




RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

MEMORANDUM

Date: November 30, 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>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	Gulf Shore Rehab & Nursing	0 014169-00	RFA	1
			Total:	1

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

LS/sj



		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
001416900	20150101	241.67	0.00	241.67	241.67	80194-16	NH14-024C



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

GULF SHORE REHAB & NURSING

6767 86TH AVE N

PINELLAS PARK, FL 33782

Provider Number:

0 014169-00

Date:

10/21/2016

Fiscal Year End:

1/31/2014

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

242.07

New
Rate

241.67

Effective
Date

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

FA & RFA NH14-024C FYE 1/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Hallmark Accounting
368 New Hempstead Road #309
New City, NY 10956


Lisa Smith

Medicaid Cost Reimbursement Planning and Finance