




RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: February 27, 2017
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.	Brynwood Health and Rehabilitation Center	0 005381-00	IRR	1
2.	Heritage Park	0 005850-00	IRR	1
3.	Salerno Bay Health and Rehabilitation Center	0 006483-00	IRR	1
4.	Bayside Health and Rehabilitation Center	0 017221-00	IRR	1
5.	River Valley Rehabilitation Center	0 044889-00	FA	7
6.	The Terrace of Jacksonville	0 108507-00	Cost Settlement	6
7.	Southern Oaks Rehabilitation Center	0 324566-00	FA&RFA	12
			Total:	29

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
000538100	20170101	250.33	0.00	250.33	250.33	80664-17	
000585000	20161101	240.97	0.00	240.97	240.97	80664-17	
000648300	20170101	247.87	0.00	247.87	247.87	80664-17	
001722100	20161201	234.98	0.00	234.98	234.98	80664-17	
004488900	20120201	208.24	355.85	208.24	208.24	80664-17	NH13-290W
004488900	20120701	215.07	364.28	215.07	215.07	80664-17	NH13-290W
004488900	20120801	220.26	369.47	220.26	220.26	80664-17	NH13-290W
004488900	20130101	221.76	372.57	221.76	221.76	80664-17	NH13-290W
004488900	20130701	227.14	0.00	227.14	227.14	80664-17	NH13-290W
004488900	20140101	227.85	0.00	227.85	227.85	80664-17	NH13-290W
004488900	20140701	238.00	0.00	238.00	238.00	80664-17	NH13-290W
010850700	20140501	203.54	0.00	203.54	203.54	80664-17	
010850700	20140701	211.88	0.00	211.88	211.88	80664-17	
010850700	20150101	212.28	0.00	212.28	212.28	80664-17	
010850700	20150501	215.61	0.00	215.61	215.61	80664-17	
010850700	20150901	212.92	0.00	212.92	212.92	80664-17	
010850700	20160901	213.70	0.00	213.70	213.70	80664-17	
014794800	20150601	246.56	0.00	246.56	246.56		
014794800	20150901	243.81	0.00	243.81	243.81		
014794800	20160901	240.47	0.00	240.47	240.47		
015150600	20150701	254.47	0.00	254.47	254.47		
015150600	20150901	252.96	0.00	252.96	252.96		
015150600	20160901	250.50	0.00	250.50	250.50		
015166700	20150701	251.12	0.00	251.12	251.12		
015166700	20150901	248.97	0.00	248.97	248.97		
015166700	20160901	245.47	0.00	245.47	245.47		
016959900	20160601	222.81	0.00	222.81	222.81		
016959900	20160901	222.87	0.00	222.87	222.87		
032456600	20100701	219.17	362.51	219.17	219.17	80664-17	NH11-165C
032456600	20110101	219.64	364.50	219.64	219.64	80664-17	NH11-166C
032456600	20110701	211.81	358.01	211.81	211.81	80664-17	NH11-166C
032456600	20120101	202.57	350.18	202.57	202.57	80664-17	NH11-166C
032456600	20120701	209.47	358.68	209.47	209.47	80664-17	NH11-166C
032456600	20130101	212.35	363.16	212.35	212.35	80664-17	NH11-166C
032456600	20130701	216.85	0.00	216.85	216.85	80664-17	NH11-166C
032456600	20140101	211.32	0.00	211.32	211.32	80664-17	NH11-166C
032456600	20140701	218.85	0.00	218.85	218.85	80664-17	NH11-166C
032456600	20150101	218.61	0.00	218.61	218.61	80664-17	NH11-166C
032456600	20150901	218.00	0.00	218.00	218.00	80664-17	NH11-166C
032456600	20160901	210.97	0.00	210.97	210.97	80664-17	NH11-166C



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Medicaid Reimbursement Per Diem Rates

BRYNWOOD HEALTH AND REHABILITATION CENTER
1656 SOUTH JEFFERSON STREET
MONTICELLO, FL 32344

Provider Number: 0 005381-00
Date: 2/1/2017
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
247.57 250.33 1/1/2017

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
 IRR Granted Effective 1/1/2017


Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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



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HERITAGE PARK	Provider Number:	0 005850-00
37135 COLEMAN AVE	Date:	1/25/2017
DADE CITY, FL 33525-4526	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	238.20	240.97	11/1/2016

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:	
<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"/> IRR Granted Effective 11/1/2016	

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Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

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



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SALERNO BAY HEALTH AND REHABILITATION CENTER
4801 SE COVE RD
STUART, FL 34997-1602

Provider Number: 0 006483-00
Date: 2/2/2017
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	243.76	247.87	1/1/2017

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

IRR Granted Effective 1/1/2017

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BAYSIDE HEALTH AND REHABILITATION CENTER
4343 LANGLEY AVENUE
PENSACOLA, FL 32504

Provider Number: 0 017221-00
Date: 2/1/2017
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
232.31	234.98	12/1/2016

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

IRR Granted Effective 12/1/2016.

