




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: August 28, 2014
To: Gay Munyon, Bureau Chief, Medicaid Contract Management
From:  Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement
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.	North Campus Rehabilitation and Health Center	0 031880-00	1
2.	Countryside Rehab and Healthcare Center	0 043872-00	3
3.	Consulate Health Care of Winter Haven	0 080434-00	1
4.	Cross Gardens Care Center	0 088049-00	5
5.	Comprehensive Healthcare of Clearwater	0 200956-00	2
6.	Kissimmee Good Samaritan	0 205303-00	10
7.	Lakeside Health Center	0 207683-00	2
8.	Manor Oaks Nursing & Rehab Center	0 256935-00	1
9.	Life Care Center of New Port Richey	0 259357-00	4
10.	Good Samaritan Center	0 268763-00	3
11.	Palm Terrace of St. Petersburg	0 282537-00	2
12.	The Court at Palm-Aire	0 318795-00	8
13.	St. Andrew's Bay Skilled Nursing and Rehabilitation	0 323799-00	1
		Total	43

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/ab
Attachments



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)		
003188000	20140101	230.81	0.00	230.81	230.81	75983-14	
004387200	20130701	204.87	0.00	204.87	204.87	75983-14	
004387200	20140101	206.77	0.00	206.77	206.77	75983-14	
004387200	20140701	215.77	0.00	215.77	215.77	75983-14	
008043400	20130101	193.05	343.86	193.05	193.05	75983-14	
008804900	20121011	243.42	392.63	243.42	243.42	75983-14	
008804900	20130101	245.78	396.59	245.78	245.78	75983-14	
008804900	20130501	251.81	402.62	251.81	251.81	75983-14	
008804900	20130701	257.80	0.00	257.80	257.80	75983-14	
008804900	20140101	257.99	0.00	257.99	257.99	75983-14	
020095600	20110701	230.50	376.70	230.50	230.50	75983-14	NH13-011W
020095600	20120101	232.52	380.13	232.52	232.52	75983-14	NH13-011W
020530300	20100101	197.39	339.31	197.39	197.39	75983-14	NH11-140L
020530300	20100701	200.82	344.16	200.82	200.82	75983-14	NH11-140L
020530300	20110101	203.98	348.84	203.98	203.98	75983-14	NH11-140L
020530300	20110701	197.63	343.83	197.63	197.63	75983-14	NH11-140L
020530300	20120101	199.83	347.44	199.83	199.83	75983-14	NH11-140L
020530300	20120701	202.45	351.66	202.45	202.45	75983-14	NH11-140L
020530300	20130101	204.25	355.06	204.25	204.25	75983-14	NH11-140L
020530300	20130701	209.61	0.00	209.61	209.61	75983-14	NH11-140L
020530300	20140101	214.10	0.00	214.10	214.10	75983-14	NH11-140L
020530300	20140701	219.69	0.00	219.69	219.69	75983-14	NH11-140L
020768300	20100101	208.27	350.19	208.27	208.27	75983-14	NH11-149C
020768300	20100701	211.97	355.31	211.97	211.97	75983-14	NH11-149C
025693500	20130701	217.12	0.00	217.12	217.12	75983-14	
025935700	20100101	191.19	333.11	191.19	191.19	75983-14	NH11-145C
025935700	20100701	193.29	336.63	193.29	193.29	75983-14	NH11-145C
025935700	20130701	209.17	0.00	209.17	209.17	75983-14	NH11-145C
025935700	20140101	212.01	0.00	212.01	212.01	75983-14	NH11-145C
026876300	20120101	186.29	333.90	186.29	186.29	75983-14	NH13-111C
026876300	20120701	191.84	341.05	191.84	191.84	75983-14	NH13-111C
026876300	20130101	193.89	344.70	193.89	193.89	75983-14	NH13-111C
028253700	20140422	248.49	0.00	248.49	248.49	75983-14	
028253700	20140701	252.42	0.00	252.42	252.42	75983-14	
031879500	20110101	232.95	377.81	232.95	232.95	75983-14	NH13-009W
031879500	20110701	223.65	369.85	223.65	223.65	75983-14	NH13-009W
031879500	20120101	225.54	373.15	225.54	225.54	75983-14	NH13-009W
031879500	20120701	233.23	382.44	233.23	233.23	75983-14	NH13-009W
031879500	20130101	237.15	387.96	237.15	237.15	75983-14	NH13-009W
031879500	20130701	237.54	0.00	237.54	237.54	75983-14	NH13-009W
031879500	20140101	241.23	0.00	241.23	241.23	75983-14	NH13-009W
031879500	20140701	249.57	0.00	249.57	249.57	75983-14	NH13-009W
032379900	20130701	216.87	0.00	216.87	216.87	75983-14	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

