

MEMORANDUM

 Date:
 July 30, 2015

 To:
 Gay Munyon, Bureau Chief, Medicaid Contract Management

 From:
 Thomas Parker, Regulatory Analyst Supervisor, Medicaid Cost Reimbursement

 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.

	Provider Name	Provider	Number of Rate
		Number	Change Notices
1.	The Rehabilitation Center of Winter Park	0 005380-00	2
2.	Boynton Health Care Center	0 005814-00	2
3.	Watercrest Care Center	0 089220-00	6
4.	Community Health and Rehab Center	0 098972-00	3
5.	Hardee Manor Healthcare Center	0 211435-00	1
			14

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/zr



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II		мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
000538000	20150601	245.78	0.00	245.78	245.78	77771-15	
000538000	20150901	243.40	0.00	243.40	243.40	77771-15	
000581400	20150701	265.35	0.00	265.35	265.35	77771-15	
000581400	20150901	263.75	0.00	263.75	263.75	77771-15	
008922000	20130501	230.97	381.78	230.97	230.97	77771-15	
008922000	20130701	235.98	0.00	235.98	235.98	77771-15	
008922000	20140101	239.25	0.00	239.25	239.25	77771-15	
008922000	20140201	247.03	0.00	247.03	247.03	77771-15	
008922000	20140701	257.17	0.00	257.17	257.17	77771-15	
008922000	20150101	261.30	0.00	261.30	261.30	77771-15	
009897200	20140101	226.63	0.00	226.63	226.63	77771-15	
009897200	20140701	239.59	0.00	239.59	239.59	77771-15	
009897200	20150101	244.59	0.00	244.59	244.59	77771-15	
021143500	20150101	198.25	0.00	198.25	198.25	77771-15	

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THE REHABILITATION CENTER OF WINTER PARK	Provider Number:		0 005380-00		
1700 MONROE AVE	Date:	7/27/2015 6/30/2014		15	
MAITLAND, FL 32751	Fiscal Year End:			14	
	Audit Status:		Unaudit	ed	
Provider Type:					
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>243.19</u>	<u>245.78</u>	<u>6/1/2015</u>	

Rate Type:			
Interim		Х	Prospective
	Total Interim		Total Prospective
	Interim Component		X Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		
Basis:		Cha	inges:
			Rate Semester Change
Budget			X IRR granted effective 6/1/2015
Unaudited c	osts		
Field audite			
Desk audite	d costs		
Distribution:		~	Thomas Parker
Contract Management / Fiscal	Agent		Medicaid Cost Reimbursement Planning and Finance
Permanent File			
For Information Only			
No Change in Rate			
Home Office:	Gulf Coast Healthcare, LLC		
	40 South Palafox Place		
	Suite 400		
	Pensacola, FL 32502		

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THE REHABILITATION CENTER OF WINTER PARK		Provider Number:			0 005380-00		
1700 MONROE AVE		Date:		7/27/2015			
MAITLAND, FL 32751			Fiscal Year End:		6/30/20	14	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Singl	e Level			Current <u>Rate</u> 240.86	New <u>Rate</u> 243.40	Effective <u>Date</u> <u>9/1/2015</u>	
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	<u> </u>		l Prospective l Prospective	with Interim	Component	
Basis: Budget Unaudited of Field audite Desk audite	d costs		nges: Rate Semes X IRR grante	ter Change d effective 6/	1/2015		
Distribution: Contract Management / Fiscal Permanent File For Information Only No Change in Rate Home Office:	-		Thedicaid Cost Reim	homas Parka		inance	





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BOYNTON HEALTH CARE CENT	ER		Provider Number:		0 005814-	-00
7900 VENTURE CENTER WAY			Date:		7/27/201	5
BOYNTON BEACH, FL 33437-740	2		Fiscal Year End:		6/30/201	4
			Audit Status:		Unaudite	ed
Provider Type: Nursing Home Single Level				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Rate Type:				<u>262.59</u>	<u>265.35</u>	<u>7/1/2015</u>
Dets True of						
Interim Tot Inte Set	al Interim erim Component tlement based on cost	<u>X</u>		l Prospective l Prospective	with Interim	Component
Basis: Budget Unaudited costs Field audited costs Desk audited costs		·	nges: Rate Semest X IRR granted	ter Change 1 effective 07	/01/2015	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	ι		Medicaid Cost Reim	homas Parke bursement Pl		inance
40 Suit	f Coast Healthcare, LLC South Palafox Place te 400 sacola, FL 32502					