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

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

RIVER VALLEY REHABILITATION CENTER
 17884 NE CROZIER ST
 BLOUNTSTOWN, FL 32424

Provider Number: 0 044889-00
 Date: 1/19/2017
 Fiscal Year End: 7/31/2012
 Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.80	208.24	2/1/2012
	Level H: Aids	356.41	355.85	2/1/2012

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input 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 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"/>	Field Audit #NH13-290W FYE 07/31/2012

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Home Office:

Southern HealthCare Management, LLC
 5887 Glenridge Drive, Suite 150
 Atlanta, GA 30328

Lisa Smith

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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

RIVER VALLEY REHABILITATION CENTER
17884 NE CROZIER ST
BLOUNTSTOWN, FL 32424

Provider Number: 0 044889-00
Date: 1/19/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.64</u>	<u>215.07</u>	<u>7/1/2012</u>
	Level H: Aids	<u>364.85</u>	<u>364.28</u>	<u>7/1/2012</u>

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input 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 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"/>	Field Audit #NH13-290W FYE 07/31/2012

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Atlanta, GA 30328

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RIVER VALLEY REHABILITATION CENTER
17884 NE CROZIER ST
BLOUNTSTOWN, FL 32424

Provider Number: 0 044889-00
Date: 1/19/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.85</u>	<u>220.26</u>	<u>8/1/2012</u>
	Level H: Aids	<u>370.06</u>	<u>369.47</u>	<u>8/1/2012</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 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 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"/> Field Audit #NH13-290W FYE 07/31/2012	

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RIVER VALLEY REHABILITATION CENTER
17884 NE CROZIER ST
BLOUNTSTOWN, FL 32424

Provider Number: 0 044889-00
Date: 1/19/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.36</u>	<u>221.76</u>	<u>1/1/2013</u>
	Level H: Aids	<u>373.17</u>	<u>372.57</u>	<u>1/1/2013</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 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 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"/> Field Audit #NH13-290W FYE 07/31/2012	

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RIVER VALLEY REHABILITATION CENTER
17884 NE CROZIER ST
BLOUNTSTOWN, FL 32424

Provider Number: 0 044889-00
Date: 1/19/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
227.75	227.14	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"/> Field Audit #NH13-290W FYE 07/31/2012	

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Atlanta, GA 30328

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Medicaid Reimbursement Per Diem Rates

RIVER VALLEY REHABILITATION CENTER
17884 NE CROZIER ST
BLOUNTSTOWN, FL 32424

Provider Number: 0 044889-00
Date: 1/19/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
228.34	227.85	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	
<input checked="" type="checkbox"/> Field audited costs	
_____ Desk audited costs	

Changes:	
_____ Rate Semester Change	
<input checked="" type="checkbox"/> Field Audit #NH13-290W FYE 07/31/2012	

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Atlanta, GA 30328

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Medicaid Reimbursement Per Diem Rates

RIVER VALLEY REHABILITATION CENTER
17884 NE CROZIER ST
BLOUNTSTOWN, FL 32424

Provider Number: 0 044889-00
Date: 1/19/2017
Fiscal Year End: 7/31/2012
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
238.52	238.00	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:	
<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"/> Field Audit #NH13-290W FYE 07/31/2012	

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF JACKSONVILLE

10680 OLD ST AUGUSTINE RD

JACKSONVILLE, FL 32257

Provider Number:

0 108507-00

Date:

12/19/2016

Fiscal Year End:

4/30/2015

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>229.23</u>	<u>203.54</u>	<u>5/1/2014</u>

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

Cost Settlement FYE 4/30/2015

Distribution:

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Home Office: SMJ Enterprises, LLC
480 Fentress Blvd. Suite H
Daytona Beach, FL 32114

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF JACKSONVILLE
10680 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257

