




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: February 29, 2020
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.	Deltona Health Care	0 043868-00	FA & RFA	5
2.	Harbor Beach Nursing and Rehabilitation Center	0 043873-00	FA	5
3.	Hillcrest Health Care and Rehabilitation Center	0 047795-00	FA & RFA	6
4.	East Orlando Health and Rehab Center, Inc.	0 320421-00	FA	2
5.	Heritage Park Care and Rehabilitation Center	0 324345-00	FA & RFA	3
6.	ManorCare Health Services- Carrollwood	0 325678-00	Rate Correction	1
7.	Barrington Terrace at Boynton Beach	1 023109-00	New Facility	3
8.	PruittHealth-Fleming Island	1 038712-00	New Facility	3
9.	Rehabilitation Center of Lake City	1 045184-00	New Facility	2
			<u>TOTAL:</u>	30

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



		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
004386800	20130701	210.82	0.00	210.82	210.82	87522-20	NH13-185C
004386800	20140101	212.49	0.00	212.49	212.49	87522-20	NH13-185C
004386800	20140701	220.76	0.00	220.76	220.76	87522-20	NH13-185C
004386800	20160901	208.65	0.00	208.65	208.65	87522-20	NH16-123C
004386800	20170901	214.10	0.00	214.10	214.10	87522-20	NH16-123C
004387300	20130101	229.99	380.80	229.99	229.99	87522-20	NH13-211C
004387300	20130701	235.99	0.00	235.99	235.99	87522-20	NH13-211C
004387300	20140101	239.10	0.00	239.10	239.10	87522-20	NH13-211C
004387300	20140701	248.45	0.00	248.45	248.45	87522-20	NH13-211C
004387300	20160901	216.01	0.00	216.01	216.01	87522-20	NH16-091C
004779500	20130101	210.14	360.95	210.14	210.14	87522-20	NH13-220C
004779500	20130701	215.11	0.00	215.11	215.11	87522-20	NH13-220C
004779500	20140101	215.80	0.00	215.80	215.80	87522-20	NH13-220C
004779500	20140701	206.56	0.00	206.56	206.56	87522-20	NH13-220C
004779500	20160901	193.42	0.00	193.42	193.42	87522-20	NH16-131C
004779500	20170901	197.91	0.00	197.91	197.91	87522-20	NH16-131C
032042100	20150901	242.37	0.00	242.37	242.37	87522-20	NH15-028W
032042100	20160901	242.93	0.00	242.93	242.93	87522-20	NH15-028W
032434500	20150901	200.16	0.00	200.16	200.16	87522-20	NH15-072C
032434500	20160901	206.66	0.00	206.66	206.66	87522-20	NH15-072C
032434500	20170901	211.78	0.00	211.78	211.78	87522-20	NH15-072C
032567800	20191001	230.60	0.00	230.60	230.60	87522-20	
102310900	20190314	246.32	0.00	246.32	246.32	87522-20	
102310900	20190701	232.17	0.00	232.17	232.17	87522-20	
102310900	20191001	233.87	0.00	233.87	233.87	87522-20	
103871200	20190405	254.18	0.00	254.18	254.18	87522-20	
103871200	20190701	240.37	0.00	240.37	240.37	87522-20	
103871200	20191001	241.67	0.00	241.67	241.67	87522-20	
104518400	20190723	255.07	0.00	255.07	255.07	87522-20	
104518400	20191001	256.01	0.00	256.01	256.01	87522-20	



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

DELTONA HEALTH CARE
1851 ELKCAM BLVD
DELTONA, FL 32725-3922

Provider Number: 0 043868-00
Date: 1/27/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 211.23
New Rate: 210.82
Effective Date: 7/1/2013

Rate Type:

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

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA & RFA #NH13-185C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent
Permanent File
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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

DELTONA HEALTH CARE
1851 ELKCAM BLVD
DELTONA, FL 32725-3922

Provider Number: 0 043868-00
Date: 1/27/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
212.91 212.49 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 #NH13-185C FYE 7/31/2012

