




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: April 24th, 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.	BAYA POINTE NURSING AND REHABILITATION	0 092681-00	4
2.	VILLAGE ON THE ISLE	0 210463-00	9
3.	YBOR CITY HEALTHCARE AND REHABILITATION CENTER	0 212164-00	4
4.	BAY CENTER	0 212989-00	4
5.	CRYSTAL RIVER HEALTH & REHABILITATION CENTER	0 217263-00	11
6.	OCALA HEALTH & REHABILITATION CENTER	0 217395-00	11
7.	ST AUGUSTINE HEALTH AND REHABILITATION CENTER	0 217735-00	2
8.	WILTON MANORS HEALTH AND REHAB	0 227579-00	4
9.	THE LODGE HEALTH AND REHABILITATION CENTER	0 227773-00	5
10.	JACKSON PLAZA NURSING AND REHABILITATION CENTER	0 253723-00	5
11.	SARASOTA HEALTH AND REHAB CENTER	0 263982-00	1
12.	SUSANNA WESLEY HEALTH CENTER	0 268062-00	2
13.	JACARANDA MANOR	0 281743-00	3
14.	BAYA POINTE NURSING AND REHABILITATION	0 308111-00	13
15.	OCOEE HEALTH CARE FACILITY	0 324159-00	9
		TOTAL:	87

