIDE CARE CENTER

811 JACKSON ST N

SAINT PETERSBURG, FL 33705

Provider Number:

0 161804-00

Date:

4/10/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

279.34

New
Rate

283.09

Effective
Date

6/1/2016

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 5/31/2016

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 161804-00
Date: 4/10/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
284.28	289.50	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 5/31/2016

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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:

4/10/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

281.76

New
Rate

296.10

Effective
Date

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

Cost Settlement FYE 5/31/2016

Distribution:

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No Change in Rate

Home Office:

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400 Rella Blvd, Suite 200

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MADISON POINTE CARE CENTER

6020 INDIANA AVE

NEW PORT RICHEY, FL 34653-3214

Provider Number:

0 161896-00

Date:

4/12/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

253.84

New
Rate

253.46

Effective
Date

12/1/2015

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 5/31/2016

Distribution:

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_____ For Information Only

_____ No Change in Rate

Home Office:

Florida Care, Inc.

c/o Apex Healthcare

400 Rella Blvd, Suite 200

Montebello, NY 10901


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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MADISON POINTE CARE CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 161896-00
Date: 4/12/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>253.84</u>	<u>255.70</u>	<u>6/1/2016</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 5/31/2016

Distribution:

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Medicaid Reimbursement Per Diem Rates

MADISON POINTE CARE CENTER
 6020 INDIANA AVE
 NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 161896-00
 Date: 4/12/2018
 Fiscal Year End: 5/31/2016
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
257.69	259.93	9/1/2016

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

Basis:	
<input type="checkbox"/>	Budget
<input 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 5/31/2016

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: Florida Care, Inc.
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 400 Rella Blvd, Suite 200
 Montebello, NY 10901

Lisa Smith
 Lisa Smith
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Medicaid Reimbursement Per Diem Rates

MADISON POINTE CARE CENTER
6020 INDIANA AVE
NEW PORT RICHEY, FL 34653-3214

Provider Number: 0 161896-00
Date: 4/12/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>257.89</u>	<u>265.05</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 5/31/2016

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULF SHORE CARE CENTER

6767 86TH AVENUE

PINELLAS PARK, FL 33782

Provider Number:

0 161928-00

Date:

4/23/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>250.34</u>	<u>250.36</u>	<u>12/1/2015</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

Cost Settlement FYE 5/31/2016

Distribution:

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Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULF SHORE CARE CENTER

6767 86TH AVE N

PINELLAS PARK, FL 33782

Provider Number:

0 161928-00

Date:

4/23/2018

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

250.34

250.39

6/1/2016

Rate Type:

Interim

_____ Total Interim

_____ Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Prospective

_____ Total Prospective

_____ Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 5/31/2016

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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: 4/23/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
253.68	253.99	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 5/31/2016

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>GULF SHORE CARE CENTER</u>	Provider Number:	<u>0 161928-00</u>
<u>6767 86TH AVEN</u>	Date:	<u>4/23/2018</u>
<u>PINELLAS PARK, FL 33782</u>	Fiscal Year End:	<u>5/31/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>253.39</u>	<u>257.48</u>	<u>9/1/2017</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 5/31/2016

Distribution:

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c/o Apex Healthcare
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMETTO CARE CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 161944-00
Date: 4/27/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
290.97 289.96 12/1/2015

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 5/31/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office: Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMETTO CARE CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 161944-00
Date: 4/27/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
290.97	289.96	6/1/2016

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 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

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

PALMETTO CARE CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 161944-00
Date: 4/27/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
297.68 297.96 9/1/2016

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

Basis:	
<input type="checkbox"/> Budget	
<input 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 5/31/2016	

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

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

PALMETTO CARE CENTER
6750 WEST 22ND COURT
HIALEAH, FL 33016

Provider Number: 0 161944-00
Date: 4/27/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		294.84	303.84	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

Cost Settlement FYE 5/31/2016

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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_____ No Change in Rate

Home Office: Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901



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>PALMS CARE CENTER</u>	Provider Number:	<u>0 161951-00</u>
<u>3370 NW 47TH TERRACE</u>	Date:	<u>4/16/2018</u>
<u>LAUDERDALE LAKES, FL 33319</u>	Fiscal Year End:	<u>5/31/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		253.26	253.49	12/1/2015

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<u> </u> 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 5/31/2016	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