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BOYNTON HEALTH CARE CENTER 7900 VENTURE CENTER WAY			Provider Number: Date:		0 005814-00 7/27/2015		
			Audit Status:		Unaudit	ed	
Provider Type:				Current	New	Effective	
				Rate	Rate	Date	
Nursing Home Single	Levei			<u>261.04</u>	<u>263.75</u>	<u>9/1/2015</u>	
Rate Type:]						
Interim		X	Prospective				
·····	Total Interim		Tota	l Prospective	•		
	Interim Component		Tota	l Prospective	with Interim	Component	
······································	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	nges:				
Dasis.		Ciia	Rate Semes	ter Change			
Budget				d effective 0'	7/01/2015		
Unaudited co	ete			u entective o	101/2015		
Field audited							
Ticki audited Desk audited							
Desk addited	00315						
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Distribution:			アイノ	homas Park			
Contract Management / Fiscal A	leent		Medicaid Cost Rein			linance	
Permanent File	-0		Medicald Cost Kelli	ioursement i	lanning and I	manee	
For Information Only							
No Change in Rate							
-							
Home Office:	Gulf Coast Healthcare, LLC						
	40 South Palafox Place						
	Suite 400						
	Pensacola, FL 32502						



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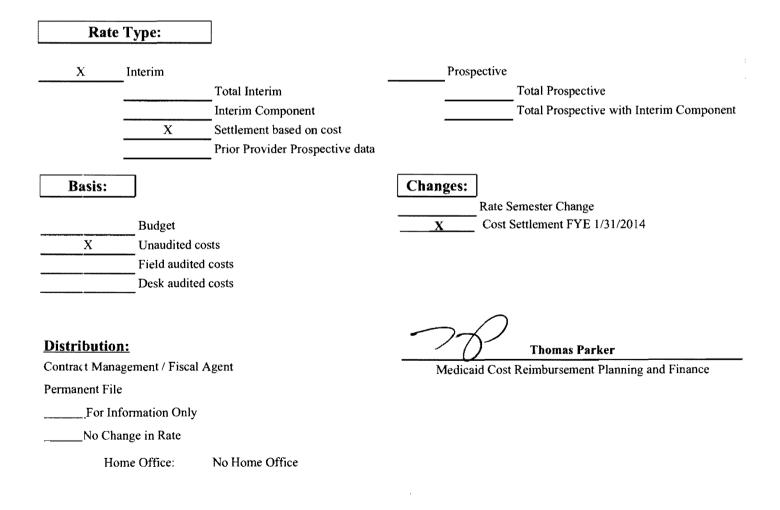
Tallahassee, Florida 32308

WATERCREST CARE CENTER	Provider Number:		0 089220	-00	
16650 W DIXIE HWY	Date:		7/8/2015		
NORTH MIAMI BEACH, FL 33160			1/31/20	31/2014	
	Audit Status:		Unaudit	ed	
Provider Type:					
		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		<u>224.97</u>	<u>230.97</u>	<u>5/1/2013</u>	
Level H: Aids		<u>375.78</u>	<u>381.78</u>	<u>5/1/2013</u>	
Rate Type:					
X Interim	Prospective				
Total Interim		Prospective			
Interim Component		-	with Interim	Component	
X Settlement based on cost				2	
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Semest	er Change			
Budget		nent FYE 1/.	31/2014		
X Unaudited costs					
Field audited costs					
Desk audited costs					
	\sim				
Distribution:		iomas Park	er		
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					

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WATERCREST CARE CENTER	Provider Number:	0 089220-00		
16650 W DIXIE HWY	Date:		7/8/201	5
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	1: 1/31/2014		14
	Audit Status:		Unaudit	ed
Provider Type:				
		irrent <u>late</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level	22	8.67	<u>235.98</u>	7/1/2013