<u>NORTH CAMPUS REHABILITATION AND HEALTH CENTER</u>	Provider Number:	<u>0 031880-00</u>
<u>700 N PALMETTO ST</u>	Date:	<u>7/29/2014</u>
<u>LEESBURG, FL 34748</u>	Fiscal Year End:	<u>2/28/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	Current <u>Rate</u> 226.68	New <u>Rate</u> 230.81	Effective <u>Date</u> 1/1/2014
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Rate Type:

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

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Retro for 1/14 to reflect Bed Reduction

Distribution:

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Permanent File

 For Information Only

 No Change in Rate

Home Office:

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

COUNTRYSIDE REHAB AND HEALTHCARE CENTER
3825 COUNTRYSIDE BLVD N
PALM HARBOR, FL 34684

Provider Number: 0 043872-00
Date: 7/23/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
202.82	204.87	7/1/2013

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:

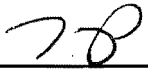
_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Retro to grant AIDS IRR beginning 7/13

Distribution:

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 No Change in Rate


Thomas Parker
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 800 Concourse Parkway South
 Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

<u>COUNTRYSIDE REHAB AND HEALTHCARE CENTER</u>	Provider Number:	<u>0 043872-00</u>
<u>3825 COUNTRYSIDE BLVD N</u>	Date:	<u>7/23/2014</u>
<u>PALM HARBOR, FL 34684</u>	Fiscal Year End:	<u>7/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>204.73</u>	<u>206.77</u>	<u>1/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

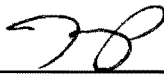
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Retro to grant AIDS IRR beginning 7/13

Distribution:

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Medicaid Reimbursement Per Diem Rates

COUNTRYSIDE REHAB AND HEALTHCARE CENTER
3825 COUNTRYSIDE BLVD N
PALM HARBOR, FL 34684

Provider Number: 0 043872-00
Date: 7/23/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>213.66</u>	<u>215.77</u>	<u>7/1/2014</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

Retro to grant AIDS IRR beginning 7/13

Distribution:

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Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF WINTER HAVEN
2701 LAKE ALFRED RD
WINTER HAVEN, FL 33881

Provider Number: 0 080434-00
Date: 8/6/2014
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.09	193.05	1/1/2013
	Level H: Aids	343.90	343.86	1/1/2013

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
 Ratings Days Correction

Distribution:

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 _____ No Change in Rate

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Home Office: Consulate Management Company
 800 Concourse Parkway South
 Maitland, FL 32751



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Medicaid Reimbursement Per Diem Rates

CROSS GARDENS CARE CENTER
190 NE 191ST STREET
MIAMI, FL 33179

Provider Number: 0 088049-00
Date: 7/23/2014
Fiscal Year End: 4/30/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	243.79	243.42	10/11/2012
	Level H: Aids	393.00	392.63	10/11/2012

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 using FYE 4/30/13 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

CROSS GARDENS CARE CENTER	Provider Number:	0 088049-00
190 NE 191ST STREET	Date:	7/23/2014
MIAMI , FL 33179	Fiscal Year End:	4/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>246.15</u>	<u>245.78</u>	<u>1/1/2013</u>
	Level H: Aids	<u>396.96</u>	<u>396.59</u>	<u>1/1/2013</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:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement using FYE 4/30/13 C/R

Distribution:

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 Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS GARDENS CARE CENTER
190 NE 191ST STREET
MIAMI, FL 33179

Provider Number: 0 088049-00
Date: 7/23/2014
Fiscal Year End: 4/30/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>246.15</u>	<u>251.81</u>	<u>5/1/2013</u>
	Level H: Aids	<u>396.96</u>	<u>402.62</u>	<u>5/1/2013</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
 Cost Settlement using FYE 4/30/13 C/R

Distribution:

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 Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS GARDENS CARE CENTER	Provider Number:	0 088049-00
190 NE 191ST STREET	Date:	7/23/2014
MIAMI , FL 33179	Fiscal Year End:	4/30/2013
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
252.00	257.80	7/1/2013

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 using FYE 4/30/13 C/R

Distribution:

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 Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS GARDENS CARE CENTER

190 NE 191ST STREET

MIAMI, FL 33179

Provider Number:

0 088049-00

Date:

7/23/2014

Fiscal Year End:

4/30/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
252.77	257.99	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

Cost Settlement using FYE 4/30/13 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

