




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: August 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>Number of Rate Change Notices</u>
1.	Longwood Health and Rehabilitation Center	0 005379-00	1
2.	Suwannee Health and Rehabilitation Center	0 005387-00	3
3.	Accentia Health and Rehab Center of Tampa	0 005826-00	1
4.	Lake Eustis Care Center	0 005851-00	2
5.	Oakbrook Health and Rehabilitation Center	0 006767-00	2
6.	Margate Health and Rehabilitation Center	0 017222-00	2
7.	Coastal Health and Rehabilitation Center	0 021261-00	2
8.	Summer Brook Health Care Center	0 059783-00	2
9.	Bartram Crossing	0 086990-00	8
10.	Westminster Towers and Shores of Bradenton	0 203815-00	2
		Total:	25

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
000537900	20151228	236.72	0.00	236.72	236.72	79821-16	
000538700	20150901	243.78	0.00	243.78	243.78	79821-16	
000538700	20160601	248.01	0.00	248.01	248.01	79821-16	
000538700	20160901	250.82	0.00	250.82	250.82	79821-16	
000582600	20151207	233.45	0.00	233.45	233.45	79821-16	
000585100	20160601	236.51	0.00	236.51	236.51	79821-16	
000585100	20160901	240.84	0.00	240.84	240.84	79821-16	
000676700	20160601	261.93	0.00	261.93	261.93	79821-16	
000676700	20160901	263.60	0.00	263.60	263.60	79821-16	
001722200	20160501	251.29	0.00	251.29	251.29	79821-16	
001722200	20160916	252.16	0.00	252.16	252.16	79821-16	
002126100	20160601	218.06	0.00	218.06	218.06	79821-16	
002126100	20160901	219.20	0.00	219.20	219.20	79821-16	
005978300	20160117	196.91	0.00	196.91	196.91	79821-16	
005978300	20160901	194.60	0.00	194.60	194.60	79821-16	
008699000	20130709	230.56	0.00	230.56	230.56	79821-16	
008699000	20140101	244.93	0.00	244.93	244.93	79821-16	
008699000	20140701	244.07	0.00	244.07	244.07	79821-16	
008699000	20140709	242.15	0.00	242.15	242.15	79821-16	
008699000	20150101	247.40	0.00	247.40	247.40	79821-16	
008699000	20150109	247.40	0.00	247.40	247.40	79821-16	
008699000	20150901	248.11	0.00	248.11	248.11	79821-16	
008699000	20160901	252.51	0.00	252.51	252.51	79821-16	
020381500	20110101	197.99	342.85	197.99	197.99	79821-16	NH13-105C
020381500	20110701	188.67	334.87	188.67	188.67	79821-16	NH13-105C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LONGWOOD HEALTH AND REHABILITATION CENTER
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 7/29/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.92</u>	<u>236.72</u>	<u>12/28/2015</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

 X 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

Interim Effective Date Correction 12/28/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SUWANNEE HEALTH AND REHABILITATION CENTER
1620 HELVENSTON ST SE
LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00
Date: 8/9/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.30</u>	<u>243.78</u>	<u>9/1/2015</u>

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
 Retro for the 9/2015 Rate Semester to add Ratings Days

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SUWANNEE HEALTH AND REHABILITATION CENTER
1620 HELVENSTON ST SE
LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00
Date: 8/9/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
244.30	248.01	6/1/2016

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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro for the 9/2015 Rate Semester to add Ratings Days and IRR Granted Effective 6/1/2016


Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

SUWANNEE HEALTH AND REHABILITATION CENTER
1620 HELVENSTON ST SE
LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00
Date: 8/9/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
246.03 **250.82** **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

IRR Granted Effective 6/1/2016

Distribution:

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Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

ACCENTIA HEALTH & REHAB. CENTER OF TAMPA
1818 E FLETCHER AVE
TAMPA, FL 33612-3770

Provider Number: 0 005826-00
Date: 7/29/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>228.86</u>	<u>233.45</u>	<u>12/7/2015</u>

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
 Interim Effective Date Correction 12/7/2015

Distribution:

Contract Management / Fiscal Agent
Permanent File
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Medicaid Reimbursement Per Diem Rates

LAKE EUSTIS CARE CENTER
411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 8/8/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.24</u>	<u>236.51</u>	<u>6/1/2016</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

IRR Granted Effective 6/1/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LAKE EUSTIS CARE CENTER
411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 8/8/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
236.61	240.84	9/1/2016

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 6/1/2016

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

OAKBROOK HEALTH AND REHABILITATION CENTER
250 BROWARD AVE
LABELLE, FL 33935

Provider Number: 0 006767-00
Date: 7/27/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
251.25	261.93	6/1/2016

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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

IRR Granted Effective 6/1/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

OAKBROOK HEALTH AND REHABILITATION CENTER
250 BROWARD AVE
LABELLE, FL 33935

Provider Number: 0 006767-00
Date: 7/27/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>253.04</u>	<u>263.60</u>	<u>9/1/2016</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 checked="" 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

IRR Granted Effective 6/1/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MARGATE HEALTH AND REHABILITATION CENTER
5951 COLONIAL DRIVE
MARGATE, FL 33063

