

JUSTIN M. SENIOR INTERIM SECRETARY

#### **MEMORANDUM**

Date:

October 28, 2016

To:

Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations

From:

Lisa Smith, 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>	Provider Number	Type of Action	Number of Rate Change Notices
1.	Heritage Park	0 005850-00	IRR	2
2.	Heritage Healthcare Center at Tallahassee	0 043833-00	Ratings Days	1
3.	Palm Garden of Winter Haven	0 098593-00	Ratings Days	1
4.	Jacaranda Manor	0 281743-00	Ratings Days	1
			Total:	5

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/kc



		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)	MCM number	Audit Number
000585000	20160701	238.16	0.00	238.16	238.16	80067-16	
000585000	20160901	238.20	0.00	238.20	238.20	80067-16	
004383300	20150901	193.64	0.00	193.64	193.64	80067-16	
009859300	20150901	232.08	0.00	232.08	232.08	80067-16	
028174300	20150101	180.17	0.00	180.17	180.17	80067-16	



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HERITAGE PARK		Provider Number:		0 005850-00			
37135 COLEMAN AVE		Date:	9/20/2016 6/30/2014				
DADE CITY, FL 33525-4	526	Fiscal Year End:					
		Audit Status:		Unaudit	ed		
Provider Type:  Nursing Home Sin	ngle Level		Current Rate 232.15	New <u>Rate</u> 238.16	Effective <u>Date</u> 7/1/2016		
Rate Type:Interim	Total Interim Interim Component		al Prospective		Component		
	Settlement based on cost		ai i rospective	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Component		
<u> </u>	Prior Provider Prospective data	1					
	<u> </u>						
Field au	ted costs adited costs		ester Change ted Effective	7/1/2016			
Distribution:		do	Lisa Smith				
Contract Management / Fi	scal Agent	Medicaid Cost Rei	mbursement I	Planning and	Finance		
Permanent File							
For Information C	Only						
No Change in Rate	e						
Home Office:	Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400 Pensacola, FL 32502	Connect Bringed -0/20/2014 ID: (	0058500630201	401012014101	32014132816		
EJGKN Report	Calculated: 9/20/2016 3:17:56 PM	Report Printed:9/20/2016 ID: 0	,u28200630201	401012014101	32014132810		



**EJGKN** 

Report Calculated: 9/20/2016 3:17:56 PM

# State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

#### **Medicaid Reimbursement Per Diem Rates**

HERITAGE PARK				Provider Number:		0 005850-00			
37135 COLEM	AN AVE			Date:		9/20/2016			
DADE CITY, F	L 33525-452	6		Fiscal Year End:	6/30/2014				
				Audit Status:		Unaudit	ed		
Provider Ty	pe:								
•	•				Current	New	Effective		
					Rate	Rate	<u>Date</u>		
<b>Nursing Hor</b>	Nursing Home Single Level				<u>232.26</u>	<u>238.20</u>	<u>9/1/2016</u>		
Rate	Type:	$\neg$							
	-3 Pot								
	Interim		X	Prospective					
	•	Total Interim			al Prospective				
		Interim Component			al Prospective		Component		
		Settlement based on cost							
		Prior Provider Prospective data							
		<del></del>							
Basis:			Cha	inges:					
<b>L</b>	<b></b>				ster Change				
	Budget				ed Effective 7	//1/2016			
X	Unaudited	costs							
	Field audit	ed costs							
	Desk audit	ed costs							
				<i>^ ^</i>					
Distribution	<u>ı:</u>				Lisa Smith				
Contract Mana	gement / Fisca	l Agent		Medicaid Cost Rein		lanning and F	inance		
Permanent File	;			Wiedicald Commen	noursement r	iaining and i	mance		
For Inf	Formation Only	1							
	inge in Rate								
NO Clia	inge in Nate								
Ho	me Office:	Gulf Coast Healthcare, LLC							
		40 South Palafox Place							
		Suite 400							
		Pensacola, FL 32502							

