




RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: October 1, 2018
To: Johnnie Mae Peters, Acting SMA Supervisor, Finance and Banking
From:  Zainab Day, Regulatory Analyst Supervisor
Subject: Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	Signature Healthcare of Palm Beach	0 001136-00	FA	2
2.	Heritage Park Health and Rehabilitation Center	0 005850-00	FA	1
3.	Unity Health and Rehab Center	0 032482-00	FA & RFA	8
4.	Lady Lake Specialty Care Center	0 032486-00	FA & RFA	10
5.	Lexington Health and Rehabilitation Center	0 032553-00	FA & RFA	2
6.	Madison Health and Rehabilitation Center	0 213462-00	FA	2
7.	Page Rehabilitation and Healthcare Center	0 213900-00	FA	4
8.	Century Care Center	0 220604-00	FA	1
9.	Quality Health of Fernandina Beach	0 225274-00	FA	2
10.	Pinecrest Rehabilitation Center	0 225754-00	FA & RFA	1
11.	Orange City Nursing and Rehab Center	0 263567-00	FA	2
12.	Royal Oaks Nursing and Rehab Center	0 263583-00	FA	1
13.	Adventist Care Centers-Courtland, Inc.	0 320439-00	FA	3
14.	Signature Healthcare of Ormond	0 324442-00	FA	2
15.	Kenilworth Care and Rehabilitation Center	0 324493-00	FA	2
			<u>TOTAL:</u>	43

If you have any questions regarding the above contact Zainab Day 412-4798.

ZD/tc



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
000113600	20150101	234.79	0.00	234.79	234.79	84326-18	NH14-037C
000113600	20150901	232.90	0.00	232.90	232.90	84326-18	NH14-037C
000585000	20140701	220.60	0.00	220.60	220.60	84326-18	NH14-125C
003248200	20120101	204.22	351.83	204.22	204.22	84326-18	NH13-095C
003248200	20120701	212.36	361.57	212.36	212.36	84326-18	NH13-095C
003248200	20130101	216.14	366.95	216.14	216.14	84326-18	NH13-095C
003248200	20130701	227.68	0.00	227.68	227.68	84326-18	NH13-095C
003248200	20140101	224.82	0.00	224.82	224.82	84326-18	NH13-095C
003248200	20140701	233.72	0.00	233.72	233.72	84326-18	NH13-095C
003248200	20160901	246.16	0.00	246.16	246.16	84326-18	NH13-095C
003248200	20170901	235.73	0.00	235.73	235.73	84326-18	NH13-095C
003248600	20120101	216.07	363.68	216.07	216.07	84326-18	NH13-096C
003248600	20120701	223.59	372.80	223.59	223.59	84326-18	NH13-096C
003248600	20130101	226.32	377.13	226.32	226.32	84326-18	NH13-096C
003248600	20130701	232.22	0.00	232.22	232.22	84326-18	NH13-096C
003248600	20140101	226.30	0.00	226.30	226.30	84326-18	NH13-096C
003248600	20140701	242.03	0.00	242.03	242.03	84326-18	NH13-096C
003248600	20150101	247.45	0.00	247.45	247.45	84326-18	NH13-096C
003248600	20150901	246.32	0.00	246.32	246.32	84326-18	NH13-096C
003248600	20160901	250.05	0.00	250.05	250.05	84326-18	NH13-096C
003248600	20170901	238.58	0.00	238.58	238.58	84326-18	NH13-096C
003255300	20120101	208.00	355.61	208.00	208.00	84326-18	NH13-099C
003255300	20120701	214.18	363.39	214.18	214.18	84326-18	NH13-099C
021346200	20140701	243.55	0.00	243.55	243.55	84326-18	NH14-107C
021346200	20150101	247.32	0.00	247.32	247.32	84326-18	NH14-107C
021390000	20140701	246.57	0.00	246.57	246.57	84326-18	NH14-115W
021390000	20150101	249.57	0.00	249.57	249.57	84326-18	NH14-115W
021390000	20150901	249.40	0.00	249.40	249.40	84326-18	NH14-115W
021390000	20160901	244.89	0.00	244.89	244.89	84326-18	NH14-115W
022060400	20140701	221.89	0.00	221.89	221.89	84326-18	NH14-105C
022527400	20140701	218.69	0.00	218.69	218.69	84326-18	NH14-080C
022527400	20150101	222.14	0.00	222.14	222.14	84326-18	NH14-080C
022575400	20120101	230.60	378.21	230.60	230.60	84326-18	NH13--143L
026356700	20140101	210.17	0.00	210.17	210.17	84326-18	NH14-121W
026356700	20140701	216.11	0.00	216.11	216.11	84326-18	NH14-121W
026358300	20140101	196.45	0.00	196.45	196.45	84326-18	NH14-119W
032043900	20140701	225.70	0.00	225.70	225.70	84326-18	NH14-089C
032043900	20150101	227.72	0.00	227.72	227.72	84326-18	NH14-089C
032043900	20150901	226.66	0.00	226.66	226.66	84326-18	NH14-089C
032444200	20150101	219.18	0.00	219.18	219.18	84326-18	NH14-035C
032444200	20150901	217.06	0.00	217.06	217.06	84326-18	NH14-035C
032449300	20150101	217.29	0.00	217.29	217.29	84326-18	NH14-041C
032449300	20150901	215.90	0.00	215.90	215.90	84326-18	NH14-041C



