



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: May 28, 2019
To: Johnnie Mae Peters, 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.	Cross Pointe Care Center	0 028133-00	FA & RFA	3
2.	Seven Hills Health and Rehab Center	0 033175-00	FA	9
3.	Nuvista Living at Wellington Green	0 038640-00	CS	14
4.	Carrington Place of St. Pete	0 101959-00	FA	2
5.	Life Care Center of Hilliard	0 200714-00	RP CHOP	3
6.	The Ponce Therapy Care Center	0 207799-00	FA	4
7.	Crosswinds Health and Rehabilitation Center	0 222270-00	NRP CHOP	3
8.	Cross Landings Health and Rehabilitation Center	0 222271-00	NRP CHOP	3
9.	Royal Oak Nursing Center	0 228575-00	FA & RFA	2
10.	Sylvan Health Center	0 229164-00	FA	1
11.	Shell Point Nursing Pavilion	0 229202-00	FA	5
12.	Kensington Gardens Rehab and Nursing Center	0 250330-00	NRP CHOP/CHOW	2
13.	Fouraker Hills Rehab and Nursing Center	0 250339-00	NRP CHOP/CHOW	2
14.	Springwood Center	0 253014-00	FA	2
15.	Surrey Place Healthcare and Rehabilitation	0 256277-00	FA	1
16.	Atlantic Shores Nursing and Rehab	0 263389-00	FA	1
17.	Riviera Palms Rehabilitation Center	0 263451-00	FA	1
18.	Port Orange Nursing and Rehab	0 263508-00	FA	1
19.	Tiffany Hall Nursing and Rehab Center	0 263532-00	FA	1
20.	Tuskawilla Nursing and Rehab Center	0 263591-00	FA	2
21.	Savannah Cove of the Palm Beaches	0 312312-00	FA	1



