



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## MEMORANDUM

**Date:** September 05, 2017  
**To:** Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations  
**From:**  Lisa Smith, Regulatory Analyst Supervisor  
**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>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	Glencove Health and Rehabilitation Center	0 005384-00	IRR	2
2.	Salerno Bay Health and Rehabilitation Center	0 006483-00	IRR	3
3.	Royal Palm Beach Health and Rehabilitation Center	0 006489-00	IRR	3
4.	The Ponce Therapy Care Center	0 207799-00	IRR	2
5.	ManorCare Health Services-Sarasota	0 325465-00	FA	2
6.			Total:	12

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	MFAO number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
000538400	20170401	244.42	0.00	244.42	244.42	81812-17	
000538400	20170901	227.33	0.00	227.33	227.33	81812-17	
000648300	20170405	250.54	0.00	250.54	250.54	81812-17	
000648300	20170601	253.50	0.00	253.50	253.50	81812-17	
000648300	20170901	238.64	0.00	238.64	238.64	81812-17	
000648900	20170502	248.43	0.00	248.43	248.43	81812-17	
000648900	20170801	251.62	0.00	251.62	251.62	81812-17	
000648900	20170901	236.05	0.00	236.05	236.05	81812-17	
017339700	20160928	256.51	0.00	256.51	256.51	81812-17	
017339700	20170901	253.85	0.00	253.85	253.85	81812-17	
020779900	20170619	268.29	0.00	268.29	268.29	81812-17	
020779900	20170901	273.84	0.00	273.84	273.84	81812-17	
032546500	20140101	207.06	0.00	207.06	207.06	81812-17	NH13-270C
032546500	20140701	215.76	0.00	215.76	215.76	81812-17	NH13-270C



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**

GLENCOVE HEALTH AND REHABILITATION CENTER  
1027 E HWY 98  
PANAMA CITY, FL 32401

Provider Number: 0 005384-00  
Date: 8/31/2017  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
241.52	244.42	4/1/2017

**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 4/1/2017

**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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

GLENCOVE HEALTH AND REHABILITATION CENTER  
1027 E HWY 98  
PANAMA CITY, FL 32401

Provider Number: 0 005384-00  
Date: 8/31/2017  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
224.46	227.33	9/1/2017

**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 4/1/2017

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

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

Provider Number: 0 006483-00  
Date: 8/29/2017  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current      New      Effective  
Rate      Rate      Date  
**247.87      250.54      4/5/2017**

**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  
 IRR Granted Effective 4/5/2017

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**Medicaid Reimbursement Per Diem Rates**

SALERNO BAY HEALTH AND REHABILITATION CENTER

4801 SE COVE RD

STUART, FL 34997-1602

Provider Number:

0 006483-00

Date:

8/31/2017

Fiscal Year End:

6/30/2014

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home    Single Level**

Current Rate	New Rate	Effective Date
<b>247.87</b>	<b>253.50</b>	<b>6/1/2017</b>

**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 6/1/2017

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER  
600 BUSINESS PARK WAY  
ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00  
Date: 8/29/2017  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
245.72      248.43      5/2/2017

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 5/2/2017	

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**Medicaid Reimbursement Per Diem Rates**

ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER  
600 BUSINESS PARK WAY  
ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00  
Date: 8/31/2017  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
245.72	251.62	8/1/2017

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 8/1/2017	

**Distribution:**

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No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER  
600 BUSINESS PARK WAY  
ROYAL PALM BEACH, FL 33411-1747

Provider Number: 0 006489-00  
Date: 8/31/2017  
Fiscal Year End: 12/31/2016  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**230.22**      **236.05**      **9/1/2017**

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:	
<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 8/1/2017	

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

WESTWOOD NURSING AND REHABILITATION CENTER  
1001 MAR-WALT DRIVE  
FORT WALTON BEACH, FL 32547

Provider Number: 0 173397-00  
Date: 7/25/2017  
Fiscal Year End: 3/31/2017  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate	New Rate	Effective Date
<b><u>252.90</u></b>	<b><u>256.51</u></b>	<b><u>9/28/2016</u></b>

**Rate Type:**

  X   Interim  
          X   Total Interim  
                   Interim Component  
                   Settlement based on cost  
                   Prior Provider Prospective data

                   Prospective  
                   Total Prospective  
                   Total Prospective with Interim Component

**Basis:**

  X   Budget  
           Unaudited costs  
           Field audited costs  
           Desk audited costs

**Changes:**

                   Rate Semester Change  
  X   NRP CHOP effective 09/28/2016

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           No Change in Rate

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Home Office:      No Home Office



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**Medicaid Reimbursement Per Diem Rates**

WESTWOOD NURSING AND REHABILITATION CENTER  
1001 MAR-WALT DRIVE  
FORT WALTON BEACH, FL 32547

Provider Number: 0 173397-00  
Date: 7/25/2017  
Fiscal Year End: 3/31/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**231.05**      **253.85**      **9/1/2017**

**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 09/28/2016

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**Medicaid Reimbursement Per Diem Rates**

THE PONCE THERAPY CARE CENTER  
1999 OLD MOULTRIE ROAD  
SAINT AUGUSTINE, FL 32086

Provider Number: 0 207799-00  
Date: 8/31/2017  
Fiscal Year End: 1/31/2015  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>248.11</b>	<b>268.29</b>	<b>6/19/2017</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 6/19/2017

**Distribution:**

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**Medicaid Reimbursement Per Diem Rates**

THE PONCE THERAPY CARE CENTER  
1999 OLD MOULTRIE ROAD  
SAINT AUGUSTINE, FL 32086

Provider Number: 0 207799-00  
Date: 8/31/2017  
Fiscal Year End: 1/31/2017  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
265.41	273.84	9/1/2017

**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

IRR Granted Effective 6/19/2017

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**Distribution:**

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

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5409 Maryland Way, Suite 304  
Brentwood, TN 37027



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

MANORCARE HEALTH SERVICES-SARASOTA

5511 SWIFT ROAD

SARASOTA, FL 34231

Provider Number:

0 325465-00

Date:

4/27/2017

Fiscal Year End:

5/31/2013

Audit Status:

Field Audited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

208.44

207.06

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 #NH13-270C FYE 05/31/2013

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

HCR Manor Care  
333 North Summit Street  
Toledo, OH 43604

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

MANORCARE HEALTH SERVICES-SARASOTA

Provider Number:

0 325465-00

5511 SWIFT ROAD

Date:

4/27/2017

SARASOTA, FL 34231

Fiscal Year End:

5/31/2013

Audit Status:

Field Audited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
<b>217.18</b>	<b>215.76</b>	<b>7/1/2014</b>

**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 #NH13-270C FYE 05/31/2013

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**Distribution:**

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No Change in Rate

Home Office:

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