




RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

**MEMORANDUM**

**Date:** January 28, 2015

**To:** Gay Munyon, Bureau Chief, Medicaid Contract Management

**From:**  Thomas Parker, Regulatory Analyst Supervisor, 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.	SURREY PLACE CARE CENTER	0 001135-00	1
2.	SIGNATURE HEALTHCARE OF PALM BEACH	0 001136-00	1
3.	GOLFVIEW HEALTHCARE CENTER	0 019085-00	1
4.	SOUTHERN PINES HEALTHCARE CENTER	0 019282-00	1
5.	SIGNATURE HEALTHCARE OF JACKSONVILLE	0 019284-00	1
6.	GOLFCREST HEALTHCARE CENTER	0 019287-00	1
7.	GULFPORT REHABILITATION CENTER	0 099366-00	1
8.	CITRUS GARDENS OF FORT MYERS	0 318787-00	3
9.	HERITAGE PARK CARE AND REHABILITATION CENTER	0 324345-00	1
10.	WASHINGTON REHABILITATION & NURSING CENTER	0 324353-00	1
11.	CHAUTAUQUA REHABILITATION & NURSING CENTER	0 324361-00	1
12.	SIGNATURE HEALTHCARE OF COLLEGE PARK	0 324370-00	1
13.	SIGNATURE HEALTHCARE OF GAINESVILLE	0 324388-00	1
14.	SIGNATURE HEALTHCARE OF NORTH FLORIDA	0 324396-00	1
15.	SIGNATURE HEALTHCARE CENTER OF WATERFORD	0 324400-00	1
16.	SIGNATURE HEALTHCARE OF BROOKWOOD GARDENS	0 324418-00	1
17.	SIGNATURE HEALTHCARE CENTER AT THE COURTYARD	0 324426-00	1



18.	SIGNATURE HEALTHCARE OF ORANGE PARK	0 324434-00	1
19.	SIGNATURE HEALTHCARE OF ORMOND	0 324442-00	1
20.	ANCHOR CARE & REHABILITATION CENTER	0 324451-00	1
21.	SIGNATURE HEALTHCARE OF PINELLAS PARK	0 324469-00	1
22.	SIGNATURE HEALTHCARE OF PORT CHARLOTTE	0 324477-00	1
23.	THE BRIDGE AT BAY ST. JOE	0 324485-00	1
24.	KENILWORTH CARE AND REHABILITATION CENTER	0 324493-00	1
25.	PENINSULA CARE AND REHABILITATION CENTER	0 324507-00	1
26.	WINTER PARK CARE AND REHABILITATION CENTER	0 324515-00	1
27.	MOOSEHAVEN, INC	0 326011-00	1
		Total	29

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)		
000113500	20150101	233.28	0.00	233.28	233.28	76734-15	
000113600	20150101	234.75	0.00	234.75	234.75	76734-15	
001908500	20150101	227.16	0.00	227.16	227.16	76734-15	
001928200	20150101	197.04	0.00	197.04	197.04	76734-15	
001928400	20150101	210.74	0.00	210.74	210.74	76734-15	
001928700	20150101	218.39	0.00	218.39	218.39	76734-15	
009936600	20150101	235.15	0.00	235.15	235.15	76734-15	
031878700	20140401	206.00	0.00	206.00	206.00	76734-15	
031878700	20140701	212.82	0.00	212.82	212.82	76734-15	
031878700	20150101	216.59	0.00	216.59	216.59	76734-15	
032434500	20150101	212.38	0.00	212.38	212.38	76734-15	
032435300	20150101	209.83	0.00	209.83	209.83	76734-15	
032436100	20150101	210.74	0.00	210.74	210.74	76734-15	
032437000	20150101	223.87	0.00	223.87	223.87	76734-15	
032438800	20150101	211.52	0.00	211.52	211.52	76734-15	
032439600	20150101	200.10	0.00	200.10	200.10	76734-15	
032440000	20150101	227.53	0.00	227.53	227.53	76734-15	
032441800	20150101	223.12	0.00	223.12	223.12	76734-15	
032442600	20150101	212.19	0.00	212.19	212.19	76734-15	
032443400	20150101	210.00	0.00	210.00	210.00	76734-15	
032444200	20150101	220.37	0.00	220.37	220.37	76734-15	
032445100	20150101	203.87	0.00	203.87	203.87	76734-15	
032446900	20150101	221.54	0.00	221.54	221.54	76734-15	
032447700	20150101	218.76	0.00	218.76	218.76	76734-15	
032448500	20150101	198.66	0.00	198.66	198.66	76734-15	
032449300	20150101	217.69	0.00	217.69	217.69	76734-15	
032450700	20150101	211.64	0.00	211.64	211.64	76734-15	
032451500	20150101	215.58	0.00	215.58	215.58	76734-15	
032601100	20150101	235.41	0.00	235.41	235.41	76734-15	