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

SIGNATURE HEALTHCARE OF PALM BEACH

4405 LAKEWOOD ROAD

LAKE WORTH, FL 33461

Provider Number:

0 001136-00

Date:

7/17/2018

Fiscal Year End:

7/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

234.77

New
Rate

234.79

Effective
Date

1/1/2015

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-037C FYE 7/31/2014


Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:

Signature Healthcare, LLC

12201 Bluegrass Parkway

Louisville, KY 40299



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PALM BEACH
4405 LAKEWOOD ROAD
LAKE WORTH, FL 33461

Provider Number: 0 001136-00
Date: 7/17/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.82</u>	<u>232.90</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 #NH14-037C FYE 7/31/2014

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No Change in Rate

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
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<u>HERITAGE PARK HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 005850-00</u>
<u>37135 COLEMAN AVE</u>	Date:	<u>7/30/2018</u>
<u>DADE CITY, FL 33525-4526</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>221.05</u>	<u>220.60</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-125C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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

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Medicaid Reimbursement Per Diem Rates

UNITY HEALTH AND REHAB CENTER
1404 NW 22ND STREET
MIAMI, FL 33142

Provider Number: 0 032482-00
Date: 8/14/2018
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.55</u>	<u>204.22</u>	<u>1/1/2012</u>
	Level H: Aids	<u>352.16</u>	<u>351.83</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 #NH13-095C FYE 12/31/2010

Distribution:

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No Change in Rate


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Medicaid Reimbursement Per Diem Rates

UNITY HEALTH AND REHAB CENTER
1404 NW 22ND STREET
MIAMI, FL 33142

Provider Number: 0 032482-00
Date: 8/14/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.35	212.36	7/1/2012
	Level H: Aids	361.56	361.57	7/1/2012

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-095C FYE 12/31/2010

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UNITY HEALTH AND REHAB CENTER
1404 NW 22ND STREET
MIAMI, FL 33142

Provider Number: 0 032482-00
Date: 8/14/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.13	216.14	1/1/2013
	Level H: Aids	366.94	366.95	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
 Effects of FA & RFA #NH13-095C FYE 12/31/2010

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UNITY HEALTH AND REHAB CENTER
1404 NW 22ND STREET
MIAMI, FL 33142

Provider Number: 0 032482-00
Date: 8/14/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.67</u>	<u>227.68</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

_____ Rate Semester Change

Effects of FA & RFA #NH13-095C FYE 12/31/2010

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

UNITY HEALTH AND REHAB CENTER
1404 NW 22ND STREET
MIAMI, FL 33142

Provider Number: 0 032482-00
Date: 8/14/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>224.81</u>	<u>224.82</u>	<u>1/1/2014</u>