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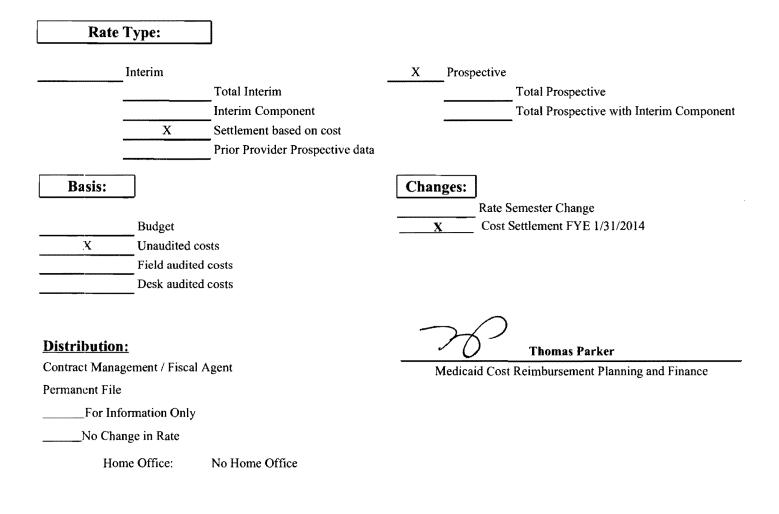
WATERCREST CARE CENTER 16650 W DIXIE HWY		Provider Number:		0 089220-00 7/8/2015		
		Date:				
NORTH MIAN	MI BEACH, FL	33160	Fiscal Year End:		1/31/20	14
			Audit Status:		Unaudit	ted
Provider Ty Nursing Ho	-	Level		Current <u>Rate</u> 229.60	New <u>Rate</u> 239.25	Effective <u>Date</u> <u>1/1/2014</u>
Rate	Type: Interim		Prospective			
		Total Interim		al Prospective		
		Interim Component	Tot	al Prospective	with Interim	Component
	X	Settlement based on cost				
		Prior Provider Prospective data				
Basis:			Changes:			
				ster Change		
	Budget		X Cost Settle	ement FYE 1/	31/2014	
X	Unaudited co	osts				
·	Field audited					
	Desk audited	costs				
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Distribution		• /		Thomas Park		
	agement / Fiscal A	Agent	Medicaid Cost Rein	mbursement P	lanning and F	Finance
Permanent File						
	formation Only					
No Cha	ange in Rate					
Ho	ome Office:	No Home Office				



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WATERCREST CARE CENTER	Provider Number:		0 089220-00	
16650 W DIXIE HWY	Date:		7/8/201	5
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	1/31/2014		14
	Audit Status:		Unaudit	ed
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		<u>229.60</u>	<u>247.03</u>	<u>2/1/2014</u>





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WATERCREST CARE CENTER	Provider Number:		0 089220	-00	
16650 W DIXIE HWY	Date:		7/8/2015		
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:		1/31/20	14	
	Audit Status:		Unaudit	ted	
Provider Type:		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		238.03	<u>257.17</u>	<u>7/1/2014</u>	
Pata Tuna					
Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective		Component	
Basis: Budget X Unaudited costs Field audited costs Desk audited costs		ster Change ement FYE 1/	31/2014		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: No Home Office	Medicaid Cost Rei	T homas Park mbursement P		inance	



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WATERCREST CARE CENTER	Provider Number:		0 089220	-00	
6650 W DIXIE HWY	Date:		7/8/2015		
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:		1/31/20	14	
	Audit Status:		Unaudit	ted	
Provider Type:					
• •		Current	New	Effectiv	
		Rate	Rate	Date	
Nursing Home Single Level		<u>239.65</u>	<u>261.30</u>	<u>1/1/201</u>	
Rate Type:					
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Interim	X Prospective	- 1 D			
Total Interim Interim Component		al Prospective al Prospective		Commona	
X Settlement based on cost	100	al Prospective	e with Interim	Componer	
Prior Provider Prospective data					
Basis:	Changes:				
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Budget		ement FYE 1/	31/2014		
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Field audited costs					
Desk audited costs					
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COMMUNITY HEALTH AND REHABILITATION CENTER 3611 TRANSMITTER ROAD PANAMA CITY, FL 32404-9799		Provider Number:		0 098972-00 7/8/2015			
		Date:					
		Fiscal Year End:		6/30/20			
			Audit Status:		Unaudit	ed	
Provider Ty	-			Current <u>Rate</u>	New <u>Rate</u>	Effective Date	
Nursing Hor	me Single	Level		<u>224.50</u>	<u>226.63</u>	<u>1/1/2014</u>	
Rate	Туре:						
X	_Interim	Total Interim	Prospective Tot	al Prospective	,		
		Interim Component	Tot	al Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data					
Basis:			Changes: Rate Seme	ster Change			
	Budget			ement using F	YE 06/30/201	14	
X	Unaudited co	osts					
	Field audited	l costs					
	Desk audited	l costs					
<u>Distributior</u>	<u>n:</u>		70	fhomas Park	er		
Contract Mana	gement / Fiscal .	Agent	Medicaid Cost Rei	mbursement P	lanning and F	inance	
Permanent File	÷				-		
For Inf	formation Only						
No Cha	inge in Rate						
	me Office:	No Home Office					