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SURREY PLACE CARE CENTER	Provider Number:	0 001135-00
110 SE LEE AVE	Date:	1/14/2015
LIVE OAK, FL 32060	Fiscal Year End:	7/31/2014
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b>234.61</b>	<b>233.28</b>	<b>1/1/2015</b>

**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:**

<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"/> Retro for 1/15 rate semester to update QA Medicaid Share

**Distribution:**

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

**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF PALM BEACH  
4405 LAKEWOOD ROAD  
LAKE WORTH, FL 33461

Provider Number: 0 001136-00  
Date: 1/15/2015  
Fiscal Year End: 7/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>236.55</u>	<u>234.75</u>	<u>1/1/2015</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

Retro for 1/15 to update QA Medicaid Share

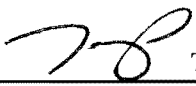
**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

  
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**Medicaid Reimbursement Per Diem Rates**

<u>GOLFVIEW HEALTHCARE CENTER</u>	Provider Number:	<u>0 019085-00</u>
<u>3636 10TH AVE N</u>	Date:	<u>1/16/2015</u>
<u>SAINT PETERSBURG, FL 33713</u>	Fiscal Year End:	<u>9/30/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>228.97</b>	<b>227.16</b>	<b>1/1/2015</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>Rate Semester Change</u>
<u>X Retro for 1/15 to update QA Medicaid Share</u>

**Distribution:**

Contract Management / Fiscal Agent  
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**Medicaid Reimbursement Per Diem Rates**

SOUTHERN PINES HEALTHCARE CENTER  
 6140 CONGRESS ST  
 NEW PORT RICHEY, FL 34653

Provider Number: 0 019282-00  
 Date: 1/16/2015  
 Fiscal Year End: 9/30/2013  
 Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>198.40</b>	<b>197.04</b>	<b>1/1/2015</b>

**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 1/15 to update QA Medicaid Share

**Distribution:**

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 No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF JACKSONVILLE  
2061 HYDE PARK RD  
JACKSONVILLE, FL 32210

Provider Number: 0 019284-00  
Date: 1/16/2015  
Fiscal Year End: 9/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**211.46**    **210.74**    **1/1/2015**

**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 1/15 to update QA Medicaid Share

**Distribution:**

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No Change in Rate

Home Office:    Signature Healthcare LLC  
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**Medicaid Reimbursement Per Diem Rates**

GOLFCREST HEALTHCARE CENTER  
600 NORTH 17TH AVE  
HOLLYWOOD, FL 33020

Provider Number: 0 019287-00

Date: 1/16/2015

Fiscal Year End: 7/31/2014

Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>220.11</u></b>	<b><u>218.39</u></b>	<b><u>1/1/2015</u></b>

**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> X	<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   Retro for 1/15 to update QA Medicaid Share

**Distribution:**

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           For Information Only

           No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

GULFPORT REHABILITATION CENTER  
1430 PASADENA AVE S  
SOUTH PASADENA, FL 33707

Provider Number: 0 099366-00  
Date: 1/16/2015  
Fiscal Year End: 7/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate	New Rate	Effective Date
237.76	235.15	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

Retro for 1/15 to update QA Medicaid Share

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:      Signature Healthcare LLC  
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**Medicaid Reimbursement Per Diem Rates**

CITRUS GARDENS OF FORT MYERS  
7173 CYPRESS DRIVE SW  
FORT MYERS, FL 33907-2994

Provider Number: 0 318787-00  
Date: 1/23/2015  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>195.44</u>	<u>206.00</u>	<u>4/1/2014</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

Unaudited costs

Field audited costs

Desk audited costs

**Changes:**

Rate Semester Change

IRR Granted Effective 4/1/2014

**Distribution:**


Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:    No Home Office

  
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**Medicaid Reimbursement Per Diem Rates**

CITRUS GARDENS OF FORT MYERS  
7173 CYPRESS DRIVE SW  
FORT MYERS, FL 33907-2994

Provider Number: 0 318787-00  
Date: 1/23/2015  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>201.98</b>	<b>212.82</b>	<b>7/1/2014</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 4/1/2014

**Distribution:**

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Permanent File  
\_\_\_\_\_ For Information Only  
\_\_\_\_\_ No Change in Rate

Home Office:      No Home Office

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**Medicaid Reimbursement Per Diem Rates**

CITRUS GARDENS OF FORT MYERS  
7173 CYPRESS DRIVE SW  
FORT MYERS, FL 33907-2994

Provider Number: 0 318787-00  
Date: 1/23/2015  
Fiscal Year End: 6/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>205.75</u>	<u>216.59</u>	<u>1/1/2015</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

IRR Granted Effective 4/1/2014

**Distribution:**

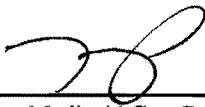
Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:      No Home Office