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

PALMS CARE CENTER
 3370 NW 47TH TERRACE
 LAUDERDALE LAKES, FL 33319

Provider Number: 0 161951-00
 Date: 4/16/2018
 Fiscal Year End: 5/31/2016
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
253.26	258.44	6/1/2016

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

Basis:	
<input type="checkbox"/> Budget	
<input 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 5/31/2016	

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc.
 c/o Apex Healthcare
 400 Rella Blvd, Suite 200
 Montebello, NY 10901



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

PALMS CARE CENTER
3370 NW 47TH TERRACE
LAUDERDALE LAKES, FL 33319

Provider Number: 0 161951-00
Date: 4/16/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
258.06	263.82	9/1/2016

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

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

<u>PALMS CARE CENTER</u>	Provider Number:	<u>0 161951-00</u>
<u>3370 NW 47TH TERRACE</u>	Date:	<u>4/16/2018</u>
<u>LAUDERDALE LAKES, FL 33319</u>	Fiscal Year End:	<u>5/31/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>256.72</u>	<u>268.86</u>	<u>9/1/2017</u>

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 5/31/2016	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

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 CARE CENTER
8720 JACKSON SPRINGS RD
TAMPA, FL 33615-3210

Provider Number: 0 162078-00
Date: 4/20/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>254.94</u>	<u>255.60</u>	<u>12/1/2015</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

Cost Settlement FYE 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

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 CARE CENTER
8720 JACKSON SPRINGS RD
TAMPA, FL 33615-3210

Provider Number: 0 162078-00
Date: 4/20/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		254.94	259.21	6/1/2016

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 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc.
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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 CARE CENTER	Provider Number:	0 162078-00
8720 JACKSON SPRINGS RD	Date:	4/20/2018
TAMPA, FL 33615-3210	Fiscal Year End:	5/31/2016
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<u>257.50</u>	<u>262.06</u>	<u>9/1/2016</u>

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

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

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Cost Settlement FYE 5/31/2016	

Distribution:

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

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Care, Inc.
 c/o Apex Healthcare
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 Montebello, NY 10901



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

WOODBIDGE CARE CENTER
8720 JACKSON SPRINGS RD
TAMPA, FL 33615-3210

Provider Number: 0 162078-00
Date: 4/20/2018
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>257.97</u>	<u>266.39</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 5/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Florida Care, Inc.
c/o Apex Healthcare
400 Rella Blvd, Suite 200
Montebello, NY 10901

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 PLANT CITY

701 N WILDER RD

PLANT CITY, FL 33566-7547

Provider Number:

0 162231-00

Date:

4/17/2018

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
251.43	251.53	1/1/2016

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

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 PLANT CITY

701 N WILDER RD

PLANT CITY, FL 33566-7547

Provider Number:

0 162231-00

Date:

4/17/2018

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>251.43</u>	<u>254.87</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:

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 PLANT CITY

701 N WILDER RD

PLANT CITY, FL 33566-7547

Provider Number:

0 162231-00

Date:

4/17/2018

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

250.52

259.64

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

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

KR AT COLLEGE HARBOR

4600 54TH AVE S

SAINT PETERSBURG, FL 33711

Provider Number:

0 189252-00

Date:

3/16/2018

Fiscal Year End:

10/31/2017

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

272.76

274.62

11/1/2016

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

NRP CHOP effective 11/01/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

KR Management, LLC

20001 Gulf Boulevard

Suite 10

Indian Shores, FL 33785

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

KR AT COLLEGE HARBOR

4600 54TH AVE S

SAINT PETERSBURG, FL 33711

Provider Number:

0 189252-00

Date:

3/16/2018

Fiscal Year End:

10/31/2017

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

272.11

New
Rate

273.85

Effective
Date

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 effective 11/01/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

KR Management, LLC

20001 Gulf Boulevard

Suite 10

Indian Shores, FL 33785

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

THE BRISTOL AT TAMPA REHABILITATION AND NURSING CENTER LLC

1818 E FLETCHER AVE

TAMPA, FL 33612-3770

Provider Number:

0 208433-00

Date:

3/26/2018

Fiscal Year End:

4/30/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

236.26

235.31

6/2/2017

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 06/02/2017

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

THE BRISTOL AT TAMPA REHABILITATION AND NURSING
CENTER LLC

1818 E FLETCHER AVE

TAMPA, FL 33612-3770

Provider Number:

