




RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

## 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

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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>Number of Rate Change Notices</u>
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



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
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	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

THE REHABILITATION CENTER OF WINTER PARK  
1700 MONROE AVE  
MAITLAND, FL 32751

Provider Number: 0 005380-00  
Date: 7/27/2015  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>243.19</b>	<b>245.78</b>	<b>6/1/2015</b>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	<input checked="" type="checkbox"/> 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  
 IRR granted effective 6/1/2015

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

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

**Thomas Parker**

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**Medicaid Reimbursement Per Diem Rates**

THE REHABILITATION CENTER OF WINTER PARK  
1700 MONROE AVE  
MAITLAND, FL 32751

Provider Number: 0 005380-00  
Date: 7/27/2015  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>240.86</u>	<u>243.40</u>	<u>9/1/2015</u>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" 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  
 IRR granted effective 6/1/2015

**Distribution:**

Contract Management / Fiscal Agent  
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**Medicaid Reimbursement Per Diem Rates**

BOYNTON HEALTH CARE CENTER  
7900 VENTURE CENTER WAY  
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00  
Date: 7/27/2015  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>262.59</u>	<u>265.35</u>	<u>7/1/2015</u>

**Rate Type:**

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" 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  
 IRR granted effective 07/01/2015

**Distribution:**

Contract Management / Fiscal Agent  
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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Medicaid Reimbursement Per Diem Rates

<u>BOYNTON HEALTH CARE CENTER</u>	Provider Number:	<u>0 005814-00</u>
<u>7900 VENTURE CENTER WAY</u>	Date:	<u>7/27/2015</u>
<u>BOYNTON BEACH, FL 33437-7402</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>261.04</u></b>	<b><u>263.75</u></b>	<b><u>9/1/2015</u></b>

**Rate Type:**

<u>          </u> Interim	<u>          </u> Total Interim	<u>  X  </u> Prospective	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u> Settlement based on cost	<u>          </u> X	<u>          </u> Total Prospective with Interim Component
<u>          </u> Prior Provider Prospective data			

**Basis:**

           Budget  
           Unaudited costs  
           Field audited costs  
           Desk audited costs

**Changes:**

           Rate Semester Change  
  X   IRR granted effective 07/01/2015

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 089220-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>7/8/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>1/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>224.97</u></b>	<b><u>230.97</u></b>	<b><u>5/1/2013</u></b>
	<b>Level H: Aids</b>	<b><u>375.78</u></b>	<b><u>381.78</u></b>	<b><u>5/1/2013</u></b>

**Rate Type:**

<u>X</u> Interim	<u>                    </u> Total Interim	<u>                    </u> Prospective	<u>                    </u> Total Prospective
<u>                    </u>	<u>                    </u> Interim Component	<u>                    </u>	<u>                    </u> Total Prospective with Interim Component
<u>                    </u>	<u>X</u> Settlement based on cost	<u>                    </u>	
<u>                    </u>	<u>                    </u> Prior Provider Prospective data		

**Basis:**


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

**Changes:**

<u>                    </u>	Rate Semester Change
<u>X</u>	Cost Settlement FYE 1/31/2014

**Distribution:**

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<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 089220-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>7/8/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>1/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>228.67</u></b>	<b><u>235.98</u></b>	<b><u>7/1/2013</u></b>

**Rate Type:**

<u>X</u> Interim	<u>        </u> Prospective
<u>        </u> Total Interim	<u>        </u> Total Prospective
<u>        </u> Interim Component	<u>        </u> Total Prospective with Interim Component
<u>        </u> Settlement based on cost	
<u>        </u> Prior Provider Prospective data	

**Basis:**

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

**Changes:**

<u>        </u> Rate Semester Change
<u>X</u> Cost Settlement FYE 1/31/2014

**Distribution:**

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<u>16650 W DIXIE HWY</u>	Date:	<u>7/8/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>1/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>229.60</b>	<b>239.25</b>	<b>1/1/2014</b>

**Rate Type:**

<u>X</u> Interim	<u>                    </u> Total Interim	<u>                    </u> Prospective	<u>                    </u> Total Prospective
<u>                    </u>	<u>                    </u> Interim Component	<u>                    </u>	<u>                    </u> Total Prospective with Interim Component
<u>                    </u>	<u>X</u> Settlement based on cost	<u>                    </u>	
<u>                    </u>	<u>                    </u> Prior Provider Prospective data		

**Basis:**

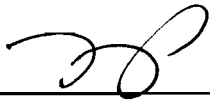
<u>                    </u>	Budget
<u>X</u>	Unaudited costs
<u>                    </u>	Field audited costs
<u>                    </u>	Desk audited costs