Provider Number: 0 017222-00
Date: 7/28/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
247.40	252.16	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
 IRR Granted Effective 5/1/2016

Distribution:

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Permanent File
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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

COASTAL HEALTH AND REHABILITATION CENTER
820 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32117

Provider Number: 0 021261-00
Date: 7/27/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.39	218.06	6/1/2016

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 6/1/2016

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

COASTAL HEALTH AND REHABILITATION CENTER
820 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32117

Provider Number: 0 021261-00
Date: 7/27/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.56	219.20	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

IRR Granted Effective 6/1/2016

Distribution:

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No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Provider Number: 0 059783-00
Date: 8/1/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
189.00	194.60	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
 IRR Granted Effective 1/17/2016

Distribution:

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

Home Office: No Home Office

Lisa Smith
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Medicaid Reimbursement Per Diem Rates

BARTRAM CROSSING
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 086990-00
Date: 8/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
236.43 230.56 7/9/2013

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
 Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Brooks Health System
3599 University Blvd, South
Jacksonville, FL 32216

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

BARTRAM CROSSING
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 086990-00
Date: 8/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.88	244.93	1/1/2014

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
 Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

BARTRAM CROSSING
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 086990-00
Date: 8/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
241.83	244.07	7/1/2014

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:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 12/31/2014

Distribution:

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

Lisa Smith
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BARTRAM CROSSING
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 086990-00
Date: 8/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	241.83	242.15	7/9/2014

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:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 12/31/2014

Distribution:

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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 Jacksonville, FL 32216



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BARTRAM CROSSING
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 086990-00
Date: 8/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
241.63 **247.40** **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 12/31/2014

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

BARTRAM CROSSING
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 086990-00
Date: 8/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
241.63	247.40	1/9/2015

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 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

BARTRAM CROSSING
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 086990-00
Date: 8/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>235.71</u>	<u>248.11</u>	<u>9/1/2015</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Brooks Health System
3599 University Blvd, South
Jacksonville, FL 32216



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

BARTRAM CROSSING
6209 BROOKS BARTRAM DRIVE
BUIDLING 100
JACKSONVILLE, FL 32258

Provider Number: 0 086990-00
Date: 8/23/2016
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>252.32</u>	<u>252.51</u>	<u>9/1/2016</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

ST. PETERSBURG NURSING & REHABILITATION
521 69TH AVE N
SAINT PETERSBURG, FL 33702

Provider Number: 0 157223-00
Date: 8/4/2016
Fiscal Year End: 10/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>248.07</u>	<u>267.50</u>	<u>3/31/2016</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/CHOW effective 3/31/2016

Distribution:

Contract Management / Fiscal Agent
Permanent File
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 No Change in Rate

Lisa Smith

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

ST. PETERSBURG NURSING & REHABILITATION

521 69TH AVE N

SAINT PETERSBURG, FL 33702

Provider Number:

0 157223-00

Date:

8/4/2016

Fiscal Year End:

10/31/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>252.35</u>	<u>265.02</u>	<u>9/1/2016</u>

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/CHOW effective 3/31/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER AT JUPITER GARDENS, LLC
17781 THELMA AVE
JUPITER, FL 33458

Provider Number: 0 166176-00
Date: 7/27/2016
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
224.93	252.28	3/1/2016

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/CHOW effective 03/01/2016

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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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER AT JUPITER GARDENS, LLC
17781 THELMA AVE
JUPITER, FL 33458

Provider Number: 0 166176-00
Date: 7/27/2016
Fiscal Year End: 12/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
225.34	254.79	9/1/2016

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/CHOW effective 03/01/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

EAGLE LAKE NURSING AND REHAB CARE CENTER
1100 66TH ST N
ST PETERSBURG, FL 33710-6224

Provider Number: 0 168944-00
Date: 7/18/2016
Fiscal Year End: 3/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.54	260.74	4/7/2016

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/CHOW effective 04/07/2016

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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Medicaid Reimbursement Per Diem Rates

EAGLE LAKE NURSING AND REHAB CARE CENTER
1100 66TH ST N
ST PETERSBURG, FL 33710-6224

Provider Number: 0 168944-00
Date: 7/18/2016
Fiscal Year End: 3/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.36	266.96	9/1/2016

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/CHOW effective 04/07/2016

Distribution:

Contract Management / Fiscal Agent
Permanent File
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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

WESTMINSTER TOWERS AND SHORES OF BRADENTON
1533 4TH AVE W
BRADENTON, FL 34205

Provider Number: 0 203815-00
Date: 3/17/2016
Fiscal Year End: 3/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.64</u>	<u>197.99</u>	<u>1/1/2011</u>
	Level H: Aids	<u>349.50</u>	<u>342.85</u>	<u>1/1/2011</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
 Field Audit #NH13-105C FYE 3/31/2010

Distribution:

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Permanent File
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER TOWERS AND SHORES OF BRADENTON
1533 4TH AVE W
BRADENTON, FL 34205

Provider Number: 0 203815-00
Date: 3/17/2016
Fiscal Year End: 3/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.05	188.67	7/1/2011
	Level H: Aids	341.25	334.87	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
 Field Audit #NH13-105C FYE 3/31/2010

Distribution:

Contract Management / Fiscal Agent
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