  
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**Medicaid Reimbursement Per Diem Rates**

<u>HERITAGE PARK CARE AND REHABILITATION CENTER</u>	Provider Number:	<u>0 324345-00</u>
<u>2302 59TH ST W</u>	Date:	<u>1/14/2015</u>
<u>BRADENTON, FL 34209</u>	Fiscal Year End:	<u>9/30/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>214.15</b>	<b>212.38</b>	<b>1/1/2015</b>

**Rate Type:**

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

**Basis:**

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

**Changes:**

<u>Rate Semester Change</u>
<u>X</u> <u>Retro for 1/15 rate semester to update QA Medicaid Share</u>

**Distribution:**

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

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>WASHINGTON REHABILITATION &amp; NURSING CENTER</u>	Provider Number:	<u>0 324353-00</u>
<u>879 USERY ROAD</u>	Date:	<u>1/22/2015</u>
<u>CHIPLEY, FL 32428</u>	Fiscal Year End:	<u>7/31/2013</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>210.69</u></b>	<b><u>209.83</u></b>	<b><u>1/1/2015</u></b>

**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> Retro for 1/15 rate semester to update QA Medicaid Share

**Distribution:**

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

Home Office: Signature Healthcare LLC  
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Louisville, KY 40299

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Medicaid Reimbursement Per Diem Rates

CHAUTAUQUA REHABILITATION & NURSING CENTER  
785 S 2ND STREET  
DEFUNIAK SPRINGS, FL 32433

Provider Number: 0 324361-00  
Date: 1/14/2015  
Fiscal Year End: 7/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>211.94</u>	<u>210.74</u>	<u>1/1/2015</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  
 Retro for 1/15 to update QA Medicaid Share to 20.7659

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF COLLEGE PARK	Provider Number:	0 324370-00
13755 GOLF CLUB PKWY	Date:	1/22/2015
FORT MYERS, FL 33919	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

**Provider Type:**

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>224.91</u></b>	<b><u>223.87</u></b>	<b><u>1/1/2015</u></b>

**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"/> Retro for 1/15 rate semester to update QA Medicaid Share

**Distribution:**

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

Home Office: Signature Healthcare LLC  
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 Louisville, KY 40299

  
**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**

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

Provider Number: 0 324388-00  
Date: 1/14/2015  
Fiscal Year End: 9/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home      Single Level

Current Rate      New Rate      Effective Date  
**212.85**      **211.52**      **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  
 Retro for 1/15 to update QA Medicaid Share to 21.6413

**Distribution:**

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

**Thomas Parker**  
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Louisville, KY 40299



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF NORTH FLORIDA

1083 SANDERS AVENUE

GRACEVILLE, FL 32440

Provider Number:

0 324396-00

Date:

1/14/2015

Fiscal Year End:

7/31/2013

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

New  
Rate

Effective  
Date

201.13

200.10

1/1/2015

**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 1/15 to update QA Medicaid Share to 22.9291

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE CENTER OF WATERFORD  
8333 W OKEECHOBEE ROAD  
HIALEAH GARDENS , FL 33016

Provider Number: 0 324400-00  
Date: 1/14/2015  
Fiscal Year End: 7/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>229.30</b>	<b>227.53</b>	<b>1/1/2015</b>

**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

Retro for 1/15 rate semester to update QA Medicaid Share

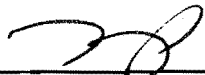
**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

  
**Thomas Parker**  
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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF BROOKWOOD GARDENS	Provider Number:	0 324418-00
1990 S CANAL DRIVE	Date:	1/14/2015
HOMESTEAD, FL 33035	Fiscal Year End:	7/31/2014
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<u>224.34</u>	<u>223.12</u>	<u>1/1/2015</u>

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Retro for 1/15 rate semester to update QA Medicaid Share

**Distribution:**

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 No Change in Rate

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE AT THE COURTYARD  
2600 FOREST GLEN TRAIL  
MARIANNA, FL 32446

Provider Number: 0 324426-00  
Date: 1/14/2015  
Fiscal Year End: 7/31/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
**213.28**    **212.19**    **1/1/2015**

**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 1/15 rate semester to update QA Medicaid Share

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF ORANGE PARK	Provider Number:	0 324434-00
2029 PROFESSIONAL CENTER DR	Date:	1/22/2015
ORANGE PARK, FL 32073	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

**Provider Type:**

<b>Nursing Home</b>	<b>Single Level</b>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		<b>211.33</b>	<b>210.00</b>	<b>1/1/2015</b>