Rate Type:

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

Basis:

<input type="checkbox"/> Budget
<input 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 #NH13-095C FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

UNITY HEALTH AND REHAB CENTER
1404 NW 22ND STREET
MIAMI, FL 33142

Provider Number: 0 032482-00
Date: 8/14/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>233.71</u>	<u>233.72</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-095C FYE 12/31/2010

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No Change in Rate


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Medicaid Reimbursement Per Diem Rates

UNITY HEALTH AND REHAB CENTER
1404 NW 22ND STREET
MIAMI, FL 33142

Provider Number: 0 032482-00
Date: 8/14/2018
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
246.15	246.16	9/1/2016

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-095C FYE 12/31/2010

Distribution:

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UNITY HEALTH AND REHAB CENTER
1404 NW 22ND STREET
MIAMI, FL 33142

Provider Number: 0 032482-00
Date: 8/14/2018
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>235.72</u>	<u>235.73</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 #NH13-095C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER
630 GRIFFIN AVENUE
LADY LAKE, FL 32159

Provider Number: 0 032486-00
Date: 7/19/2018
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.87	216.07	1/1/2012
	Level H: Aids	364.48	363.68	1/1/2012

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-096C FYE 12/31/2010


Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate


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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER
630 GRIFFIN AVENUE
LADY LAKE, FL 32159

Provider Number: 0 032486-00
Date: 7/19/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.58	223.59	7/1/2012
	Level H: Aids	372.79	372.80	7/1/2012

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-096C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER
630 GRIFFIN AVENUE
LADY LAKE, FL 32159

Provider Number: 0 032486-00
Date: 7/19/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.30	226.32	1/1/2013
	Level H: Aids	377.11	377.13	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

Effects of FA & RFA #NH13-096C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER
630 GRIFFIN AVENUE
LADY LAKE, FL 32159

Provider Number: 0 032486-00
Date: 7/19/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.21</u>	<u>232.22</u>	<u>7/1/2013</u>

Rate Type:

Interim

Prospective

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

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH13-096C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER
630 GRIFFIN AVENUE
LADY LAKE, FL 32159

Provider Number: 0 032486-00
Date: 7/19/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
226.29	226.30	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 #NH13-096C FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: Greystone Healthcare Management
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Tampa, FL 33610

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER
630 GRIFFIN AVENUE
LADY LAKE, FL 32159

Provider Number: 0 032486-00
Date: 7/19/2018
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.02	242.03	7/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ 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 #NH13-096C FYE 12/31/2010

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER	Provider Number:	0 032486-00
630 GRIFFIN AVENUE	Date:	7/19/2018
LADY LAKE, FL 32159	Fiscal Year End:	8/31/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>247.43</u>	<u>247.45</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-096C FYE 12/31/2010

Distribution:

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Lisa Smith
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Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER
630 GRIFFIN AVENUE
LADY LAKE, FL 32159

Provider Number: 0 032486-00
Date: 7/19/2018
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
246.30	246.32	9/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH13-096C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER
630 GRIFFIN AVENUE
LADY LAKE, FL 32159

Provider Number: 0 032486-00
Date: 7/19/2018
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>250.03</u>	<u>250.05</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 #NH13-096C FYE 12/31/2010

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>LADY LAKE SPECIALTY CARE CENTER</u>	Provider Number:	<u>0 032486-00</u>
<u>630 GRIFFIN AVENUE</u>	Date:	<u>7/19/2018</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>12/31/2016</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>238.56</u>	<u>238.58</u>	<u>9/1/2017</u>

Rate Type:

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

Basis:


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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-096C FYE 12/31/2010

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 **Lisa Smith**
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Medicaid Reimbursement Per Diem Rates