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

TP/ke



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)		
009268100	20130801	214.35	0.00	214.35	214.35	77245-15	NH09-092L
009268100	20140101	214.65	0.00	214.65	214.65	77245-15	NH09-092L
009268100	20140701	222.49	0.00	222.49	222.49	77245-15	NH09-092L
009268100	20150101	222.67	0.00	222.67	222.67	77245-15	NH09-092L
021046300	20110101	234.99	379.85	234.99	234.99	77245-15	NH11-102W
021046300	20110701	223.64	369.84	223.64	223.64	77245-15	NH11-102W
021046300	20120101	235.43	383.04	235.43	235.43	77245-15	NH11-102W
021046300	20120701	242.51	391.72	242.51	242.51	77245-15	NH11-102W
021046300	20130101	249.35	400.16	249.35	249.35	77245-15	NH11-102W
021046300	20130701	251.27	0.00	251.27	251.27	77245-15	NH11-102W
021046300	20140101	254.96	0.00	254.96	254.96	77245-15	NH11-102W
021046300	20140701	265.58	0.00	265.58	265.58	77245-15	NH11-102W
021046300	20150101	263.42	0.00	263.42	263.42	77245-15	NH11-102W
021216400	20080701	168.67	304.95	168.67	168.67	77245-15	NH09-118C
021216400	20090101	170.64	308.99	170.64	170.64	77245-15	NH09-118C
021216400	20090301	156.34	294.69	156.34	156.34	77245-15	NH09-118C
021216400	20090401	194.76	333.11	194.76	194.76	77245-15	NH09-118C
021298900	20080701	160.06	296.34	160.06	160.06	77245-15	NH09-130C
021298900	20090101	162.43	300.78	162.43	162.43	77245-15	NH09-130C
021298900	20090301	148.81	287.16	148.81	148.81	77245-15	NH09-130C
021298900	20090401	185.87	324.22	185.87	185.87	77245-15	NH09-130C
021726300	20100101	195.68	337.60	195.68	195.68	77245-15	NH11-137G
021726300	20100701	199.37	342.71	199.37	199.37	77245-15	NH11-137G
021726300	20110101	208.74	353.60	208.74	208.74	77245-15	NH11-137G
021726300	20110701	201.39	347.59	201.39	201.39	77245-15	NH11-137G
021726300	20120101	203.54	351.15	203.54	203.54	77245-15	NH11-137G
021726300	20120701	209.64	358.85	209.64	209.64	77245-15	NH11-137G
021726300	20130101	211.93	362.74	211.93	211.93	77245-15	NH11-137G
021726300	20130701	212.56	0.00	212.56	212.56	77245-15	NH11-137G
021726300	20140101	215.26	0.00	215.26	215.26	77245-15	NH11-137G
021726300	20140701	213.53	0.00	213.53	213.53	77245-15	NH11-137G
021726300	20150101	215.81	0.00	215.81	215.81	77245-15	NH11-137G
021739500	20100101	185.00	326.92	185.00	185.00	77245-15	NH11-135G
021739500	20100701	188.62	331.96	188.62	188.62	77245-15	NH11-135G
021739500	20110101	193.54	338.40	193.54	193.54	77245-15	NH11-135G
021739500	20110701	187.06	333.26	187.06	187.06	77245-15	NH11-135G
021739500	20120101	188.39	336.00	188.39	188.39	77245-15	NH11-135G
021739500	20120701	193.86	343.07	193.86	193.86	77245-15	NH11-135G
021739500	20130101	195.93	346.74	195.93	195.93	77245-15	NH11-135G
021739500	20130701	196.40	0.00	196.40	196.40	77245-15	NH11-135G
021739500	20140101	199.11	0.00	199.11	199.11	77245-15	NH11-135G
021739500	20140701	207.93	0.00	207.93	207.93	77245-15	NH11-135G
021739500	20150101	210.81	0.00	210.81	210.81	77245-15	NH11-135G
021773500	20090701	202.31	342.66	202.31	202.31	77245-15	NH11-133G
021773500	20100101	204.19	346.11	204.19	204.19	77245-15	NH11-133G
022757900	20131201	242.11	0.00	242.11	242.11	77245-15	
022757900	20140101	238.04	0.00	238.04	238.04	77245-15	
022757900	20140701	249.51	0.00	249.51	249.51	77245-15	
022757900	20150101	254.94	0.00	254.94	254.94	77245-15	
022777300	20080701	181.77	318.05	181.77	181.77	77245-15	NH10-039C
022777300	20090101	180.99	319.34	180.99	180.99	77245-15	NH10-039C
022777300	20090301	165.82	304.17	165.82	165.82	77245-15	NH10-039C
022777300	20090401	204.02	342.37	204.02	204.02	77245-15	NH10-039C
022777300	20090701	208.85	349.20	208.85	208.85	77245-15	NH10-039C
025372300	20080701	190.94	327.22	190.94	190.94	77245-15	NH10-013G
025372300	20090101	191.70	330.05	191.70	191.70	77245-15	NH10-013G
025372300	20090301	175.63	313.98	175.63	175.63	77245-15	NH10-013G
025372300	20090401	215.76	354.11	215.76	215.76	77245-15	NH10-013G
025372300	20090701	219.96	360.31	219.96	219.96	77245-15	NH10-013G
026398200	20080701	181.81	318.09	181.81	181.81	77245-15	NH09-133C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
026806200	20110701	222.15	368.35	222.15	222.15	77245-15	NH13-060C
026806200	20120101	223.53	371.14	223.53	223.53	77245-15	NH13-060C
028174300	20080701	151.54	287.82	151.54	151.54	77245-15	DR13-178
028174300	20090701	171.76	312.11	171.76	171.76	77245-15	DR13-179
028174300	20100101	162.93	304.85	162.93	162.93	77245-15	DR13-180
030811100	20080701	179.70	315.98	179.70	179.70	77245-15	NH09-092L
030811100	20090101	179.01	317.36	179.01	179.01	77245-15	NH09-092L
030811100	20090301	164.01	302.36	164.01	164.01	77245-15	NH09-092L
030811100	20090401	201.38	339.73	201.38	201.38	77245-15	NH09-092L
030811100	20090701	187.58	327.93	187.58	187.58	77245-15	NH09-092L
030811100	20100101	194.40	336.32	194.40	194.40	77245-15	NH09-092L
030811100	20100701	197.50	340.84	197.50	197.50	77245-15	NH09-092L
030811100	20110101	200.44	345.30	200.44	200.44	77245-15	NH09-092L
030811100	20110701	192.90	339.10	192.90	192.90	77245-15	NH09-092L
030811100	20120101	194.10	341.71	194.10	194.10	77245-15	NH09-092L
030811100	20120701	205.68	354.89	205.68	205.68	77245-15	NH09-092L
030811100	20130101	208.06	358.87	208.06	208.06	77245-15	NH09-092L
030811100	20130701	218.27	0.00	218.27	218.27	77245-15	NH09-092L
032415900	20080701	182.20	318.48	182.20	182.20	77245-15	NH11-138L
032415900	20090101	183.39	321.74	183.39	183.39	77245-15	NH11-138L
032415900	20090301	168.02	306.37	168.02	168.02	77245-15	NH11-138L
032415900	20090401	207.11	345.46	207.11	207.11	77245-15	NH11-138L
032415900	20090701	210.24	350.59	210.24	210.24	77245-15	NH11-138L
032415900	20100101	211.49	353.41	211.49	211.49	77245-15	NH11-138L
032415900	20110701	214.54	360.74	214.54	214.54	77245-15	NH11-138L
032415900	20120101	216.33	363.94	216.33	216.33	77245-15	NH11-138L
032415900	20120701	222.98	372.19	222.98	222.98	77245-15	NH11-138L