Report Printed: 9/20/2016

ID: 005850063020140101201410132014132816



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Tallahassee, Florida 32308

HERITAGE HEALTHCARE CENTER AT TALLAHASSEE				Provid	er Number:	:	0 043833-00			
3101 GINGER I	DR			Date:			3/23/2016			
TALLAHASSE	E, FL 32308	-4437		Fiscal	Year End:		12/31/2013			
				Audit	Status:		Unaudit	ed		
Provider Typ	pe:									
						Current	New	Effective		
						Rate	Rate	<u>Date</u>		
Nursing Hon	ne Sing	de Level				<u>193.83</u>	<u>193.64</u>	<u>9/1/2015</u>		
		_								
Rate	Туре:							:		
	Interim		X	Progr	ective					
		Total Interim		<b>-</b>		tal Prospective				
•		Interim Component				tal Prospective	with Interim	Component		
•		Settlement based on cost				•		-		
·		Prior Provider Prospective data								
Basis:			Cha	nges:	]					
:	_				Rate Seme	ester Change				
	Budget			X		9/2015 rate sen	nester to add	Ratings		
X	Unaudited		4		Days					
	Field audit		1							
-	Desk audit	ed costs	1							
D': 4 'D - 4'			;		-11					
<u>Distribution</u>		1.4	Lisa Smith							
Contract Manage Permanent File	gement / Fisca	al Agent		Medica	id Cos <b>t R</b> ei	mbursement Pl	anning and F	inance		
	ormation Only	v.								
	nge in Rate	y								
		a to the transfer of the tran								
Hon	ne Office:	CMC II, LLC								
		800 Concourse Parkway South								
		Suite 200								
		Maitland, FL 32751						:		
OZGXY	Report Calc	culated: 3/23/2016 9:59:48 AM Repo	ort Printed	:3/23/20	16 ID: 0	4383312312013	080120120529	92014101331		



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Tallahassee, Florida 32308

PALM GARDEN OF WINTER HAVEN			Provid	er Number:		0 098593	-00			
1120 CYPRESS GARDENS BLVD				Date:			3/24/2016			
WINTER HAVI	EN, FL 33884			Fiscal	Year End:		8/31/20	14		
				Audit S	Status:		Unaudit	ed		
Provider Typ	Provider Type:					Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Hon	ne Singl	le Level				232.37	232.08	9/1/2015		
Rate	Туре:									
	Interim		x	Prost	ective					
	•	Total Interim		'		al Prospective	;			
		Interim Component			Tot	al Prospective	with Interim	Component		
	X	Settlement based on cost								
		Prior Provider Prospective data	a							
Basis:			Cha	inges:	]					
	_				Rate Seme	ster Change				
	Budget			X	Ratings D	ay Retro for t	he 09/2015 R	ate Semester		
X	Unaudited	costs								
	Field audit	ed costs								
	Desk audit	ed costs								
			·							
Distribution					d)	Lisa Smith				
Contract Mana	gement / Fisca	ıl Agent		Medica	aid Cost Re	mbursement I	lanning and I	Finance		
Permanent File	;									
For Inf	formation Only	y								
No Cha	inge in Rate									
Ног	me Office:	Palm Garden Healthcare Holdi 2033 Main Street Suite 300 Sarasota, FL 34237	ings, LLC							
AJC7I	Report Cale	culated: 3/24/2016 2:35:00 PM	Report Printe	d :3/24/2	016 ID: 0	985930831201	411012013121	02015105328		



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JACARANDA MANOR				Provider Num	ber:		0 281743-00		
4250 66TH ST	N			Date:		3/25/2016			
SAINT PETERS	SBURG, FL	33709		Fiscal Year Er	ıd:	12/31/2013		)13	
				Audit Status:			Unaudit	ed	
Provider Ty	pe:								
	•					Current	New	Effective	
						Rate	Rate	<u>Date</u>	
Nursing Hon	ne Sing	le Level				<u>179.48</u>	<u>180.17</u>	<u>1/1/2015</u>	
D-4	<b>T</b>	$\neg$							
Kate	Туре:								
	Interim		X	Prospective					
		Total Interim		x	Total	Prospective			
		Interim Component			Total	Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:					
				Rate S	emeste	er Change			
	Budget			X Rating	gs Day	s Retro for t	the 1/2015 Ra	te Semester	
X	Unaudited	costs							
	Field audit								
	Desk audit	ed costs							
To 1 1 11			1	) \	<b>b</b>				
Distribution				770		Lisa Smith			
Contract Manag		al Agent		Medicaid Cost	Reimb	oursement P	lanning and F	inance	
Permanent File									
	ormation Only	<b>y</b>							
No Cha	nge in Rate								
Hor	ne Office:	Grace Healthcare, Inc							
		7201 Shallowford Rd, STE 200							
		Chattanooga, TN 37421		1.00					
0TA9O	Report Cale	culated: 3/25/2016 12:00:30 PM Repo	rt Printec	i :3/25/2016 I	D: 281	74312312013	01012013042	82014160340	