LEXINGTON HEALTH & REHABILITATION CENTER
6300 46TH AVE N
SAINT PETERSBURG, FL 33709

Provider Number: 0 032553-00
Date: 4/3/2018
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.13	208.00	1/1/2012
	Level H: Aids	359.74	355.61	1/1/2012

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-099C FYE 12/31/2010

[Signature]
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Medicaid Reimbursement Per Diem Rates

LEXINGTON HEALTH & REHABILITATION CENTER
6300 46TH AVE N
SAINT PETERSBURG, FL 33709

Provider Number: 0 032553-00
Date: 4/3/2018
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>218.37</u>	<u>214.18</u>	<u>7/1/2012</u>
	Level H: Aids	<u>367.58</u>	<u>363.39</u>	<u>7/1/2012</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-099C FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

MADISON HEALTH AND REHABILITATION CENTER
2481 WEST US 90
MADISON, FL 32340-9540

Provider Number: 0 213462-00
Date: 8/17/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.31</u>	<u>243.55</u>	<u>7/1/2014</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 #NH14-107C FYE 7/31/2013

Distribution:

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Home Office: Summit Care II, Inc
2123 Centre Pointe Blvd.
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Lisa Smith

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Medicaid Reimbursement Per Diem Rates

MADISON HEALTH AND REHABILITATION CENTER
2481 WEST US 90
MADISON, FL 32340-9540

Provider Number: 0 213462-00
Date: 8/17/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>248.10</u>	<u>247.32</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 #NH14-107C FYE 7/31/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

PAGE REHABILITATION AND HEALTHCARE CENTER
2310 N AIRPORT ROAD
FORT MYERS, FL 33907

Provider Number: 0 213900-00
Date: 8/24/2018
Fiscal Year End: 9/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
250.00	246.57	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 #NH14-115W FYE 9/30/2013

Distribution:

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Permanent File

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No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

PAGE REHABILITATION AND HEALTHCARE CENTER
2310 N AIRPORT ROAD
FORT MYERS, FL 33907

Provider Number: 0 213900-00
Date: 8/24/2018
Fiscal Year End: 9/30/2013
Audit Status: Field Audited

Provider Type:

Table with 4 columns: Provider Type, Single Level, Current Rate (253.40), New Rate (249.57), Effective Date (1/1/2015)

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
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit #NH14-115W FYE 9/30/2013

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

PAGE REHABILITATION AND HEALTHCARE CENTER
2310 N AIRPORT ROAD
FORT MYERS, FL 33907

Provider Number: 0 213900-00
Date: 8/24/2018
Fiscal Year End: 9/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>249.41</u>	<u>249.40</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 #NH14-115W FYE 9/30/2013

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

PAGE REHABILITATION AND HEALTHCARE CENTER
2310 N AIRPORT ROAD
FORT MYERS, FL 33907

Provider Number: 0 213900-00
Date: 8/24/2018
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
244.90	244.89	9/1/2016

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of Field Audit #NH14-115W FYE 9/30/2013

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 _____ No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

CENTURY CARE CENTER
6020 INDUSTRIAL BLVD
CENTURY, FL 32535

Provider Number: 0 220604-00
Date: 7/25/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
222.16 **221.89** **7/1/2014**

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH14-105C FYE 07/31/2013

Distribution:

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No Change in Rate

Home Office: Summit Care II, Inc
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Medicaid Reimbursement Per Diem Rates

QUALITY HEALTH OF FERNANDINA BEACH
1625 LIME STREET
FERNANDINA BEACH, FL 32034

Provider Number: 0 225274-00
Date: 7/17/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: **219.96**
New Rate: **218.69**
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

Field Audit #NH14-080C FYE 12/31/2013

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Medicaid Reimbursement Per Diem Rates

QUALITY HEALTH OF FERNANDINA BEACH
1625 LIME STREET
FERNANDINA BEACH, FL 32034

Provider Number: 0 225274-00
Date: 7/17/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>223.30</u>	<u>222.14</u>	<u>1/1/2015</u>

Rate Type:

Interim

Prospective

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-080C FYE 12/31/2013

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Medicaid Reimbursement Per Diem Rates

PINECREST REHABILITATION CENTER
13650 NE 3RD COURT
NORTH MIAMI, FL 33161

Provider Number: 0 225754-00
Date: 11/29/2017
Fiscal Year End: 8/31/2010
Audit Status: Revised Field Audit

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 and Prospective rate types, and sub-sections for Total Interim, 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 FA & RFA #NH13-143L FYE 8/31/2010.

