



MEMORANDUM

Date: September 21, 2020

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From: Z 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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
1.	Signature Healthcare of Gainesville	0 324388-00	FA & RFA	3
2.	Winter Park Care and Rehabilitation Center	0 324515-00	FA & RFA	3
			TOTAL:	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		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	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



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SIGNATURE HEALTHCARE OF GAINESVILLE 4000 SW 20TH AVE GAINESVILLE, FL 32607		Provide	Provider Number:		0 324388-00		
		Date:			9/9/2020		
		Fiscal '	Year End:		7/31/2014		
		Audit S	Status:		Revised Fiel	d Audit	
Provider Type: Nursing Home Sing	gle Level			Current <u>Rate</u> 200.33	New <u>Rate</u> 195.97	Effective	
Rate Type:							
		W D	.•				
Interim	Total Interim		ective X Tota	l Prograative			
	Interim Component			al Prospective	e with Interim	Component	
	Settlement based on cost			ii r iospective	with interim	Component	
-	Prior Provider Prospective of	lata					
Basis:		Changes:					
Dusis		Changes.	Rate Semes	ter Change			
Budget		X		•	G FYE 7/31/2	014	
Unaudited	costs						
X Field audit	ted costs						
Desk audi	ted costs						
Distribution:	Zainab Day						
Contract Management / Fisca	Medicaid Cost Reimbursement Planning and Finance						
Permanent File		2 D					
For Information Onl	y			2			
No Change in Rate							
Home Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299						
NIDHH Report Cal	culated: 9/9/2020 11:42:43 PM	Report Printed :9/9/202	0 ID: 32	43880731201	410012013121	72014132247	



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SIGNATURE HEALTHCARE OF GAINESVILLE 4000 SW 20TH AVE GAINESVILLE, FL 32607		Provide	Provider Number:			0 324388-00		
		Date:	Date: Fiscal Year End:		9/9/2020 7/31/2015			
		Fiscal Y						
			Audit S	tatus:		Revised Fiel	d Audit	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 197.98	New <u>Rate</u> 197.55	Effective <u>Date</u> 9/1/2016		
Rate	e Type:							
	Interim		X Prospe	activo				
		Total Interim			l Prospective			
		Interim Component			_	with Interim	Component	
		Settlement based on cost			100peeuve		- omponent	
		Prior Provider Prospective dat	a					
Basis:			Changes:	Rate Semes	ter Change			
	Budget		X		_	C FYE 7/31/2	2015	
	Unaudited	costs						
X	Field audi	ted costs						
	Desk audi	ted costs						
Distribution:			Zainab Day					
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance					
Permanent File		2 D						
For In	formation Onl	y			0			
No Ch	ange in Rate							
Но	ome Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299						
NIDHH	Report Cal	culated: 9/9/2020 11:42:43 PM	Report Printed :9/9/2020	ID: 32	438807312015	508012014032	32016104144	



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SIGNATURE HEALTHCARE C	Provider Number:		<u>0 324388-00</u> <u>9/9/2020</u>		
4000 SW 20TH AVE	Date:				
GAINESVILLE, FL 32607	Fiscal Year End:		12/31/20	2016	
		Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single	Level		Current <u>Rate</u> 204.25	New <u>Rate</u> 204.19	Effective
Rate Type:					
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ll Prospective Il Prospective	with Interim	Component
Basis: Budget X Unaudited cos Field audited of Desk audited of	costs	Changes: Rate Semes Effects of I 7/31/2015	_	NH15-080C F	YE
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Rein	Zainab Day nbursement P	lanning and F	inance
	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299	t Printed •9/9/2020 ID• 32		5080120150427	



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WINTER PARK CARE AND REHABILITATION CENTI	ER Provider Nu	mber:	0 324515-00 4/6/2020				
2970 SCARLETT RD	Date:						
WINTER PARK, FL 32792	Fiscal Year I	End:	7/31/20	14			
	Audit Status	:	Revised Fiel	d Audit			
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 205.69	New <u>Rate</u> 204.26	Effective <u>Date</u> 9/1/2015			
Rate Type:							
Nate Type.							
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective Basis: Budget Unaudited costs X Field audited costs Desk audited costs	Changes:	Total Prospectiv Total Prospectiv Total Prospectiv Semester Change RFA #NH15-075	e with Interim	-			
Distribution: Contract Management / Fiscal Agent	Medicaid Cos	Zainab Day Medicaid Cost Reimbursement Planning and Finance					
Permanent FileFor Information OnlyNo Change in Rate		30					
Home Office: Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299	,						
3THYK Report Calculated: 4/6/2020 1:14:32 PM	Report Printed: 4/6/2020	ID: 3245150731201	410012013121	72014133401			