**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"/> Retro for 1/15 rate semester to update QA Medicaid Share

**Distribution:**

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

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 Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>SIGNATURE HEALTHCARE OF ORMOND</u>	Provider Number:	<u>0 324442-00</u>
<u>103 NORTH CLYDE MORRIS BLVD</u>	Date:	<u>1/15/2015</u>
<u>ORMOND BEACH, FL 32174</u>	Fiscal Year End:	<u>7/31/2014</u>
	Audit Status:	<u>Unaudited</u>

**Provider Type:**

	Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
<b>Nursing Home    Single Level</b>	<b><u>222.28</u></b>	<b><u>220.37</u></b>	<b><u>1/1/2015</u></b>

**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> Retro for 1/15 to update QA Medicaid Share

**Distribution:**

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

  
**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance

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                   Louisville, KY 40299





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**Medicaid Reimbursement Per Diem Rates**

ANCHOR CARE & REHABILITATION CENTER  
1515 PORT MALABAR BLVD NE  
PALM BAY, FL 32905-5455

Provider Number: 0 324451-00  
Date: 1/16/2015  
Fiscal Year End: 9/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>205.09</b>	<b>203.87</b>	<b>1/1/2015</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

Retro for 1/15 to update QA Medicaid Share

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

**Thomas Parker**

Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF PINELLAS PARK  
8701 49TH ST N  
PINELLAS PARK, FL 33782

Provider Number: 0 324469-00  
Date: 1/22/2015  
Fiscal Year End: 7/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>222.66</b>	<b>221.54</b>	<b>1/1/2015</b>

**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

Retro for 1/15 rate semester to update QA Medicaid Share

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Thomas Parker

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

SIGNATURE HEALTHCARE OF PORT CHARLOTTE

4033 BEAVER LANE

PORT CHARLOTTE, FL 33952

Provider Number:

0 324477-00

Date:

1/22/2015

Fiscal Year End:

7/31/2014

Audit Status:

Unaudited

**Provider Type:**

Nursing Home    Single Level

Current  
Rate

**219.92**

New  
Rate

**218.76**

Effective  
Date

**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

Retro for 1/15 rate semester to update QA  
Medicaid Share

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

**Thomas Parker**

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**Medicaid Reimbursement Per Diem Rates**

THE BRIDGE AT BAY ST. JOE	Provider Number:	0 324485-00
220 NINTH STREET	Date:	1/15/2015
PORT SAINT JOE, FL 32456	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

**Provider Type:**

	Current Rate	New Rate	Effective Date
Nursing Home    Single Level	<b>199.89</b>	<b>198.66</b>	<b>1/1/2015</b>

**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"/> Retro for 1/15 to update QA Medicaid Share

**Distribution:**

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

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**Medicaid Reimbursement Per Diem Rates**

KENILWORTH CARE AND REHABILITATION CENTER  
3011 KENILWORTH BLVD  
SEBRING, FL 33870

Provider Number: 0 324493-00  
Date: 1/14/2015  
Fiscal Year End: 7/31/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<u>218.99</u>	<u>217.69</u>	<u>1/1/2015</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"/>	Retro for 1/15 to update QA Medicaid Share to 19.0302

**Distribution:**

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

**Thomas Parker**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

PENINSULA CARE AND REHABILITATION CENTER  
900 BECKETT WAY  
TARPON SPRINGS, FL 34689

Provider Number: 0 324507-00  
Date: 1/16/2015  
Fiscal Year End: 9/30/2013  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate	New Rate	Effective Date
<b>212.98</b>	<b>211.64</b>	<b>1/1/2015</b>

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

**Changes:**

_____ Rate Semester Change
<input checked="" type="checkbox"/> Retro for 1/15 to update QA Medicaid Share

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

\_\_\_\_\_ For Information Only

\_\_\_\_\_ No Change in Rate

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

**Thomas Parker**

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Tallahassee, Florida 32308

**Medicaid Reimbursement Per Diem Rates**

<u>WINTER PARK CARE AND REHABILITATION CENTER</u>	Provider Number:	<u>0 324515-00</u>
<u>2970 SCARLETT RD</u>	Date:	<u>1/14/2015</u>
<u>WINTER PARK, FL 32792</u>	Fiscal Year End:	<u>9/30/2013</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>
<b>Nursing Home</b>	<b>Single Level</b>	<b><u>216.75</u></b>	<b><u>215.58</u></b>	<b><u>1/1/2015</u></b>

**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> Retro for 1/15 to update QA Medicaid Share to 22.0979

**Distribution:**

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

  
**Thomas Parker**  
 Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

MOOSEHAVEN, INC.  
1701 PARK AVENUE  
ORANGE PARK, FL 32073

Provider Number: 0 326011-00  
Date: 1/12/2015  
Fiscal Year End: 4/30/2014  
Audit Status: Unaudited

**Provider Type:**

Nursing Home    Single Level

Current Rate    New Rate    Effective Date  
260.09    235.41    1/1/2015

**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 1/15 Rate Semester to remove QA

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:    No Home Office

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