Distribution:

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Home Office:

CMCII

800 Concourse Parkway South

Maitland, FL 32751

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DELTONA HEALTH CARE
1851 ELKCAM BLVD
DELTONA, FL 32725-3922

Provider Number: 0 043868-00
Date: 1/27/2020
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
221.19	220.76	7/1/2014

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 FA & RFA #NH13-185C FYE 7/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

DELTONA HEALTH CARE
1851 ELKCAM BLVD
DELTONA, FL 32725-3922

Provider Number: 0 043868-00
Date: 1/27/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
209.12 208.65 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 #NH16-123C FYE 12/31/2015 with effects of FA & RFA #NH13-185C FYE 7/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

DELTONA HEALTH CARE
1851 ELKCAM BLVD
DELTONA, FL 32725-3922

Provider Number: 0 043868-00
Date: 1/27/2020
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
214.58 214.10 9/1/2017

Rate Type:

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

Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

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

Changes:

_____ Rate Semester Change
 Field Audit #NH16-123C FYE 12/31/2015 with effects of FA & RFA #NH13-185C FYE 7/31/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

HARBOR BEACH NURSING AND REHABILITATION CENTER
1615 MIAMI RD
FT LAUDERDALE, FL 33316-2933

Provider Number: 0 043873-00
Date: 12/6/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.00</u>	<u>229.99</u>	<u>1/1/2013</u>
	Level H: Aids	<u>380.81</u>	<u>380.80</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit #NH13-211C FYE 7/31/2012

Distribution:

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

HARBOR BEACH NURSING AND REHABILITATION CENTER
1615 MIAMI RD
FT LAUDERDALE, FL 33316-2933

Provider Number: 0 043873-00
Date: 12/6/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 236.12, 235.99, 7/1/2013

Rate Type:

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

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Field Audit #NH13-211C FYE 7/31/2012

Distribution:

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Zainab Day (Signature)

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Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

HARBOR BEACH NURSING AND REHABILITATION CENTER
1615 MIAMI RD
FT LAUDERDALE, FL 33316-2933

Provider Number: 0 043873-00
Date: 12/6/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
239.48	239.10	1/1/2014

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-211C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

HARBOR BEACH NURSING AND REHABILITATION CENTER
1615 MIAMI RD
FT LAUDERDALE, FL 33316-2933

Provider Number: 0 043873-00
Date: 12/6/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
248.85	248.45	7/1/2014

Rate Type:

Interim Prospective

_____ Total Interim _____ Total Prospective

_____ Interim Component _____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Field Audit #NH13-211C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

HARBOR BEACH NURSING AND REHABILITATION CENTER
1615 MIAMI RD
FT LAUDERDALE, FL 33316-2933

Provider Number: 0 043873-00
Date: 12/6/2019
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>217.00</u>	<u>216.01</u>	<u>9/1/2016</u>

Rate Type:

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

Basis:

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

Changes:

_____	Rate Semester Change
<input checked="" type="checkbox"/>	Field Audit #NH16-091C FYE 12/31/2014 with effects of Field and Revised Field Audit #NH13-211C FYE 7/31/2012

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

HILLCREST HEALTH CARE AND REHABILITATION CENTER
4200 WASHINGTON ST
HOLLYWOOD, FL 33021-7353

Provider Number: 0 047795-00
Date: 12/11/2019
Fiscal Year End: 7/31/2012
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, Prospective, Total Interim, Total Prospective, 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 and RFA #NH13-220C FYE 7/31/2012.

