




RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: March 29, 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.	Plantation Key Nursing Center	0 044975-00	LT	1
2.	Ocala Oaks Rehabilitation Center	0 048611-00	FA	7
3.	The Floridean Nursing and Rehabilitation Center	0 146222-00	CS	4
4.	Northbrook Health and Rehabilitation Center	0 156586-00	CS	3
5.	Harmony Health Center	0 269107-00	RFA	3
6.	The Palms Rehabilitation and Nursing Center	0 321532-00	FA	1
7.	Shore Acres Rehabilitation and Health Center	0 324132-00	RFA	3
			Total:	22

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

LS/sj



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)		
004497500	20150901	247.28	0.00	247.28	247.28	80808-17	
004861100	20120601	216.30	363.91	216.30	216.30	80808-17	NH13-296W
004861100	20120701	222.31	371.52	222.31	222.31	80808-17	NH13-296W
004861100	20121201	225.45	374.66	225.45	225.45	80808-17	NH13-296W
004861100	20130101	228.30	379.11	228.30	228.30	80808-17	NH13-296W
004861100	20130701	233.77	0.00	233.77	233.77	80808-17	NH13-296W
004861100	20140101	234.29	0.00	234.29	234.29	80808-17	NH13-296W
004861100	20140701	243.45	0.00	243.45	243.45	80808-17	NH13-296W
014622200	20150201	257.42	0.00	257.42	257.42	80808-17	
014622200	20150901	249.93	0.00	249.93	249.93	80808-17	
014622200	20151001	254.98	0.00	254.98	254.98	80808-17	
014622200	20160901	255.81	0.00	255.81	255.81	80808-17	
015169700	20150701	221.11	0.00	221.11	221.11	80808-17	
015169700	20150901	220.10	0.00	220.10	220.10	80808-17	
015169700	20160901	219.52	0.00	219.52	219.52	80808-17	
015658600	20151101	223.23	0.00	223.23	223.23	80808-17	
015658600	20160501	228.12	0.00	228.12	228.12	80808-17	
015658600	20160901	230.67	0.00	230.67	230.67	80808-17	
026910700	20110701	182.97	329.17	182.97	182.97	80808-17	NH13-085C
026910700	20120101	184.11	331.72	184.11	184.11	80808-17	NH13-085C
026910700	20120701	189.48	338.69	189.48	189.48	80808-17	NH13-085C
032153200	20150101	247.16	0.00	247.16	247.16	80808-17	NH14-026C
032413200	20100701	228.79	372.13	228.79	228.79	80808-17	NH11-160C
032413200	20110101	231.46	376.32	231.46	231.46	80808-17	NH11-160C
032413200	20110701	222.90	369.10	222.90	222.90	80808-17	NH11-160C



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

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 11/18/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
257.59	247.28	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

Late Test FYE 7/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Lyric Healthcare Holdings III, Inc
1423 Clarkview Road
Suite 500
Baltimore, MD 21090

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

OCALA OAKS REHABILITATION CENTER

3930 E SILVER SPRINGS BLVD

OCALA, FL 34470-5006

Provider Number:

0 048611-00

Date:

1/24/2017

Fiscal Year End:

11/30/2012

Audit Status:

Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>218.06</u>	<u>216.30</u>	<u>6/1/2012</u>
	Level H: Aids	<u>365.67</u>	<u>363.91</u>	<u>6/1/2012</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

Field Audit #NH13-296W FYE 11/30/2012

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:

Southern HealthCare Management, LLC

5887 Glenridge Drive, Suite 150

Atlanta, GA 30328

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

<u>OCALA OAKS REHABILITATION CENTER</u>	Provider Number:	<u>0 048611-00</u>
<u>3930 E SILVER SPRINGS BLVD</u>	Date:	<u>1/24/2017</u>
<u>OCALA, FL 34470-5006</u>	Fiscal Year End:	<u>11/30/2012</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>223.79</u>	<u>222.31</u>	<u>7/1/2012</u>
	Level H: Aids	<u>373.00</u>	<u>371.52</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 #NH13-296W FYE 11/30/2012

Distribution:


Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office: Southern HealthCare Management, LLC
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 **Lisa Smith**
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Medicaid Reimbursement Per Diem Rates