22.	Palmer Ranch Healthcare and Rehabilitation	0 319244-00	FA & RFA	4
			<u>TOTAL:</u>	67

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

Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MFAO number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
002813300	20120701	244.07	393.28	244.07	244.07	85789-19	NH13-029W
002813300	20130101	232.04	382.85	232.04	232.04	85789-19	NH13-029W
002813300	20130701	238.88	0.00	238.88	238.88	85789-19	NH13-029W
003317500	20120701	218.85	368.06	218.85	218.85	85789-19	NH13-289W
003317500	20130101	222.73	373.54	222.73	222.73	85789-19	NH13-289W
003317500	20130701	228.84	0.00	228.84	228.84	85789-19	NH13-289W
003317500	20140101	226.01	0.00	226.01	226.01	85789-19	NH13-289W
003317500	20140701	236.49	0.00	236.49	236.49	85789-19	NH13-289W
003317500	20150101	235.37	0.00	235.37	235.37	85789-19	NH13-289W
003317500	20150901	234.72	0.00	234.72	234.72	85789-19	NH13-289W
003317500	20160901	230.39	0.00	230.39	230.39	85789-19	NH13-289W
003317500	20170901	235.27	0.00	235.27	235.27	85789-19	NH13-289W
003864000	20111004	229.01	375.21	229.01	229.01	85789-19	
003864000	20120101	230.77	378.38	230.77	230.77	85789-19	
003864000	20120501	230.77	378.38	230.77	230.77	85789-19	
003864000	20120701	239.89	389.10	239.89	239.89	85789-19	
003864000	20121004	238.06	387.27	238.06	238.06	85789-19	
003864000	20130101	241.34	392.15	241.34	241.34	85789-19	
003864000	20130404	241.34	392.15	241.34	241.34	85789-19	
003864000	20130701	247.22	0.00	247.22	247.22	85789-19	
003864000	20140101	239.13	0.00	239.13	239.13	85789-19	
003864000	20140701	249.09	0.00	249.09	249.09	85789-19	
003864000	20150101	255.48	0.00	255.48	255.48	85789-19	
003864000	20150901	257.78	0.00	257.78	257.78	85789-19	
003864000	20160901	258.42	0.00	258.42	258.42	85789-19	
003864000	20170901	261.83	0.00	261.83	261.83	85789-19	
010195900	20140701	208.58	0.00	208.58	208.58	85789-19	NH14-134C
010195900	20150101	210.62	0.00	210.62	210.62	85789-19	NH14-134C
020071400	20170501	203.53	0.00	203.53	203.53	85789-19	
020071400	20170901	206.13	0.00	206.13	206.13	85789-19	
020071400	20181001	223.99	0.00	223.99	223.99	85789-19	
020779900	20140701	237.28	0.00	237.28	237.28	85789-19	NH14-122W
020779900	20150101	240.04	0.00	240.04	240.04	85789-19	NH14-122W
020779900	20150901	245.70	0.00	245.70	245.70	85789-19	NH14-122W
020779900	20170619	268.30	0.00	268.30	268.30	85789-19	NH14-122W
022227000	20170827	261.28	0.00	261.28	261.28	85789-19	
022227000	20170901	263.87	0.00	263.87	263.87	85789-19	
022227000	20181001	267.08	0.00	267.08	267.08	85789-19	
022227100	20170827	265.09	0.00	265.09	265.09	85789-19	
022227100	20170901	265.65	0.00	265.65	265.65	85789-19	
022227100	20181001	269.83	0.00	269.83	269.83	85789-19	
022857500	20140101	192.65	0.00	192.65	192.65	85789-19	NH14-127C
022857500	20140701	199.88	0.00	199.88	199.88	85789-19	NH14-127C
022916400	20140701	220.63	0.00	220.63	220.63	85789-19	NH14-147C
022920200	20140701	216.74	0.00	216.74	216.74	85789-19	NH14-114W
022920200	20150101	220.19	0.00	220.19	220.19	85789-19	NH14-114W
022920200	20150901	224.07	0.00	224.07	224.07	85789-19	NH14-114W
022920200	20160901	240.47	0.00	240.47	240.47	85789-19	NH14-114W
022920200	20170901	233.84	0.00	233.84	233.84	85789-19	NH14-114W
025033000	20180627	232.06	0.00	232.06	232.06	85789-19	
025033000	20181001	248.66	0.00	248.66	248.66	85789-19	
025033900	20180627	217.75	0.00	217.75	217.75	85789-19	
025033900	20181001	238.01	0.00	238.01	238.01	85789-19	
025301400	20140701	207.97	0.00	207.97	207.97	85789-19	NH14-010G
025301400	20150101	210.40	0.00	210.40	210.40	85789-19	NH14-010G
025627700	20150101	256.58	0.00	256.58	256.58	85789-19	NH14-130C
026338900	20160901	208.35	0.00	208.35	208.35	85789-19	NH15-119C
026345100	20160901	218.76	0.00	218.76	218.76	85789-19	NH15-118C
026350800	20160901	223.32	0.00	223.32	223.32	85789-19	NH15-110C
026353200	20160901	206.04	0.00	206.04	206.04	85789-19	NH15-115C
026359100	20160901	216.69	0.00	216.69	216.69	85789-19	NH15-114C
026359100	20170901	222.12	0.00	222.12	222.12	85789-19	NH15-114C
031231200	20140101	207.83	0.00	207.83	207.83	85789-19	NH14-140C
031924400	20140101	241.28	0.00	241.28	241.28	85789-19	NH13-265C
031924400	20140701	251.19	0.00	251.19	251.19	85789-19	NH13-265C
031924400	20150101	251.36	0.00	251.36	251.36	85789-19	NH13-265C
031924400	20150901	250.02	0.00	250.02	250.02	85789-19	NH13-265C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 0 028133-00
Date: 5/8/2019
Fiscal Year End: 1/31/2011
Audit Status: Revised Field Audit

Provider Type:

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

Rate Type:

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

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA & RFA #NH13-029W FYE 1/31/2011

Distribution:

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

Home Office:

Zainab Day
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

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 0 028133-00
Date: 5/8/2019
Fiscal Year End: 1/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level
Level H: Aids

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 237.11, 232.04, 1/1/2013; 387.92, 382.85, 1/1/2013

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 #NH13-029W FYE 1/31/2011

Distribution:

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No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 0 028133-00
Date: 5/8/2019
Fiscal Year End: 1/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
244.00 238.88 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 #NH13-029W FYE 1/31/2011

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

Zainab Day

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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER
3333 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Provider Number: 0 033175-00
Date: 8/21/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
235.26	235.27	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