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

HILLCREST HEALTH CARE AND REHABILITATION CENTER
4200 WASHINGTON ST
HOLLYWOOD, FL 33021-7353

Provider Number: 0 047795-00
Date: 12/11/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.99	215.11	7/1/2013

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA and RFA #NH13-220C FYE 7/31/2012

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Medicaid Reimbursement Per Diem Rates

HILLCREST HEALTH CARE AND REHABILITATION CENTER
4200 WASHINGTON ST
HOLLYWOOD, FL 33021-7353

Provider Number: 0 047795-00
Date: 12/11/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 216.70, 215.80, 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
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA and RFA #NH13-220C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent
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No Change in Rate

Zainab Day (Signature)

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Medicaid Reimbursement Per Diem Rates

HILLCREST HEALTH CARE AND REHABILITATION CENTER
4200 WASHINGTON ST
HOLLYWOOD, FL 33021-7353

Provider Number: 0 047795-00
Date: 12/11/2019
Fiscal Year End: 7/31/2012
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
207.49 **206.56** **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 and RFA #NH13-220C FYE 7/31/2012

Zainab Day



Medicaid Cost Reimbursement Planning and Finance

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_____ No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

HILLCREST HEALTH CARE AND REHABILITATION CENTER
4200 WASHINGTON ST
HOLLYWOOD, FL 33021-7353

Provider Number: 0 047795-00
Date: 12/11/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
193.86	193.42	9/1/2016

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH16-131C FYE 12/31/2015 with effects of Field Audit and Revised Field Audit #NH13-220C FYE 7/31/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: CMCII
800 Concourse Parkway South
Maitland, FL 32751



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

HILLCREST HEALTH CARE AND REHABILITATION CENTER
4200 WASHINGTON ST
HOLLYWOOD, FL 33021-7353

Provider Number: 0 047795-00
Date: 12/11/2019
Fiscal Year End: 12/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
198.37	197.91	9/1/2017

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH16-131C FYE 12/31/2015 with effects of Field Audit and Revised Field Audit #NH13-220C FYE 7/31/2012

Distribution:

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No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: CMCH
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Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

EAST ORLANDO HEALTH & REHAB CENTER, INC.
250 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825-3308

Provider Number: 0 320421-00
Date: 1/7/2020
Fiscal Year End: 1/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
245.88 **242.37** **9/1/2015**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-028W FYE 1/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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No Change in Rate

Home Office: Sunbelt Health Care Centers, Inc.
485 N. Keller road
Suite 250
Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

EAST ORLANDO HEALTH & REHAB CENTER, INC.
250 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825-3308

Provider Number: 0 320421-00
Date: 1/7/2020
Fiscal Year End: 1/31/2015
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
246.58 **242.93** **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 #NH15-028W FYE 1/31/2015

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Sunbelt Health Care Centers, Inc.
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

HERITAGE PARK CARE AND REHABILITATION CENTER
2302 59TH ST W
BRADENTON, FL 34209

Provider Number: 0 324345-00
Date: 12/16/2019
Fiscal Year End: 7/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>200.97</u>	<u>200.16</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH15-072C FYE 7/31/2014

Distribution:

Contract Management / Fiscal Agent

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_____ For Information Only

_____ No Change in Rate

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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

HERITAGE PARK CARE AND REHABILITATION CENTER
2302 59TH ST W
BRADENTON, FL 34209

Provider Number: 0 324345-00
Date: 12/16/2019
Fiscal Year End: 7/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 207.27, 206.66, 9/1/2016

Rate Type:

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

Basis:

Budget Unaudited costs X Field audited costs Desk audited costs

Changes:

Rate Semester Change X FA & RFA #NH15-082C FYE 7/31/2015

Distribution:

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

Zainab Day (Signature)

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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

HERITAGE PARK CARE AND REHABILITATION CENTER
2302 59TH ST W
BRADENTON, FL 34209

Provider Number: 0 324345-00
Date: 12/16/2019
Fiscal Year End: 7/31/2015
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current Rate: 212.39
New Rate: 211.78
Effective Date: 9/1/2017

Rate Type:

Interim Total Interim
Prospective Total Prospective
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 #NH15-082C FYE 7/31/2015

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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

MANORCARE HEALTH SERVICES-CARROLLWOOD
3030 BEARSS AVE
TAMPA, FL 33618

Provider Number: 0 325678-00
 Date: 2/13/2020
 Fiscal Year End: 12/31/2017
 Audit Status: Unaudited

Provider Type:

		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single Level	<u>228.51</u>	<u>230.60</u>	<u>10/1/2019</u>

Rate Type:	
	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component

Changes:
<input checked="" type="checkbox"/> Rate Correction effective 10/1/2019.