Distribution:

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

Home Office: Millenium Health Systems
5310 NW 33rd Avenue
Suite 211
Ft. Lauderdale, FL 33309

Signature of Lisa Smith
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

ORANGE CITY NURSING AND REHAB CENTER
2810 ENTERPRISE RD
DEBARY, FL 32713

Provider Number: 0 263567-00
Date: 11/29/2017
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 210.20, 210.17, 1/1/2014

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH14-121W FYE 12/31/2012

Distribution:

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No Change in Rate

Home Office:

Southern HealthCare Management, LLC
5887 Glenridge Drive, Suite 150
Atlanta, GA 30328

Handwritten signature of Lisa Smith

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

ORANGE CITY NURSING AND REHAB CENTER
2810 ENTERPRISE RD
DEBARY, FL 32713

Provider Number: 0 263567-00
Date: 11/29/2017
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 216.14, 216.11, 7/1/2014

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH14-121W FYE 12/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

ROYAL OAKS NURSING AND REHAB CENTER
2225 KNOX MCRAE DR
TITUSVILLE, FL 32780

Provider Number: 0 263583-00
Date: 5/22/2018
Fiscal Year End: 12/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>196.52</u>	<u>196.45</u>	<u>1/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-119W FYE 12/31/2012

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

ADVENTIST CARE CENTERS - COURTLAND, INC.
730 COURTLAND STREET
ORLANDO, FL 32804

Provider Number: 0320439-00
Date: 10/10/2017
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>226.68</u>	<u>225.70</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit #NH14-089C FYE 12/31/2013

Distribution:

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 For Information Only
 No Change in Rate

Lisa Smith



Medicaid Cost Reimbursement Planning and Finance

Home Office: Adventist Care Centers
485 N. Keller Road, Suite 250
Maitland, FL 32751



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

ADVENTIST CARE CENTERS - COURTLAND, INC.
730 COURTLAND STREET
ORLANDO, FL 32804

Provider Number: 0 320439-00
Date: 10/10/2017
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
228.71	227.72	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 #NH14-089C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

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Provider Number: 0 320439-00
Date: 10/10/2017
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 227.65, 226.66, 9/1/2015

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH14-089C FYE 12/31/2013

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORMOND
103 NORTH CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174

Provider Number: 0 324442-00
Date: 7/23/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
220.35 **219.18** **1/1/2015**

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Field Audit #NH14-035C FYE 7/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORMOND

103 NORTH CLYDE MORRIS BLVD

ORMOND BEACH, FL 32174

Provider Number:

0 324442-00

Date:

7/23/2018

Fiscal Year End:

7/31/2014

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

218.24

New
Rate

217.06

Effective
Date

9/1/2015

Rate Type:

Interim

Prospective

_____ Total Interim

_____ X Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-035C FYE 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

KENILWORTH CARE AND REHABILITATION CENTER
3011 KENILWORTH BLVD
SEBRING, FL 33870

Provider Number: 0 324493-00
Date: 7/18/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>217.69</u>	<u>217.29</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 #NH14-041C FYE 07/31/2014

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Louisville, KY 40299



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KENILWORTH CARE AND REHABILITATION CENTER
3011 KENILWORTH BLVD
SEBRING, FL 33870

Provider Number: 0 324493-00
Date: 7/18/2018
Fiscal Year End: 7/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
216.29	215.90	9/1/2015

Rate Type:

 Interim

 X Prospective

 Total Interim

 X Total Prospective

 Interim Component

 Total Prospective with Interim Component

 Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Field Audit #NH14-041C FYE 07/31/2014

Distribution:

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