Effects of Field Audit #NH13-289W FYE 1/31/2012

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office: Summit Care II, Inc
2123 Centre Pointe Blvd.
Tallahassee, FL 32308

VKBYK

Report Calculated: 8/21/2018 9:19:40 AM

Report Printed :8/21/2018

ID: 033175013120160201201504292016105106



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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER
3333 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Provider Number: 0 033175-00
Date: 8/21/2018
Fiscal Year End: 1/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
230.37	230.39	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 #NH13-289W FYE 1/31/2012

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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Home Office: Summit Care II, Inc
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Report Printed :8/21/2018

ID: 033175013120160201201504292016105106



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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER

3333 CAPITAL MEDICAL BLVD

TALLAHASSEE, FL 32308

Provider Number:

0 033175-00

Date:

8/21/2018

Fiscal Year End:

1/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>234.70</u>	<u>234.72</u>	<u>9/1/2015</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

Effects of Field Audit #NH13-289W FYE 1/31/2012

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Home Office:

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Report Calculated: 8/21/2018 9:19:40 AM

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ID: 033175013120140201201310302014154525



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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER
3333 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Provider Number: 0 033175-00
Date: 8/21/2018
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
235.35	235.37	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
 Effects of Field Audit #NH13-289W FYE 1/31/2012

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER
3333 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Provider Number: 0 033175-00
Date: 8/21/2018
Fiscal Year End: 1/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 236.47 New Rate: 236.49 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 Field Audit #NH13-289W FYE 1/31/2012

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office: Summit Care II, Inc
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Report Calculated: 8/21/2018 9:19:40 AM

Report Printed :8/21/2018

ID: 033175013120130201201210232013124407



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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER
3333 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Provider Number: 0 033175-00
Date: 8/21/2018
Fiscal Year End: 1/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>225.99</u>	<u>226.01</u>	<u>1/1/2014</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Effects of Field Audit #NH13-289W FYE 1/31/2012

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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_____ For Information Only

_____ No Change in Rate

Home Office:

Summit Care II, Inc
2123 Centre Pointe Blvd.
Tallahassee, FL 32308

VKBYK

Report Calculated: 8/21/2018 9:19:40 AM

Report Printed :8/21/2018

ID: 033175013120130201201210232013124407



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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER
3333 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Provider Number: 0 033175-00
Date: 8/21/2018
Fiscal Year End: 1/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
229.09	228.84	7/1/2013

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-289W FYE 1/31/2012

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No Change in Rate

Home Office: Summit Care II, Inc
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Tallahassee, FL 32308

VKBYK

Report Calculated: 8/21/2018 9:19:40 AM

Report Printed :8/21/2018

ID: 033175013120121201201010312012101423



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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER
3333 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Provider Number: 0 033175-00
Date: 8/21/2018
Fiscal Year End: 1/31/2012
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.79	222.73	1/1/2013
	Level H: Aids	373.60	373.54	1/1/2013

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-289W FYE 1/31/2012

Distribution:

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

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Home Office: Summit Care II, Inc
2123 Centre Pointe Blvd.
Tallahassee, FL 32308



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER
3333 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

Provider Number: 0 033175-00
Date: 8/21/2018
Fiscal Year End: 1/31/2012
Audit Status: Field Audited

Provider Type:

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

Rate Type: Interim, Prospective, Total Interim, Total Prospective, Settlement based on cost, Prior Provider Prospective data.

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

Changes: Rate Semester Change, Field Audit #NH13-289W FYE 1/31/2012.

Distribution:

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

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Home Office: Summit Care II, Inc
2123 Centre Pointe Blvd.
Tallahassee, FL 32308



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 229.74, 229.01, 10/4/2011 and 375.94, 375.21, 10/4/2011

Rate Type: Interim (checked), Prospective, Total Interim, Interim Component, Settlement based on cost (checked), Prior Provider Prospective data, Total Prospective, Total Prospective with Interim Component

Basis: Budget, Unaudited costs (checked), Field audited costs, Desk audited costs

Changes: Rate Semester Change, Cost Settlement FYE 4/30/2012 (checked)

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Palm Health Partners
2979 PGA Boulevard
Suite 201
Palm Beach Gardens, FL 33410

Zainab Day

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

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Table with 5 columns: Category, Level, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

Rate Type: Interim (checked), Prospective, Total Interim, Interim Component, Settlement based on cost (checked), Prior Provider Prospective data, Total Prospective, Total Prospective with Interim Component.