OCALA OAKS REHABILITATION CENTER
3930 E SILVER SPRINGS BLVD
OCALA, FL 34470-5006

Provider Number: 0 048611-00
Date: 1/24/2017
Fiscal Year End: 11/30/2012
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.04</u>	<u>225.45</u>	<u>12/1/2012</u>
	Level H: Aids	<u>376.25</u>	<u>374.66</u>	<u>12/1/2012</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

Field Audit #NH13-296W FYE 11/30/2012

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Medicaid Reimbursement Per Diem Rates

OCALA OAKS REHABILITATION CENTER	Provider Number:	0 048611-00
3930 E SILVER SPRINGS BLVD	Date:	1/24/2017
OCALA, FL 34470-5006	Fiscal Year End:	11/30/2012
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.51</u>	<u>228.30</u>	<u>1/1/2013</u>
	Level H: Aids	<u>380.32</u>	<u>379.11</u>	<u>1/1/2013</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

Field Audit #NH13-296W FYE 11/30/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

OCALA OAKS REHABILITATION CENTER

3930 E SILVER SPRINGS BLVD

OCALA, FL 34470-5006

Provider Number:

0 048611-00

Date:

1/24/2017

Fiscal Year End:

11/30/2012

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

235.10

233.77

7/1/2013

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

Field Audit #NH13-296W FYE 11/30/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

OCALA OAKS REHABILITATION CENTER

3930 E SILVER SPRINGS BLVD

OCALA, FL 34470-5006

Provider Number:

0 048611-00

Date:

1/24/2017

Fiscal Year End:

11/30/2012

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

235.87

234.29

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

Field Audit #NH13-296W FYE 11/30/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE FLORIDEAN NURSING AND REHABILITATION CENTER
47 NW 32ND PLACE
MIAMI, FL 33125

Provider Number: 0 146222-00
Date: 2/23/2017
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>268.31</u>	<u>257.42</u>	<u>2/1/2015</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 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 FYE 09/30/2015

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

Home Office:

CMC II, LLC
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Suite 200
Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

THE FLORIDEAN NURSING AND REHABILITATION CENTER	Provider Number:	0 146222-00
47 NW 32ND PLACE	Date:	2/23/2017
MIAMI, FL 33125	Fiscal Year End:	9/30/2015
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>261.53</u>	<u>249.93</u>	<u>9/1/2015</u>

Rate Type:	
<input checked="" type="checkbox"/> Interim	<input 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 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 FYE 09/30/2015	

Distribution:
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 No Change in Rate

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

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 Maitland, FL 32751



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE FLORIDEAN NURSING AND REHABILITATION CENTER
47 NW 32ND PLACE
MIAMI, FL 33125

Provider Number: 0 146222-00
Date: 2/23/2017
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
261.53 **254.98** **10/1/2015**

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 FYE 09/30/2015	

Distribution:

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No Change in Rate

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

THE FLORIDEAN NURSING AND REHABILITATION CENTER
47 NW 32ND PLACE
MIAMI, FL 33125

Provider Number: 0 146222-00
Date: 2/23/2017
Fiscal Year End: 9/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
257.37 **255.81** **9/1/2016**

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 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 FYE 09/30/2015	

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Lisa Smith
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS CARE CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 151697-00
Date: 2/20/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 218.61, 221.11, 7/1/2015

Rate Type:

Interim (checked) Total Interim
Prospective Total Prospective
Total Prospective with Interim Component
Settlement based on cost
Prior Provider Prospective data

Basis:

Budget (checked)
Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
NRP CHOP effective 07/01/2015 (checked)

Distribution:

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Handwritten signature of Lisa Smith

Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS CARE CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 151697-00
Date: 2/20/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
218.00	220.10	9/1/2015

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 07/01/2015

Distribution:

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

Lisa Smith
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Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS CARE CENTER
600 WEST GREGORY STREET
PENSACOLA, FL 32502-4744

Provider Number: 0 151697-00
Date: 2/20/2017
Fiscal Year End: 6/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>210.97</u>	<u>219.52</u>	<u>9/1/2016</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 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:

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTHBROOK HEALTH AND REHABILITATION CENTER
575 LAMAR AVE
BROOKSVILLE, FL 34601