COMPREHENSIVE HEALTHCARE OF CLEARWATER
2055 PALMETTO ST
CLEARWATER, FL 33765

Provider Number: 0 200956-00
Date: 8/6/2014
Fiscal Year End: 8/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.17</u>	<u>230.50</u>	<u>7/1/2011</u>
	Level H: Aids	<u>377.37</u>	<u>376.70</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

Field Audit NH13-011W FYE 8/31/2010

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COMPREHENSIVE HEALTHCARE OF CLEARWATER
2055 PALMETTO ST
CLEARWATER, FL 33765

Provider Number: 0 200956-00
Date: 8/6/2014
Fiscal Year End: 8/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.15</u>	<u>232.52</u>	<u>1/1/2012</u>
	Level H: Aids	<u>380.76</u>	<u>380.13</u>	<u>1/1/2012</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
 Field Audit NH13-011W FYE 8/31/2010

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 7/31/2014
Fiscal Year End: 7/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.48	197.39	1/1/2010
	Level H: Aids	339.40	339.31	1/1/2010

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 NH11-140L FYE 7/31/2009

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Evangelical Lutheran Good Samaritan
 4800 West 57th Street
 Sioux Falls, SD 57117



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 7/31/2014
Fiscal Year End: 7/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.90</u>	<u>200.82</u>	<u>7/1/2010</u>
	Level H: Aids	<u>344.24</u>	<u>344.16</u>	<u>7/1/2010</u>

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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH11-140L FYE 7/31/2009

Distribution:

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

Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: Evangelical Lutheran Good Samaritan
4800 West 57th Street
Sioux Falls, SD 57117



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 7/31/2014
Fiscal Year End: 7/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.85	203.98	1/1/2011
	Level H: Aids	348.71	348.84	1/1/2011

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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA NH11-140L FYE 7/31/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Evangelical Lutheran Good Samaritan
4800 West 57th Street
Sioux Falls, SD 57117



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

KISSIMMEE GOOD SAMARITAN
 1500 SOUTHGATE DRIVE
 KISSIMMEE, FL 34746

Provider Number: 0 205303-00
 Date: 7/31/2014
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.51	197.63	7/1/2011
	Level H: Aids	343.71	343.83	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
 Effects of FA NH11-140L FYE 7/31/2009

Distribution:

Contract Management / Fiscal Agent
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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 7/31/2014
Fiscal Year End: 7/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.71</u>	<u>199.83</u>	<u>1/1/2012</u>
	Level H: Aids	<u>347.32</u>	<u>347.44</u>	<u>1/1/2012</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
 Effects of FA NH11-140L FYE 7/31/2009

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 7/31/2014
Fiscal Year End: 7/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.33	202.45	7/1/2012
	Level H: Aids	351.54	351.66	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
 Effects of FA NH11-140L FYE 7/31/2009

Distribution:

Contract Management / Fiscal Agent
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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Evangelical Lutheran Good Samaritan
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN	Provider Number:	0 205303-00
1500 SOUTHGATE DRIVE	Date:	7/31/2014
KISSIMMEE, FL 34746	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>204.14</u>	<u>204.25</u>	<u>1/1/2013</u>
	Level H: Aids	<u>354.95</u>	<u>355.06</u>	<u>1/1/2013</u>

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 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"/> Effects of FA NH11-140L FYE 7/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN
1500 SOUTHGATE DRIVE
KISSIMMEE, FL 34746

Provider Number: 0 205303-00
Date: 7/31/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.98	214.10	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

Effects of FA NH11-140L FYE 7/31/2009

Distribution:

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Thomas Parker

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN	Provider Number:	0 205303-00
1500 SOUTHGATE DRIVE	Date:	7/31/2014
KISSIMMEE, FL 34746	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	219.57	219.69	7/1/2014

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:

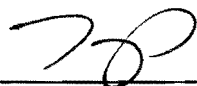
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA NH11-140L FYE 7/31/2009

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>LAKESIDE HEALTH CENTER</u>	Provider Number:	<u>0 207683-00</u>
<u>2501 N AUSTRALIAN AVENUE</u>	Date:	<u>8/1/2014</u>
<u>WEST PALM BEACH, FL 33407</u>	Fiscal Year End:	<u>7/31/2009</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>209.28</u>	<u>208.27</u>	<u>1/1/2010</u>
	Level H: Aids	<u>351.20</u>	<u>350.19</u>	<u>1/1/2010</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:

<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

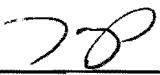
Changes:

<u> </u> Rate Semester Change
<u> X </u> FA #NH11-149C FYE 7/31/2009

Distribution:

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Home Office: Life Care Centers Of America
 3570 NW Keith Street
 Cleveland, TN 37312


Thomas Parker
 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

<u>LAKESIDE HEALTH CENTER</u>	Provider Number:	<u>0 207683-00</u>
<u>2501 N AUSTRALIAN AVENUE</u>	Date:	<u>8/1/2014</u>
<u>WEST PALM BEACH, FL 33407</u>	Fiscal Year End:	<u>7/31/2009</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>212.98</u>	<u>211.97</u>	<u>7/1/2010</u>
	Level H: Aids	<u>356.32</u>	<u>355.31</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> 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 #NH11-149C FYE 7/31/2009

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>MANOR OAKS NURSING & REHAB CENTER</u>	Provider Number:	<u>0 256935-00</u>
<u>2121 E COMMERCIAL BLVD</u>	Date:	<u>8/20/2014</u>
<u>FORT LAUDERDALE, FL 33308</u>	Fiscal Year End:	<u>8/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>217.15</u>	<u>217.12</u>	<u>7/1/2013</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Ratings Days Retro for 7/13

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: 1601 Management, LLC.
 1701 N.E. 26th Street
 Wilton Manors, FL 33305



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF NEW PORT RICHEY
7400 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653

Provider Number: 0 259357-00
Date: 8/1/2014
Fiscal Year End: 8/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.85</u>	<u>191.19</u>	<u>1/1/2010</u>
	Level H: Aids	<u>334.77</u>	<u>333.11</u>	<u>1/1/2010</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
 Field Audit NH11-145C FYE 8/31/2009

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER OF NEW PORT RICHEY</u>	Provider Number:	<u>0 259357-00</u>
<u>7400 TROUBLE CREEK ROAD</u>	Date:	<u>8/1/2014</u>
<u>NEW PORT RICHEY, FL 34653</u>	Fiscal Year End:	<u>8/31/2009</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>194.96</u>	<u>193.29</u>	<u>7/1/2010</u>
	Level H: Aids	<u>338.30</u>	<u>336.63</u>	<u>7/1/2010</u>

Rate Type:

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


<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Field Audit NH11-145C FYE 8/31/2009

Distribution:

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Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF NEW PORT RICHEY
7400 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653

Provider Number: 0 259357-00
Date: 8/1/2014
Fiscal Year End: 8/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
209.16	209.17	7/1/2013

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

Effects of FA NH11-145C FYE 8/31/09

Distribution:

Contract Management / Fiscal Agent

Permanent File

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_____ No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF NEW PORT RICHEY
7400 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653

Provider Number: 0 259357-00
Date: 8/1/2014
Fiscal Year End: 8/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
212.00	212.01	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

Effects of FA NH11-145C FYE 8/31/09

Distribution:

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No Change in Rate

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOOD SAMARITAN CENTER
10676 MARVIN JONES BLVD
LIVE OAK, FL 32060

Provider Number: 0 268763-00
Date: 8/5/2014
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	187.65	186.29	1/1/2012
	Level H: Aids	335.26	333.90	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
 Field Audit #NH13-111C FYE 6/30/2011

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate
 Home Office:

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>GOOD SAMARITAN CENTER</u>	Provider Number:	<u>0 268763-00</u>
<u>10676 MARVIN JONES BLVD</u>	Date:	<u>8/5/2014</u>
<u>LIVE OAK, FL 32060</u>	Fiscal Year End:	<u>6/30/2011</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>193.23</u>	<u>191.84</u>	<u>7/1/2012</u>
	Level H: Aids	<u>342.44</u>	<u>341.05</u>	<u>7/1/2012</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:


<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Field Audit #NH13-111C FYE 6/30/2011

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 Home Office:


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOOD SAMARITAN CENTER

10676 MARVIN JONES BLVD

LIVE OAK, FL 32060

Provider Number:

0 268763-00

Date:

8/5/2014

Fiscal Year End:

6/30/2011

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>195.31</u>	<u>193.89</u>	<u>1/1/2013</u>
<u>346.12</u>	<u>344.70</u>	<u>1/1/2013</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

Field Audit #NH13-111C FYE 6/30/2011

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

Home Office:

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM TERRACE OF ST. PETERSBURG

521 69TH AVE N

SAINT PETERSBURG, FL 33702

Provider Number:

0 282537-00

Date:

8/1/2014

Fiscal Year End:

6/30/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>247.01</u>	<u>252.42</u>	<u>7/1/2014</u>

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> IRR Effective 4/22/2014

Distribution:

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_____ For Information Only

_____ No Change in Rate

Home Office: Cypress Administrative Services, LLC
 4 West Red Oak Lane, Suite 201
 White Plains, NY 10604

Thomas Parker

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

THE COURT AT PALM-AIRE	Provider Number:	0 318795-00
2701 N COURSE DR	Date:	8/7/2014
POMPANO BEACH, FL 33069-3058	Fiscal Year End:	6/30/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>239.56</u>	<u>232.95</u>	<u>1/1/2011</u>
	Level H: Aids	<u>384.42</u>	<u>377.81</u>	<u>1/1/2011</u>

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"/> Field Audit NH13-009W FYE 6/30/2010


Distribution:

Contract Management / Fiscal Agent
Permanent File

For Information Only

No Change in Rate

Home Office: FiveStar Quality Care Inc
400 Centre Street
Newton, MA 02458


Thomas Parker
 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

THE COURT AT PALM-AIRE	Provider Number:	0 318795-00
2701 N COURSE DR	Date:	8/7/2014
POMPANO BEACH, FL 33069-3058	Fiscal Year End:	6/30/2010
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.33</u>	<u>223.65</u>	<u>7/1/2011</u>
	Level H: Aids	<u>376.53</u>	<u>369.85</u>	<u>7/1/2011</u>

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"/> Field Audit NH13-009W FYE 6/30/2010

Distribution:


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No Change in Rate

Home Office: FiveStar Quality Care Inc
400 Centre Street
Newton, MA 02458


Thomas Parker
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

<u>THE COURT AT PALM-AIRE</u>	Provider Number:	<u>0 318795-00</u>
<u>2701 N COURSE DR</u>	Date:	<u>8/7/2014</u>
<u>POMPANO BEACH, FL 33069-3058</u>	Fiscal Year End:	<u>6/30/2010</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>232.53</u>	<u>225.54</u>	<u>1/1/2012</u>
	Level H: Aids	<u>380.14</u>	<u>373.15</u>	<u>1/1/2012</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 Field Audit NH13-009W FYE 6/30/2010

Distribution:

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<u>THE COURT AT PALM-AIRE</u>	Provider Number:	<u>0 318795-00</u>
<u>2701 N COURSE DR</u>	Date:	<u>8/7/2014</u>
<u>POMPANO BEACH, FL 33069-3058</u>	Fiscal Year End:	<u>6/30/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.26</u>	<u>233.23</u>	<u>7/1/2012</u>
	Level H: Aids	<u>382.47</u>	<u>382.44</u>	<u>7/1/2012</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:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH13-009W FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE COURT AT PALM-AIRE	Provider Number:	0 318795-00
2701 N COURSE DR	Date:	8/7/2014
POMPANO BEACH, FL 33069-3058	Fiscal Year End:	6/30/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.18</u>	<u>237.15</u>	<u>1/1/2013</u>
	Level H: Aids	<u>387.99</u>	<u>387.96</u>	<u>1/1/2013</u>

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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit NH13-009W FYE
 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>THE COURT AT PALM-AIRE</u>	Provider Number:	<u>0 318795-00</u>
<u>2701 N COURSE DR</u>	Date:	<u>8/7/2014</u>
<u>POMPANO BEACH, FL 33069-3058</u>	Fiscal Year End:	<u>6/30/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>237.57</u>	<u>237.54</u>	<u>7/1/2013</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:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH13-009W FYE 6/30/2010

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Medicaid Reimbursement Per Diem Rates

THE COURT AT PALM-AIRE
2701 N COURSE DR
POMPANO BEACH, FL 33069-3058

Provider Number: 0 318795-00
Date: 8/7/2014
Fiscal Year End: 6/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
241.26	241.23	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X 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
 Effects of Field Audit NH13-009W FYE 6/30/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>THE COURT AT PALM-AIRE</u>	Provider Number:	<u>0 318795-00</u>
<u>2701 N COURSE DR</u>	Date:	<u>8/7/2014</u>
<u>POMPANO BEACH, FL 33069-3058</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>249.59</u>	<u>249.57</u>	<u>7/1/2014</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:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH13-009W FYE 6/30/2010

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: FiveStar Quality Care Inc
 400 Centre Street
 Newton, MA 02458



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. ANDREW'S BAY SKILLED NURSING AND REHABILITATION
2100 JENKS AVE
PANAMA CITY, FL 32405

Provider Number: 0 323799-00
Date: 8/20/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
217.09 216.87 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
 Ratings Days Retro

Distribution:

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5420 West Plano Parkway
Plano, TX 75093