Basis: Budget, Unaudited costs (checked), Field audited costs, Desk audited costs.

Changes: Rate Semester Change, Cost Settlement FYE 4/30/2012 (checked).

Distribution:

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

Home Office: Palm Health Partners
2979 PGA Boulevard
Suite 201
Palm Beach Gardens, FL 33410

Zainab Day

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

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	231.52	230.77	5/1/2012
	Level H: Aids	379.13	378.38	5/1/2012

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

Cost Settlement FYE 4/30/2012

Distribution:

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 No Change in Rate

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Home Office: Palm Health Partners
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>240.59</u>	<u>239.89</u>	<u>7/1/2012</u>
<u>389.80</u>	<u>389.10</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

Cost Settlement FYE 4/30/2012

Distribution:

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Home Office:

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Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
240.59 238.06 10/4/2012

Level H: Aids

389.80 387.27 10/4/2012

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

Cost Settlement FYE 4/30/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	240.57	241.34	1/1/2013
	Level H: Aids	391.38	392.15	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

Cost Settlement FYE 4/30/2012

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Palm Health Partners
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 240.57, 241.34, 4/4/2013 and 391.38, 392.15, 4/4/2013

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Cost Settlement FYE 4/30/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
245.70	247.22	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

Cost Settlement FYE 4/30/2012



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Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 232.15, 239.13, 1/1/2014

Rate Type:

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

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Cost Settlement FYE 4/30/2012

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 241.56
New Rate: 249.09
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

Cost Settlement FYE 4/30/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

Palm Health Partners

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Suite 201

Palm Beach Gardens, FL 33410



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
243.44	255.48	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 4/30/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
238.00	257.78	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 4/30/2012

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 234.76
New Rate 258.42
Effective Date 9/1/2016

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Cost Settlement FYE 4/30/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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Suite 201
Palm Beach Gardens, FL 33410



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN
10330 NUVISTA AVENUE
WELLINGTON, FL 33414

Provider Number: 0 038640-00
Date: 4/18/2019
Fiscal Year End: 4/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 232.15
New Rate: 261.83
Effective Date: 9/1/2017

Rate Type:

Interim

X Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Cost Settlement FYE 4/30/2012

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No Change in Rate

Home Office:

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Suite 201
Palm Beach Gardens, FL 33410

Zainab Day

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CARRINGTON PLACE OF ST. PETE
10501 ROOSEVELT BLVD N
SAINT PETERSBURG, FL 33716

Provider Number: 0 101959-00

Date: 5/7/2019

Fiscal Year End: 12/31/2013

Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>210.30</u>	<u>208.58</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 #NH14-134C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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Permanent File

For Information Only

No Change in Rate

Home Office:

Traditions Senior Management
24641 US Highway 19 North
Clearwater, FL 33763



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CARRINGTON PLACE OF ST. PETE
10501 ROOSEVELT BLVD N
SAINT PETERSBURG, FL 33716

Provider Number: 0 101959-00
Date: 5/7/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate 212.36
New Rate 210.62
Effective Date 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 #NH14-134C FYE 12/31/2013

Distribution:

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For Information Only

No Change in Rate

Home Office:

Traditions Senior Management
24641 US Highway 19 North
Clearwater, FL 33763

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF HILLIARD

3756 W THIRD ST

HILLIARD, FL 32046

Provider Number:

0 200714-00

Date:

1/16/2019

Fiscal Year End:

12/31/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

203.53

203.53

5/1/2017

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

RP CHOP effective 5/1/2017

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Life Care Centers Of America

3570 NW Keith Street

Cleveland, TN 37312

Zainab Day

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

LIFE CARE CENTER OF HILLIARD
3756 W THIRD ST
HILLIARD, FL 32046

Provider Number: 0 200714-00
Date: 1/16/2019
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
206.13 206.13 9/1/2017

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 RP CHOP effective 5/1/2017

Distribution:

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 X For Information Only

 X No Change in Rate

Home Office:

Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

Zainab Day

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF HILLIARD
3756 W THIRD ST
HILLIARD, FL 32046

Provider Number: 0 200714-00
Date: 12/18/2018
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
223.99 223.99 10/1/2018

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

RP CHOP effective 5/1/2017

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No Change in Rate

Home Office: Life Care Centers Of America
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PONCE THERAPY CARE CENTER
1999 OLD MOULTRIE ROAD
SAINT AUGUSTINE, FL 32086

Provider Number: 0 207799-00
Date: 8/7/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.99</u>	<u>237.28</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 #NH14-122W FYE 7/31/2013

Distribution:

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No Change in Rate

Home Office: HPSA, Inc.
5409 Maryland Way, Suite 304
Brentwood, TN 37027

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 PONCE THERAPY CARE CENTER
1999 OLD MOULTRIE ROAD
SAINT AUGUSTINE, FL 32086

Provider Number: 0 207799-00
Date: 8/7/2018
Fiscal Year End: 7/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
241.78 **240.04** **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 #NH14-122W FYE 7/31/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE PONCE THERAPY CARE CENTER
1999 OLD MOULTRIE ROAD
SAINT AUGUSTINE, FL 32086

Provider Number: 0 207799-00
Date: 8/7/2018
Fiscal Year End: 1/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
245.69 245.70 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 Field Audit #NH14-122W FYE
7/31/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE PONCE THERAPY CARE CENTER
1999 OLD MOULTRIE ROAD
SAINT AUGUSTINE, FL 32086

Provider Number: 0 207799-00
Date: 8/7/2018
Fiscal Year End: 1/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
268.29 268.30 6/19/2017

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

Effects of Field Audit #NH14-122W FYE 7/31/2013

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER

13455 W US HWY 90

GREENVILLE, FL 32331

Provider Number:

0 222270-00

Date:

9/7/2018

Fiscal Year End:

8/31/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

267.08

261.28

8/27/2017

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 effective 8/27/2017

Zainab Day

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



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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 222270-00
Date: 9/7/2018
Fiscal Year End: 8/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 233.84, 263.87, 9/1/2017

Rate Type:

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

Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

X Budget
Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X NRP CHOP effective 8/27/2017

Distribution:

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

Home Office: No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 222270-00
Date: 9/7/2018
Fiscal Year End: 8/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
267.08	267.08	10/1/2018

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP effective 8/27/2017

Distribution:

Contract Management / Fiscal Agent
Permanent File
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____ No Change in Rate
Home Office: No Home Office

Zainab Day
Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 222271-00
Date: 9/6/2018
Fiscal Year End: 8/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
269.83	265.09	8/27/2017

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 08/27/2017

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 222271-00
Date: 9/6/2018
Fiscal Year End: 8/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.26</u>	<u>265.65</u>	<u>9/1/2017</u>

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP effective 08/27/2017

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office: No Home Office

Zainab Day

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

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 222271-00
Date: 9/6/2018
Fiscal Year End: 8/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>269.83</u>	<u>269.83</u>	<u>10/1/2018</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

NRP CHOP effective 8/27/2017

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

No Home Office

Zainab Day

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

ROYAL OAK NURSING CENTER
37300 ROYAL OAK LANE
DADE CITY, FL 33525

Provider Number: 0 228575-00
Date: 5/23/2019
Fiscal Year End: 7/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
195.06	192.65	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

FA & RFA #NH14-127C FYE 7/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Health Services Management
206 Fortress Blvd.
Murfreesboro, TN 37128



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

ROYAL OAK NURSING CENTER
37300 ROYAL OAK LANE
DADE CITY, FL 33525

Provider Number: 0 228575-00
Date: 5/23/2019
Fiscal Year End: 7/31/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
202.36 199.88 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

FA & RFA #NH14-127C FYE 7/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Health Services Management
206 Fortress Blvd.
Murfreesboro, TN 37128



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SYLVAN HEALTH CENTER
2770 REGENCY OAKS BLVD
CLEARWATER, FL 33759

Provider Number: 0 229164-00
Date: 5/9/2019
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
227.61 220.63 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 #NH14-147C FYE 12/31/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Brookdale Senior Living, Inc.

