



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

## MEMORANDUM

**Date:** September 21, 2020  
**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
**From:** ZD Zainab Day, 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.	Signature Healthcare of Gainesville	0 324388-00	FA & RFA	3
2.	Winter Park Care and Rehabilitation Center	0 324515-00	FA & RFA	3
			<b><u>TOTAL:</u></b>	6

If you have any questions regarding the above contact Zainab Day 412-4798.  
ZD/nr



		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)	MFAO number	Audit Number
032438800	20150901	195.97	0.00	195.97	195.97	88407-20	NH15-003G
032438800	20160901	197.55	0.00	197.55	197.55	88407-20	NH15-080C
032438800	20170901	204.19	0.00	204.19	204.19	88407-20	NH15-080C
032451500	20150901	204.26	0.00	204.26	204.26	88407-20	NH15-075C



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

SIGNATURE HEALTHCARE OF GAINESVILLE
4000 SW 20TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 324388-00
Date: 9/9/2020
Fiscal Year End: 7/31/2014
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 200.33, 195.97, 9/1/2015

Rate Type: Interim, Prospective, Total Interim, Total Prospective, etc.

Basis: Budget, Unaudited costs, Field audited costs, Desk audited costs

Changes: Rate Semester Change, FA & RFA#NH15-003G FYE 7/31/2014

Distribution:

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

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Handwritten initials ZD

Home Office: Signature Healthcare, LLC
12201 Bluegrass Parkway
Louisville, KY 40299



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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF GAINESVILLE  
 4000 SW 20TH AVE  
 GAINESVILLE, FL 32607

Provider Number:	0 324388-00
Date:	9/9/2020
Fiscal Year End:	7/31/2015
Audit Status:	Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>197.98</u></b>	<b><u>197.55</u></b>	<b><u>9/1/2016</u></b>

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH15-080C FYE 7/31/2015	

**Distribution:**

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

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance

*ZD*

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF GAINESVILLE

4000 SW 20TH AVE

GAINESVILLE, FL 32607

Provider Number:

0 324388-00

Date:

9/9/2020

Fiscal Year End:

12/31/2016

Audit Status:

Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current  
Rate

**204.25**

New  
Rate

**204.19**

Effective  
Date

**9/1/2017**

**Rate Type:**

           Interim

      X       Prospective

                   Total Interim

                         X       Total Prospective

                   Interim Component

                   Total Prospective with Interim Component

                   Settlement based on cost

                   Prior Provider Prospective data

**Basis:**

                   Budget

      X       Unaudited costs

                   Field audited costs

                   Desk audited costs

**Changes:**

                   Rate Semester Change

      X       Effects of FA & RFA #NH15-080C FYE  
7/31/2015

**Distribution:**

Contract Management / Fiscal Agent

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           For Information Only

           No Change in Rate

**Zainab Day**

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**Medicaid Reimbursement Per Diem Rates**

WINTER PARK CARE AND REHABILITATION CENTER  
2970 SCARLETT RD  
WINTER PARK, FL 32792

Provider Number: 0 324515-00  
Date: 4/6/2020  
Fiscal Year End: 7/31/2014  
Audit Status: Revised Field Audit

**Provider Type:**

**Nursing Home      Single Level**

Current Rate      New Rate      Effective Date  
**205.69**      **204.26**      **9/1/2015**

<b>Rate Type:</b>	
<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	

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

<b>Changes:</b>	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> FA & RFA #NH15-075C FYE 7/31/2014	

**Distribution:**

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Permanent File  
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 No Change in Rate

**Zainab Day**

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