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

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 2/20/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.03	214.35	8/1/2013

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007 for prior provider 308111

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751



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

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 2/20/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.32	214.65	1/1/2014

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007 for prior provider 308111

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751

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

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 2/20/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
222.15	222.49	7/1/2014

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007 for prior provider 308111

Distribution:

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

Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751



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

BAYA POINTE NURSING AND REHABILITATION CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 2/20/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.33</u>	<u>222.67</u>	<u>1/1/2015</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007 for prior provider 308111

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: CMC II, LLC
800 Concourse Parkway South
Suite 200
Maitland, FL 32751

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

VILLAGE ON THE ISLE
910 TAMIAMI TRAIL SOUTH
VENICE, FL 34285

Provider Number: 0 210463-00
Date: 3/10/2015
Fiscal Year End: 12/31/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	242.37	234.99	1/1/2011
	Level H: Aids	387.23	379.85	1/1/2011

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
 FA & RFA #NH11-102W FYE 12/31/2009

Distribution:

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

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

VILLAGE ON THE ISLE	Provider Number:	0 210463-00
910 TAMIAMI TRAIL SOUTH	Date:	3/10/2015
VENICE, FL 34285	Fiscal Year End:	12/31/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.68</u>	<u>223.64</u>	<u>7/1/2011</u>
	Level H: Aids	<u>376.88</u>	<u>369.84</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"/> FA & RFA #NH11-102W FYE 12/31/2009

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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

VILLAGE ON THE ISLE
910 TAMiami TRAIL SOUTH
VENICE, FL 34285

Provider Number: 0 210463-00
Date: 3/10/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Nursing Home Single Level and Level H: Aids.

Rate Type:

Interim Total Interim
X Prospective Total Prospective
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 #NH11-102W FYE
12/31/2009

Distribution:

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

Handwritten signature of Thomas Parker

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

VILLAGE ON THE ISLE
910 TAMIAMI TRAIL SOUTH
VENICE, FL 34285

Provider Number: 0 210463-00
Date: 3/10/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>242.56</u>	<u>242.51</u>	<u>7/1/2012</u>
	Level H: Aids	<u>391.77</u>	<u>391.72</u>	<u>7/1/2012</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 FA & RFA #NH11-102W FYE
12/31/2009

Distribution:

Contract Management / Fiscal Agent
Permanent File

For Information Only
 No Change in Rate

Home Office: No Home Office

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

VILLAGE ON THE ISLE
910 TAMiami TRAIL SOUTH
VENICE, FL 34285

Provider Number: 0 210463-00
Date: 3/10/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>249.39</u>	<u>249.35</u>	<u>1/1/2013</u>
	Level H: Aids	<u>400.20</u>	<u>400.16</u>	<u>1/1/2013</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
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH11-102W FYE
 12/31/2009