111 Westwood Place

Suite 400

Brentwood, TN 37027



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

SHELL POINT NURSING PAVILION
15071 SHELL POINT BLVD
FORT MYERS, FL 33908

Provider Number: 0 229202-00
Date: 10/31/2018
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
221.00	216.74	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 #NH14-114W FYE 6/30/2013

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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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

SHELL POINT NURSING PAVILION
15071 SHELL POINT BLVD
FORT MYERS, FL 33908

Provider Number: 0 229202-00
Date: 10/31/2018
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>224.53</u>	<u>220.19</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 #NH14-114W FYE 6/30/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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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

SHELL POINT NURSING PAVILION	Provider Number:	0 229202-00
15071 SHELL POINT BLVD	Date:	10/31/2018
FORT MYERS, FL 33908	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>224.11</u>	<u>224.07</u>	<u>9/1/2015</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:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit #NH14-114W FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Home Office: No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

SHELL POINT NURSING PAVILION
15071 SHELL POINT BLVD
FORT MYERS, FL 33908

Provider Number: 0 229202-00
Date: 10/31/2018
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
240.50	240.47	9/1/2016

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 Field Audit #NH14-114W FYE 6/30/2013

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office: No Home Office



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

SHELL POINT NURSING PAVILION
15071 SHELL POINT BLVD
FORT MYERS, FL 33908

Provider Number: 0 229202-00
Date: 10/31/2018
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>233.87</u>	<u>233.84</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 #NH14-114W FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

No Home Office

Zainab Day

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

KENSINGTON GARDENS REHAB AND NURSING CENTER
2055 PALMETTO ST
CLEARWATER, FL 33765

Provider Number: 0 250330-00
Date: 3/28/2019
Fiscal Year End: 5/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.46	232.06	6/27/2018

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 6/27/2018

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KENSINGTON GARDENS REHAB AND NURSING CENTER
2055 PALMETTO ST
CLEARWATER, FL 33765

Provider Number: 0 250330-00
Date: 3/28/2019
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>248.66</u>	<u>248.66</u>	<u>10/1/2018</u>

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

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

Changes:	
<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	NRP CHOP/CHOW effective 6/27/2018

Zainab Day

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

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

FOURAKER HILLS REHAB AND NURSING CENTER
1650 FOURAKER RD
JACKSONVILLE, FL 32221

Provider Number: 0 250339-00
Date: 4/2/2019
Fiscal Year End: 5/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.07</u>	<u>217.75</u>	<u>6/27/2018</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP/CHOW effective 6/27/2018

Distribution:

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

Home Office: No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FOURAKER HILLS REHAB AND NURSING CENTER
1650 FOURAKER RD
JACKSONVILLE, FL 32221

Provider Number: 0 250339-00
Date: 4/2/2019
Fiscal Year End: 5/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.01</u>	<u>238.01</u>	<u>10/1/2018</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

NRP CHOP/CHOW effective 6/27/2018

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

SPRINGWOOD CENTER

4602 NORTHGATE COURT

SARASOTA, FL 34234

Provider Number:

0 253014-00

Date:

12/5/2017

Fiscal Year End:

7/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

210.61

New
Rate

207.97

Effective
Date

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 #NH14-010G FYE 07/31/2013

Lisa Smith



Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Genesis HealthCare Corp

101 East State Street

Kennett Square, PA 19348

007M6

Report Calculated: 12/5/2017 1:30:07 PM

Report Printed :12/5/2017

ID: 253014073120130801201204032014084941



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

SPRINGWOOD CENTER
 4602 NORTHGATE COURT
 SARASOTA, FL 34234

Provider Number: 0 253014-00
 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>213.11</u>	<u>210.40</u>	<u>1/1/2015</u>

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 #NH14-010G FYE 07/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office:

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

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

SURREY PLACE HEALTHCARE AND REHABILITATION
 5525 21ST AVE W
 BRADENTON, FL 34209

Provider Number: 0 256277-00
 Date: 10/19/2018
 Fiscal Year End: 12/31/2013
 Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
257.41	256.58	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 #NH14-130C FYE 12/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Summit Care II, Inc
 2123 Centre Pointe Blvd.
 Tallahassee, FL 32308