Provider Number: 0 108507-00
Date: 12/19/2016
Fiscal Year End: 4/30/2015
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>237.35</u>	<u>211.88</u>	<u>7/1/2014</u>

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

Cost Settlement FYE 4/30/2015

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Home Office: SMJ Enterprises, LLC
480 Fentress Blvd. Suite H
Daytona Beach, FL 32114

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF JACKSONVILLE
10680 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257

Provider Number: 0 108507-00
Date: 12/19/2016
Fiscal Year End: 4/30/2015
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	237.36	212.28	1/1/2015

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

Cost Settlement FYE 4/30/2015

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480 Fentress Blvd. Suite H
Daytona Beach, FL 32114



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10680 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257

Provider Number: 0 108507-00
Date: 12/19/2016
Fiscal Year End: 4/30/2015
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	237.36	215.61	5/1/2015

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

Cost Settlement FYE 4/30/2015

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Daytona Beach, FL 32114

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10680 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32257

Provider Number: 0 108507-00
Date: 12/19/2016
Fiscal Year End: 4/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
230.52 **212.92** **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

Cost Settlement FYE 4/30/2015

Distribution:

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Home Office: SMJ Enterprises, LLC
480 Fentress Blvd. Suite H
Daytona Beach, FL 32114

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>THE TERRACE OF JACKSONVILLE</u>	Provider Number:	<u>0 108507-00</u>
<u>10680 OLD ST AUGUSTINE RD</u>	Date:	<u>12/19/2016</u>
<u>JACKSONVILLE, FL 32257</u>	Fiscal Year End:	<u>4/30/2015</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>
Nursing Home	Single Level	<u>227.79</u>	<u>213.70</u>	<u>9/1/2016</u>

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 4/30/2015

Distribution:

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Home Office: SMJ Enterprises, LLC
 480 Fentress Blvd. Suite H
 Daytona Beach, FL 32114


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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

BROWNWOOD CARE CENTER	Provider Number:	0 147948-00
490 S OLD WIRE RD	Date:	1/13/2017
WILDWOOD, FL 34785	Fiscal Year End:	5/31/2016
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	240.20	246.56	6/1/2015

Rate Type:

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

Basis:

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP effective 06/01/2015

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 Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BROWNWOOD CARE CENTER

490 S OLD WIRE RD

WILDWOOD, FL 34785

Provider Number:

0 147948-00

Date:

1/13/2017

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

239.87

New
Rate

243.81

Effective
Date

9/1/2015

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

NRP CHOP effective 06/01/2015

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Medicaid Reimbursement Per Diem Rates

BROWNWOOD CARE CENTER

490 S OLD WIRE RD

WILDWOOD, FL 34785

Provider Number:

0 147948-00

Date:

1/13/2017

Fiscal Year End:

5/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

240.42

240.47

9/1/2016

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

NRP CHOP effective 06/01/2015

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Medicaid Reimbursement Per Diem Rates

ADVANCED CARE CENTER

401 FAIRWOOD AVE

CLEARWATER, FL 33759

Provider Number:

0 151506-00

Date:

1/25/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

248.89

New
Rate

254.47

Effective
Date

7/1/2015

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

NRP CHOP effective 07/01/2015

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Medicaid Reimbursement Per Diem Rates

ADVANCED CARE CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 151506-00
Date: 1/25/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
250.42	252.96	9/1/2015

Rate Type:

<input checked="" type="checkbox"/> Interim	<input 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 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

NRP CHOP effective 07/01/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

ADVANCED CARE CENTER
401 FAIRWOOD AVE
CLEARWATER, FL 33759

Provider Number: 0 151506-00
Date: 1/25/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
251.99 **250.50** **9/1/2016**

Rate Type:

Interim Prospective
_____ X 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
 NRP CHOP effective 07/01/2015

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Medicaid Reimbursement Per Diem Rates

SHORE ACRES CARE CENTER

4500 INDIANAPOLIS ST NE

SAINT PETERSBURG, FL 33703

Provider Number:

0 151667-00

Date:

1/20/2017

Fiscal Year End:

6/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

248.36

251.12

7/1/2015

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

NRP CHOP effective 07/01/2015

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Medicaid Reimbursement Per Diem Rates

SHORE ACRES CARE CENTER	Provider Number:	0 151667-00
4500 INDIANAPOLIS ST NE	Date:	1/20/2017
SAINT PETERSBURG, FL 33703	Fiscal Year End:	6/30/2016
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>249.57</u>	<u>248.97</u>	<u>9/1/2015</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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:

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP effective 07/01/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

SHORE ACRES CARE CENTER
4500 INDIANAPOLIS ST NE
SAINT PETERSBURG, FL 33703

Provider Number: 0 151667-00
Date: 1/20/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
251.08	245.47	9/1/2016

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
 NRP CHOP effective 07/01/2015

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY CROSSING
6210 BEACH BLVD
JACKSONVILLE, FL 32216

Provider Number: 0 169599-00
Date: 2/7/2017
Fiscal Year End: 3/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
198.31	222.81	6/1/2016

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
 NRP CHOP effective 06/01/2016

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

UNIVERSITY CROSSING
6210 BEACH BLVD
JACKSONVILLE, FL 32216

Provider Number: 0 169599-00
Date: 2/7/2017
Fiscal Year End: 3/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>192.64</u>	<u>222.87</u>	<u>9/1/2016</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input 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

NRP CHOP effective 06/01/2016

Distribution:

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Lisa Smith

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>218.82</u>	<u>219.17</u>	<u>7/1/2010</u>
	Level H: Aids	<u>362.16</u>	<u>362.51</u>	<u>7/1/2010</u>

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 #NH11-165C FYE 12/31/2008

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



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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.14</u>	<u>219.64</u>	<u>1/1/2011</u>
	Level H: Aids	<u>364.00</u>	<u>364.50</u>	<u>1/1/2011</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 #NH11-166C FYE 12/31/2009 with effects of FA & RFA #NH11-165C FYE 12/31/2008

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 Medicaid Cost Reimbursement Planning and Finance

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



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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.17</u>	<u>211.81</u>	<u>7/1/2011</u>
	Level H: Aids	<u>357.37</u>	<u>358.01</u>	<u>7/1/2011</u>

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

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

Changes:	
_____	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH11-166C FYE 12/31/2009 with effects of FA & RFA #NH11-165C FYE 12/31/2008

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368 New Hempstead Road #309
New City, NY 10956

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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.61</u>	<u>202.57</u>	<u>1/1/2012</u>
	Level H: Aids	<u>350.22</u>	<u>350.18</u>	<u>1/1/2012</u>

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

Effects of FA & RFA #NH11-165C FYE 12/31/2008 and effects of FA & RFA #NH11-166C FYE 12/31/2009

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Home Office:

Hallmark Accounting

368 New Hempstead Road #309

New City, NY 10956

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.50</u>	<u>209.47</u>	<u>7/1/2012</u>
	Level H: Aids	<u>358.71</u>	<u>358.68</u>	<u>7/1/2012</u>

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

Effects of FA & RFA #NH11-165C FYE 12/31/2008 and effects of FA & RFA #NH11-166C FYE 12/31/2009


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Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

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



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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.39	212.35	1/1/2013
	Level H: Aids	363.20	363.16	1/1/2013

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

Effects of FA & RFA #NH11-165C FYE 12/31/2008 and effects of FA & RFA #NH11-166C FYE 12/31/2009

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Home Office:

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368 New Hempstead Road #309
New City, NY 10956

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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.89	216.85	7/1/2013

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
 Effects of FA & RFA #NH11-165C FYE 12/31/2008 and effects of FA & RFA #NH11-166C FYE 12/31/2009

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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
211.36 211.32 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

Effects of FA & RFA #NH11-165C FYE 12/31/2008 and effects of FA & RFA #NH11-166C FYE 12/31/2009

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
218.89 **218.85** **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

Effects of FA & RFA #NH11-165C FYE 12/31/2008 and effects of FA & RFA #NH11-166C FYE 12/31/2009

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



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

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
218.65	218.61	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
 Effects of FA & RFA #NH11-165C FYE 12/31/2008 and effects of FA & RFA #NH11-166C FYE 12/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	218.03	218.00	9/1/2015

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:

<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"/> Effects of FA & RFA #NH11-165C FYE 12/31/2008 and effects of FA & RFA #NH11-166C FYE 12/31/2009

Distribution:

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Permanent File
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 No Change in Rate

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New City, NY 10956



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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 324566-00
Date: 1/24/2017
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
211.01	210.97	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

Effects of FA & RFA #NH11-165C FYE 12/31/2008 and effects of FA & RFA #NH11-166C FYE 12/31/2009

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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