Distribution:

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

Zainab Day
 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR ManorCare Services LLC
 333 North Summit Street
 Toledo, OH 43604



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

BARRINGTON TERRACE AT BOYNTON BEACH
1425 S. CONGRESS AVE
BOYNTON BEACH, FL 33426

Provider Number: 1 023109-00
Date: 1/31/2020
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
0.00	246.32	3/14/2019

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
 New Facility effective 3/14/2019

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Five Star Senior Living
400 Centre St
Newton, MA 02458

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

BARRINGTON TERRACE AT BOYNTON BEACH
1425 S. CONGRESS AVE
BOYNTON BEACH, FL 33426

Provider Number: 1 023109-00
Date: 1/31/2020
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 232.17 7/1/2019

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
 New Facility effective 3/14/2019

Distribution:

Contract Management / Fiscal Agent
Permanent File

For Information Only

No Change in Rate

Home Office: Five Star Senior Living
 400 Centre St
 Newton, MA 02458

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

BARRINGTON TERRACE AT BOYNTON BEACH

1425 S. CONGRESS AVE

BOYNTON BEACH, FL 33426

Provider Number:

1 023109-00

Date:

1/31/2020

Fiscal Year End:

N/A

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

0.00

233.87

10/1/2019

Rate Type:

X Interim

X

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 New Facility effective 3/14/2019

Distribution:

 Contract Management / Fiscal Agent

 Permanent File

 For Information Only

 No Change in Rate

Home Office: Five Star Senior Living
 400 Centre St
 Newton, MA 02458

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

PRUITTHEALTH - FLEMING ISLAND
2040 TOWN CENTER BLVD
FLEMING ISLAND, FL 32003

Provider Number: 1 038712-00
Date: 2/27/2020
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
0.00 254.18 4/5/2019

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
 New facility effective 5/4/2019

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: PruittHealth Inc.
1626 Jeurgens Court
Norcross, GA 30093

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PRUITTHEALTH - FLEMING ISLAND

2040 TOWN CENTER BLVD

FLEMING ISLAND, FL 32003

Provider Number:

1 038712-00

Date:

2/27/2020

Fiscal Year End:

N/A

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

0.00

New
Rate

240.37

Effective
Date

7/1/2019

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

New facility effective 5/4/2019

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

PruittHealth Inc.
1626 Jeurgens Court
Norcross, GA 30093



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PRUITTHEALTH - FLEMING ISLAND

2040 TOWN CENTER BLVD

FLEMING ISLAND, FL 32003

Provider Number:

1 038712-00

Date:

2/27/2020

Fiscal Year End:

N/A

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

0.00

New
Rate

241.67

Effective
Date

10/1/2019

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

New facility effective 5/4/2019

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

PruittHealth Inc.
1626 Jeurgens Court
Norcross, GA 30093

Zainab Day

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER OF LAKE CITY, THE
298 SW PROSPERITY PL
LAKE CITY, FL 32024

Provider Number: 1 045184-00
Date: 3/6/2020
Fiscal Year End: N/A
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	255.07	7/23/2019

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
 New facility effective 7/23/2019

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Pensacola Administrative Services, LLC
40 South Palafox Place, Suite 400
Pensacola, FL 32502

Zainab Day



Medicaid Cost Reimbursement Planning and Finance



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER OF LAKE CITY, THE
 298 SW PROSPERITY PL
 LAKE CITY, FL 32024

Provider Number: 1 045184-00
 Date: 3/6/2020
 Fiscal Year End: N/A
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	256.01	10/1/2019

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
 New facility effective 7/23/2019

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Home Office: Pensacola Administrative Services, LLC
 40 South Palafox Place, Suite 400
 Pensacola, FL 32502