**Changes:**

<u>                    </u>	Rate Semester Change
<u>X</u>	Cost Settlement FYE 1/31/2014

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 089220-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>7/8/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>1/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>229.60</b>	<b>247.03</b>	<b>2/1/2014</b>

**Rate Type:**

<u>Interim</u>	<u>X</u> Prospective
<u>Total Interim</u>	<u>Total Prospective</u>
<u>Interim Component</u>	<u>Total Prospective with Interim Component</u>
<u>X</u> Settlement based on cost	
<u>Prior Provider Prospective data</u>	

**Basis:**

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

**Changes:**

<u>Rate Semester Change</u>
<u>X</u> Cost Settlement FYE 1/31/2014

**Distribution:**

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 \_\_\_\_\_ No Change in Rate  
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**Medicaid Reimbursement Per Diem Rates**

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 089220-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>7/8/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>1/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>238.03</u></b>	<b><u>257.17</u></b>	<b><u>7/1/2014</u></b>

**Rate Type:**

<u>          </u> Interim	<u>  X  </u> Prospective
<u>          </u> Total Interim	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u> Total Prospective with Interim Component
<u>  X  </u> Settlement based on cost	
<u>          </u> Prior Provider Prospective data	

**Basis:**


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

**Changes:**

<u>          </u> Rate Semester Change
<u>  X  </u> Cost Settlement FYE 1/31/2014

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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 Home Office:      No Home Office

  
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**Medicaid Reimbursement Per Diem Rates**

<u>WATERCREST CARE CENTER</u>	Provider Number:	<u>0 089220-00</u>
<u>16650 W DIXIE HWY</u>	Date:	<u>7/8/2015</u>
<u>NORTH MIAMI BEACH, FL 33160</u>	Fiscal Year End:	<u>1/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>239.65</u></b>	<b><u>261.30</u></b>	<b><u>1/1/2015</u></b>

**Rate Type:**

<u>      </u> Interim	<u>      </u> Total Interim	<u>  X  </u> Prospective	<u>      </u> Total Prospective
<u>      </u> Interim Component	<u>      </u> Settlement based on cost	<u>      </u> Total Prospective with Interim Component	
<u>      </u> X	<u>      </u> Prior Provider Prospective data		

**Basis:**


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

**Changes:**

<u>      </u> Rate Semester Change
<u>  X  </u> Cost Settlement FYE 1/31/2014

**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**

<u>COMMUNITY HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 098972-00</u>
<u>3611 TRANSMITTER ROAD</u>	Date:	<u>7/8/2015</u>
<u>PANAMA CITY, FL 32404-9799</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>224.50</b>	<b>226.63</b>	<b>1/1/2014</b>

**Rate Type:**

<u> X </u> Interim	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

**Basis:**

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

**Changes:**

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement using FYE 06/30/2014

**Distribution:**

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

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

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:	6/30/2014
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>233.55</u></b>	<b><u>239.59</u></b>	<b><u>7/1/2014</u></b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement using FYE 06/30/2014

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

<u>COMMUNITY HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 098972-00</u>
<u>3611 TRANSMITTER ROAD</u>	Date:	<u>7/8/2015</u>
<u>PANAMA CITY, FL 32404-9799</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b><u>233.63</u></b>	<b><u>244.59</u></b>	<b><u>1/1/2015</u></b>

**Rate Type:**

<u>Interim</u>	<u>X</u> <u>Prospective</u>
<u>Total Interim</u>	<u>Total Prospective</u>
<u>Interim Component</u>	<u>Total Prospective with Interim Component</u>
<u>X</u> <u>Settlement based on cost</u>	
<u>Prior Provider Prospective data</u>	

**Basis:**

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

**Changes:**

<u>Rate Semester Change</u>
<u>X</u> <u>Cost Settlement using FYE 06/30/2014</u>

**Distribution:**

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

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Home Office:      No Home Office



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**Medicaid Reimbursement Per Diem Rates**

HARDEE MANOR HEALTHCARE CENTER  
401 ORANGE PLACE  
WAUCHULA, FL 33873

Provider Number: 0 211435-00  
Date: 7/8/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>202.96</u>	<u>198.25</u>	<u>1/1/2015</u>

**Rate Type:**

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

**Basis:**

\_\_\_\_\_ Budget  
 Unaudited costs  
 \_\_\_\_\_ Field audited costs  
 \_\_\_\_\_ Desk audited costs

**Changes:**

\_\_\_\_\_ Rate Semester Change  
 Late Test FYE 12/31/2013

**Distribution:**

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance

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