Zainab Day

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

ATLANTIC SHORES NURSING AND REHAB
4251 STACK BLVD
MELBOURNE, FL 32901

Provider Number: 0 263389-00
Date: 5/20/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 208.93, 208.35, 9/1/2016

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 #NH15-119C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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



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

RIVIERA PALMS REHABILITATION CENTER
926 HABEN BLVD
PALMETTO, FL 34221

Provider Number: 0 263451-00
Date: 5/14/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 219.14, 218.76, 9/1/2016

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 #NH15-118C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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



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

PORT ORANGE NURSING AND REHAB
5600 VICTORIA GARDENS BLVD
PORT ORANGE, FL 32127

Provider Number: 0 263508-00
Date: 5/20/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 223.44, 223.32, 9/1/2016

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 #NH15-110C FYE 12/31/2014

Distribution:

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

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

Zainab Day
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

TIFFANY HALL NURSING AND REHAB CENTER
1800 SE HILLMOOR DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 263532-00

Date: 5/15/2019

Fiscal Year End: 12/31/2015

Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
206.19	206.04	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

Field Audit #NH15-115C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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



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

TUSKAWILLA NURSING AND REHAB CENTER

1024 WILLA SPRINGS DR

WINTER SPRINGS, FL 32708

Provider Number:

0 263591-00

Date:

5/15/2019

Fiscal Year End:

12/31/2015

Audit Status:

Field Audited

Provider Type:

Current Rate	New Rate	Effective Date
218.59	216.69	9/1/2016

Nursing Home Single Level

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 #NH15-114C FYE 12/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Home Office:

Southern HealthCare Management, LLC

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Atlanta, GA 30328



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

TUSKA WILLA NURSING AND REHAB CENTER
1024 WILLA SPRINGS DR
WINTER SPRINGS, FL 32708

Provider Number: 0 263591-00
Date: 5/15/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate: 224.06
New Rate: 222.12
Effective Date: 9/1/2017

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 #NH15-114C FYE 12/31/2015

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No Change in Rate

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Atlanta, GA 30328

Zainab Day



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAVANNAH COVE OF THE PALM BEACHES

2090 N CONGRESS AVE

WEST PALM BEACH, FL 33401

Provider Number:

0 312312-00

Date:

5/7/2019

Fiscal Year End:

12/31/2012

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>210.34</u>	<u>207.83</u>	<u>1/1/2014</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH14-140C FYE 12/31/2012

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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For Information Only

No Change in Rate

Home Office:

Senior Living Management Corporation

4661 Johnson Road, Suite 7

Coconut, FL 33073



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMER RANCH HEALTHCARE AND REHABILITATION
5111 PALMER RANCH PARKWAY
SARASOTA, FL 34238

Provider Number: 0 319244-00
Date: 5/14/2019
Fiscal Year End: 6/30/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
258.70 241.28 1/1/2014

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"/> FA & RFA #NH13-265C FYE 06/30/2013	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

Zainab Day

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

PALMER RANCH HEALTHCARE AND REHABILITATION
5111 PALMER RANCH PARKWAY
SARASOTA, FL 34238

Provider Number: 0 319244-00
Date: 5/14/2019
Fiscal Year End: 6/30/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
269.11 251.19 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 FA & RFA #NH13-265C FYE 06/30/2013

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 No Change in Rate

Home Office:

Brookdale Senior Living, Inc.

111 Westwood Place

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Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMER RANCH HEALTHCARE AND REHABILITATION
5111 PALMER RANCH PARKWAY
SARASOTA, FL 34238

Provider Number: 0 319244-00
Date: 5/14/2019
Fiscal Year End: 6/30/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
269.61 251.36 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 FA & RFA #NH13-265C FYE 06/30/2013

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

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 For Information Only

 No Change in Rate

Home Office:

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Brentwood, TN 37027



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMER RANCH HEALTHCARE AND REHABILITATION
5111 PALMER RANCH PARKWAY
SARASOTA, FL 34238

Provider Number: 0 319244-00
Date: 5/14/2019
Fiscal Year End: 6/30/2013
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate 268.43
New Rate 250.02
Effective Date 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 FA & RFA #NH13-265C FYE 06/30/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Brentwood, TN 37027

Zainab Day

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