0 208433-00

Date:

3/26/2018

Fiscal Year End:

4/30/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

228.53

New
Rate

239.41

Effective
Date

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 06/02/2017

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIDGEWATER PARK HEALTH & REHABILITATION CENTER
9280 SOUTH WEST 81ST CT
OCALA, FL 34481

Provider Number: 0 229220-00
Date: 4/3/2018
Fiscal Year End: 5/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	252.41	11/2/2017

Rate Type:

Interim
 Prospective
 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
 New Facility effective 11/02/2017

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: TLC Management
1800 North Wabash Ave
Suite 300
Marion, IN 46952

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

THE PALMS OF SEBRING	Provider Number:	0 252671-00
725 S PINE ST	Date:	2/23/2018
SEBRING, FL 33870	Fiscal Year End:	12/31/2013
	Audit Status:	Field Audited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.12	202.43	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 #NH14-112C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Covington Senior Living, LLC
 1175 Peachtree Street
 Suite 1230
 Atlanta, GA 30361

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

THE PALMS OF SEBRING
725 S PINE ST
SEBRING, FL 33870

Provider Number: 0 252671-00
Date: 2/23/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
210.04 205.32 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 #NH14-112C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Covington Senior Living, LLC
1175 Peachtree Street
Suite 1230
Atlanta, GA 30361

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

THE PALMS OF SEBRING
725 S PINE ST
SEBRING, FL 33870

Provider Number: 0 252671-00
Date: 2/23/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
208.68 **204.00** **9/1/2015**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-112C FYE 12/31/2013

Distribution:

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No Change in Rate

Home Office: Covington Senior Living, LLC
1175 Peachtree Street
Suite 1230
Atlanta, GA 30361

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

THE PALMS OF SEBRING
725 S PINE ST
SEBRING, FL 33870

Provider Number: 0 252671-00
Date: 2/23/2018
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
207.81 **204.81** **9/1/2016**

Rate Type:

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

Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH14-112C FYE
12/31/2013

Distribution:

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No Change in Rate

Home Office: Covington Senior Living, LLC
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Atlanta, GA 30361

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PALMS OF SEBRING
725 S PINE ST
SEBRING, FL 33870

Provider Number: 0 252671-00
Date: 2/23/2018
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>199.06</u>	<u>196.09</u>	<u>9/1/2017</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH14-112C FYE 12/31/2013

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Medicaid Reimbursement Per Diem Rates

THE PALMS OF SEBRING
725 S PINE ST
SEBRING, FL 33870

Provider Number: 0 252671-00
Date: 2/23/2018
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>211.66</u>	<u>208.69</u>	<u>9/7/2017</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH14-112C FYE 12/31/2013

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Atlanta, GA 30361



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Medicaid Reimbursement Per Diem Rates

BAY TREE CENTER
2600 HIGHLANDS BLVD N
PALM HARBOR, FL 34684-2114

Provider Number: 0 253448-00
Date: 8/14/2017
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
208.27	206.99	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 #NH14-004G FYE 7/31/2013

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101 East State Street
Kennett Square, PA 19348

Lisa Smith
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Medicaid Reimbursement Per Diem Rates

BAY TREE CENTER
2600 HIGHLANDS BLVD N
PALM HARBOR, FL 34684-2114

Provider Number: 0 253448-00
Date: 8/14/2017
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
211.13	209.80	1/1/2015

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-004G FYE 7/31/2013

Distribution:

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No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEST BAY OF TAMPA
3865 TAMPA RD
OLDSMAR, FL 34677

Provider Number: 0 253464-00
Date: 8/17/2017
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
211.40 208.88 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 #NH14-007G FYE 7/31/2013

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEST BAY OF TAMPA
3865 TAMPA RD
OLDSMAR, FL 34677

Provider Number: 0 253464-00
Date: 8/17/2017
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.77	212.17	1/1/2015

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

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH14-007G FYE 7/31/2013	

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Kennett Square, PA 19348



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKESIDE PAVILION
2900 12TH STREET N
NAPLES, FL 34103

Provider Number: 0 256846-00
Date: 12/5/2017
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.10	209.89	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 #NH14-011G FYE 7/31/2013

Distribution:

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No Change in Rate

Home Office: Genesis HealthCare Corp
101 East State Street
Kennett Square, PA 19348

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKESIDE PAVILION
2900 12TH STREET N
NAPLES, FL 34103

Provider Number: 0 256846-00
Date: 12/5/2017
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>217.16</u>	<u>212.84</u>	<u>1/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-011G FYE 7/31/2013

Distribution:

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For Information Only

No Change in Rate

Home Office: Genesis HealthCare Corp
101 East State Street
Kennett Square, PA 19348

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Medicaid Reimbursement Per Diem Rates

ALHAMBRA HEALTH AND REHABILITATION CENTER

7501 38TH AVENUE

SAINT PETERSBURG, FL 33710

Provider Number:

0 261254-00

Date:

3/28/2018

Fiscal Year End:

12/31/2010

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>210.06</u>	<u>207.78</u>	<u>1/1/2012</u>

Level H: Aids

<u>357.67</u>	<u>355.39</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

FA & RFA #NH13-102C FYE 12/31/2010

Distribution:

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Permanent File

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No Change in Rate

Home Office:

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

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ALHAMBRA HEALTH AND REHABILITATION CENTER
7501 38TH AVE N
SAINT PETERSBURG, FL 33710

Provider Number: 0 261254-00
Date: 3/28/2018
Fiscal Year End: 12/31/2011
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 #NH13-102C FYE 12/31/2010

Distribution:

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No Change in Rate

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

<u>ALHAMBRA HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 261254-00</u>
<u>7501 38TH AVEN</u>	Date:	<u>3/28/2018</u>
<u>SAINT PETERSBURG, FL 33710</u>	Fiscal Year End:	<u>12/31/2011</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>222.47</u>	<u>221.63</u>	<u>1/1/2013</u>
	Level H: Aids	<u>373.28</u>	<u>372.44</u>	<u>1/1/2013</u>

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

Changes:	
<u>Rate Semester Change</u>	
<u>X</u> <u>Effects of FA & RFA #NH13-102C FYE</u>	<u>12/31/2010</u>

Distribution:

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No Change in Rate

Home Office:

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Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ALHAMBRA HEALTH AND REHABILITATION CENTER	Provider Number:	0 261254-00
7501 38TH AVE N	Date:	3/28/2018
SAINT PETERSBURG, FL 33710	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>229.16</u>	<u>228.30</u>	<u>7/1/2013</u>

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

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

Changes:	
	Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-102C FYE 12/31/2010	

Distribution:

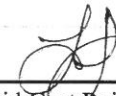
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ALHAMBRA HEALTH AND REHABILITATION CENTER

7501 38TH AVENUE

SAINT PETERSBURG, FL 33710

Provider Number:

0 261254-00

Date:

3/28/2018

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
228.42	227.55	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 #NH13-102C FYE
12/31/2010

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

ALHAMBRA HEALTH AND REHABILITATION CENTER
7501 38TH AVE N
SAINT PETERSBURG, FL 33710

Provider Number: 0 261254-00
Date: 3/28/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>234.77</u>	<u>233.87</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 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 #NH13-102C FYE 12/31/2010	

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Medicaid Reimbursement Per Diem Rates

ALHAMBRA HEALTH AND REHABILITATION CENTER	Provider Number:	0 261254-00
7501 38TH AVEN	Date:	3/28/2018
SAINT PETERSBURG, FL 33710	Fiscal Year End:	8/31/2014
	Audit Status:	Unaudited

Provider Type:


Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		228.28	227.32	1/1/2015

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

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 #NH13-102C FYE 12/31/2010	

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Medicaid Reimbursement Per Diem Rates

<u>ALHAMBRA HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 261254-00</u>
<u>7501 38TH AVE N</u>	Date:	<u>3/28/2018</u>
<u>SAINT PETERSBURG, FL 33710</u>	Fiscal Year End:	<u>8/31/2014</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>226.47</u>	<u>225.51</u>	<u>9/1/2015</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 #NH13-102C FYE	
	12/31/2010

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Lisa Smith
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ALHAMBRA HEALTH AND REHABILITATION CENTER
7501 38TH AVE N
SAINT PETERSBURG, FL 33710

Provider Number: 0 261254-00
Date: 3/28/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 232.41, 231.38, 9/1/2016