Provider Number: 0 156586-00
Date: 2/22/2017
Fiscal Year End: 4/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.71</u>	<u>223.23</u>	<u>11/1/2015</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 4/30/2016


Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

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_____ For Information Only

_____ No Change in Rate

Home Office: Summit Care II, Inc
2123 Centre Pointe Blvd.
Tallahassee, FL 32308



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NORTHBROOK HEALTH AND REHABILITATION CENTER	Provider Number:	0 156586-00
575 LAMAR AVE	Date:	2/22/2017
BROOKSVILLE, FL 34601	Fiscal Year End:	4/30/2016
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>222.71</u>	<u>228.12</u>	<u>5/1/2016</u>

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 4/30/2016

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

<u>NORTHBROOK HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 156586-00</u>
<u>575 LAMAR AVE</u>	Date:	<u>2/22/2017</u>
<u>BROOKSVILLE, FL 34601</u>	Fiscal Year End:	<u>4/30/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		220.55	230.67	9/1/2016

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 4/30/2016

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

HARMONY HEALTH CENTER

9820 N KENDALL DRIVE

MIAMI, FL 33176

Provider Number:

0 269107-00

Date:

2/7/2017

Fiscal Year End:

12/31/2010

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.20	182.97	7/1/2011
	Level H: Aids	329.40	329.17	7/1/2011

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 #NH13-085C FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

HARMONY HEALTH CENTER

9820 N KENDALL DRIVE

MIAMI, FL 33176

Provider Number:

0 269107-00

Date:

2/7/2017

Fiscal Year End:

12/31/2010

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.34	184.11	1/1/2012
	Level H: Aids	331.95	331.72	1/1/2012

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 #NH13-085C FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

HARMONY HEALTH CENTER

9820 N KENDALL DRIVE

MIAMI, FL 33176

Provider Number:

0 269107-00

Date:

2/7/2017

Fiscal Year End:

12/31/2010

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Level H: Aids

Current
Rate

New
Rate

Effective
Date

189.72

189.48

7/1/2012

338.93

338.69

7/1/2012

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 #NH13-085C FYE 12/31/2010

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Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>THE PALMS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 321532-00</u>
<u>3370 NW 47TH TERRACE</u>	Date:	<u>10/4/2016</u>
<u>LAUDERDALE LAKES, FL 33319</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		247.73	247.16	1/1/2015

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 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"/>	FA #NH14-026C FYE 12/31/2013 and Effects of FA & RFA #NH11-167C FYE 12/31/2007

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SHORE ACRES REHABILITATION & HEALTH CENTER

4500 INDIANAPOLIS ST NE

SAINT PETERSBURG, FL 33703

Provider Number:

0 324132-00

Date:

9/8/2016

Fiscal Year End:

2/28/2010

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.19</u>	<u>228.79</u>	<u>7/1/2010</u>
	Level H: Aids	<u>372.53</u>	<u>372.13</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 NH11-160C FYE 2/28/2010

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>SHORE ACRES REHABILITATION & HEALTH CENTER</u>	Provider Number:	<u>0 324132-00</u>
<u>4500 INDIANAPOLIS ST NE</u>	Date:	<u>9/8/2016</u>
<u>SAINT PETERSBURG, FL 33703</u>	Fiscal Year End:	<u>2/28/2010</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>231.99</u>	<u>231.46</u>	<u>1/1/2011</u>
	Level H: Aids	<u>376.85</u>	<u>376.32</u>	<u>1/1/2011</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X 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:

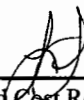
 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA NH11-160C FYE 2/28/2010

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate


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Medicaid Reimbursement Per Diem Rates

SHORE ACRES REHABILITATION & HEALTH CENTER

4500 INDIANAPOLIS ST NE

SAINT PETERSBURG, FL 33703

Provider Number:

0 3241 32-00

Date:

9/8/2016

Fiscal Year End:

2/28/2010

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>223.61</u>	<u>222.90</u>	<u>7/1/2011</u>
<u>369.81</u>	<u>369.10</u>	<u>7/1/2011</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 NH11-160C FYE 2/28/2010

Distribution:

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