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COMMUNITY HEALTH AND REHABILITATION CENTER	Provider Number:		0 098972	-00	
3611 TRANSMITTER ROAD	Date:		7/8/2015		
PANAMA CITY, FL 32404-9799	Fiscal Year End:		6/30/20	14	
	Audit Status:		Unaudit	ed	
Provider Type:					
		Current	New	Effective	
		<u>Rate</u>	Rate	Date	
Nursing Home Single Level		<u>233.55</u>	<u>239.59</u>	<u>7/1/2014</u>	
Rate Type:					
Kate Type.					
Interim	X Prospective				
Total Interim		l Prospective	e		
Interim Component	Tota	l Prospective	e with Interim	Componen	
X Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changest				
Basis.	Changes:				
	Rate Semes	-	YE 06/30/201	1	
Budget	X Cost Settle	ment using r	IE 00/30/201	4	
Field audited costs					
Prefd audited costs					
Desk audited costs					
	$\bigcirc \bigcirc$				
Distribution:	• Л т	homas Park	er		
Contract Management / Fiscal Agent	Medicaid Cost Rein			inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					



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COMMUNITY HEALTH AND REHABILITATION CENTER		Pr	ovider Number:		0 098972			
3611 TRANSMITTER ROAD			ate:		7/8/2015			
PANAMA CITY	, FL 32404-9	799		scal Year End:		6/30/2014		
			Αι	udit Status:		Unaudit	ted	
Provider Typ	e:							
					Current	New	Effective	
	~				Rate	<u>Rate</u>	Date	
Nursing Hom	ie Singl	e Level			<u>233.63</u>	<u>244.59</u>	<u>1/1/201</u> :	
Rate 7	Гуре:	7						
		_						
	Interim		<u> </u>	Prospective	1.0			
-		Total Interim	_		al Prospective		C	
-	X	Interim Component Settlement based on cost	_	100	al Prospective	with Interim	Componen	
-	Λ	Prior Provider Prospective data						
-								
Basis:	7		Change	es:				
	_			Rate Semes	ster Change			
	Budget		X		-	YE 06/30/201	14	
X	Unaudited c	costs						
	Field audite	d costs						
	Desk audite	d costs						
				0				
Distribution:				Т	homas Park	er		
Contract Manage	ement / Fiscal	Agent	Me	dicaid Cost Rein	nbursement P	lanning and F	Finance	
Permanent File								
For Info	rmation Only							
No Chan	ige in Rate							



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HARDEE MANOR HEA	ALTHCARE CENTER	Provider Number:		0 211435	-00	
401 ORANGE PLACE		Date:		7/8/2015		
WAUCHULA , F	L 33873	Fiscal Year End:		12/31/20	013	
		Audit Status:		Unaudit	ted	
Provider Type:						
			Current	New	Effective	
			Rate	<u>Rate</u>	Date	
Nursing Home	Single Level		<u>202.96</u>	<u>198.25</u>	<u>1/1/2015</u>	
D-4. T						
Rate Type:						
Interim		X Prospective				
	Total Interim		al Prospective	2		
	Interim Component	Tota	al Prospective	e with Interim	Component	
	Settlement based on cost				-	
	Prior Provider Prospective data	a				
·						
Basis:		Changes:				
		Rate Seme	ster Change			
Budge	et	X Late Test 1	FYE 12/31/20)13		
X Unauc	dited costs					
Field	audited costs					
Desk :	audited costs					
		\frown				
Distribution:						
Contract Management /	Fiscal Agent		homas Park			
Permanent File	r iscal Agent	Medicaid Cost Rein	nbursement P	lanning and I	inance	
For Information	Only					
No Change in Ra						
Home Office		es Inc				
Home Office	1621 Galleria Blvd.	-0 x110.				
	Brentwood, TN 30727					
SYHRS Repor	t Calculated: 7/8/2015 4:20:15 PM	Report Printed :7/8/2015 ID: 23	14351231201	301012013103	02014075531	