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH13-102C FYE 12/31/2010

Signature of Lisa Smith

Lisa Smith

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ALHAMBRA HEALTH AND REHABILITATION CENTER
7501 38TH AVE N
SAINT PETERSBURG, FL 33710

Provider Number: 0 261254-00
Date: 3/28/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 237.89
New Rate 236.86
Effective Date 9/1/2017

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH13-102C FYE
12/31/2010

Distribution:

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No Change in Rate

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Tampa, FL 33610



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number:	<u>0 282553-00</u>
Date:	<u>11/15/2017</u>
Fiscal Year End:	<u>7/31/2011</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>165.63</u>	<u>164.54</u>	<u>7/1/2012</u>
	Level H: Aids	<u>314.84</u>	<u>313.75</u>	<u>7/1/2012</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH13-086C FYE 7/31/2011

Distribution:

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 No Change in Rate

Home Office: SMJ Enterprises, LLC
 1704 Huntington Village Circle
 Daytona Beach, FL 32114

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

THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 282553-00
Date: 11/15/2017
Fiscal Year End: 7/31/2011
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>167.43</u>	<u>166.32</u>	<u>1/1/2013</u>
	Level H: Aids	<u>318.24</u>	<u>317.13</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

FA & RFA #NH13-086C FYE 7/31/2011

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 282553-00
Date: 11/15/2017
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
163.79	163.99	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 #NH13-086C FYE
7/31/2011

Distribution:

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_____ No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 282553-00
Date: 11/15/2017
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
168.52	168.72	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 #NH13-086C FYE 7/31/2011

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LEHIGH ACRES HEALTH & REHABILITATION CENTER
1550 LEE BOULEVARD
LEHIGH ACRES, FL 33936

Provider Number: 0 320978-00

Date: 3/28/2018

Fiscal Year End: 12/31/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.83</u>	<u>230.01</u>	<u>7/1/2011</u>
	Level H: Aids	<u>376.03</u>	<u>376.21</u>	<u>7/1/2011</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 #NH13-104C FYE 12/31/2009

Distribution:

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No Change in Rate

Home Office: Greystone Healthcare Management, LLC
4042 Park Oaks Blvd, Suite 300
Tampa, FL 33610

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PINELLAS PARK
8701 49TH ST N
PINELLAS PARK, FL 33782

Provider Number: 0 324469-00
Date: 1/23/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 221.54, 221.03, 1/1/2015

Rate Type: Interim, Prospective, Total Interim, Total Prospective, etc.

Basis: Budget, Unaudited costs, Field audited costs, Desk audited costs

Changes: Rate Semester Change, Field Audit #NH14-038C FYE 7/31/2014

Distribution:

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No Change in Rate

Home Office:

Signature Healthcare LLC
12201 Bluegrass Parkway
Louisville, KY 40299

Handwritten signature of Lisa Smith

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

SIGNATURE HEALTHCARE OF PINELLAS PARK
8701 49TH ST N
PINELLAS PARK, FL 33782

Provider Number: 0 324469-00
Date: 1/23/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Table with 3 columns: Current Rate, New Rate, Effective Date. Row 1: Nursing Home Single Level, 220.80, 220.20, 9/1/2015

Rate Type: Interim, Prospective, Total Interim, Total Prospective, etc.

Basis: Budget, Unaudited costs, Field audited costs, Desk audited costs

Changes: Rate Semester Change, Field Audit #NH14-038C FYE 7/31/2014

Distribution:

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No Change in Rate

Lisa Smith

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12201 Bluegrass Parkway
Louisville, KY 40299



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER- MIAMI LAKES
5725 NW 186 STREET
HIALEAH, FL 33015

Provider Number: 0 325252-00
 Date: 3/23/2018
 Fiscal Year End: 9/30/2014
 Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>227.70</u>	<u>225.84</u>	<u>1/1/2015</u>


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

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 #NH14-030C FYE 9/30/2014

Distribution:

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 No Change in Rate


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Toledo, OH 43604



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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER- MIAMI LAKES

5725 NW 186 STREET

HIALEAH, FL 33015

Provider Number: 0 325252-00

Date: 3/23/2018

Fiscal Year End: 9/30/2014

Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.11</u>	<u>225.24</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

Field Audit #NH14-030C FYE 9/30/2014

Distribution:

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No Change in Rate

Home Office:

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