Distribution:

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

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

VILLAGE ON THE ISLE
910 TAMIAMI TRAIL SOUTH
VENICE, FL 34285

Provider Number: 0 210463-00
Date: 3/10/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>251.31</u>	<u>251.27</u>	<u>7/1/2013</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 & RFA #NH11-102W FYE 12/31/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

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

VILLAGE ON THE ISLE
910 TAMIAMI TRAIL SOUTH
VENICE, FL 34285

Provider Number: 0 210463-00
Date: 3/10/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>255.00</u>	<u>254.96</u>	<u>1/1/2014</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 & RFA #NH11-102W FYE
12/31/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

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

VILLAGE ON THE ISLE	Provider Number:	0 210463-00
910 TAMIAMI TRAIL SOUTH	Date:	3/10/2015
VENICE, FL 34285	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		265.63	265.58	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 & RFA #NH11-102W FYE 12/31/2009

Distribution:

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

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

YBOR CITY HEALTHCARE AND REHABILITATION CENTER
1709 TALIAFERRO AVE
TAMPA, FL 33602

Provider Number: 0 212164-00
Date: 3/2/2015
Fiscal Year End: 7/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.73	168.67	7/1/2008
	Level H: Aids	306.01	304.95	7/1/2008

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
 FA & RFA NH09-118C FYE 7/31/2007

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Summit Care II, Inc
 2123 Centre Pointe Blvd.
 Tallahassee, FL 32308



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

YBOR CITY HEALTHCARE AND REHABILITATION CENTER
1709 TALIAFERRO AVE
TAMPA, FL 33602

Provider Number: 0 212164-00
Date: 3/2/2015
Fiscal Year End: 7/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>171.67</u>	<u>170.64</u>	<u>1/1/2009</u>
	Level H: Aids	<u>310.02</u>	<u>308.99</u>	<u>1/1/2009</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
 FA & RFA NH09-118C FYE 7/31/2007

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Summit Care II, Inc
 2123 Centre Pointe Blvd.
 Tallahassee, FL 32308



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

YBOR CITY HEALTHCARE AND REHABILITATION CENTER
1709 TALIAFERRO AVE
TAMPA, FL 33602

Provider Number: 0 212164-00
Date: 3/2/2015
Fiscal Year End: 7/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	157.28	156.34	3/1/2009
	Level H: Aids	295.63	294.69	3/1/2009

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
 FA & RFA NH09-118C FYE 7/31/2007

Distribution:

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

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

YBOR CITY HEALTHCARE AND REHABILITATION CENTER
1709 TALIAFERRO AVE
TAMPA, FL 33602

Provider Number: 0 212164-00
Date: 3/2/2015
Fiscal Year End: 7/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>195.85</u>	<u>194.76</u>	<u>4/1/2009</u>
	Level H: Aids	<u>334.20</u>	<u>333.11</u>	<u>4/1/2009</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
 FA & RFA NH09-118C FYE 7/31/2007

Distribution:

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

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>BAY CENTER</u>	Provider Number:	<u>0 212989-00</u>
<u>1336 ST ANDREWS BLVD</u>	Date:	<u>3/24/2015</u>
<u>PANAMA CITY, FL 32405</u>	Fiscal Year End:	<u>8/31/2007</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>162.79</u>	<u>160.06</u>	<u>7/1/2008</u>
	Level H: Aids	<u>299.07</u>	<u>296.34</u>	<u>7/1/2008</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 FA & RFA NH09-130C FYE 8/31/2007

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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>BAY CENTER</u>	Provider Number:	<u>0 212989-00</u>
<u>1336 ST ANDREWS BLVD</u>	Date:	<u>3/24/2015</u>
<u>PANAMA CITY, FL 32405</u>	Fiscal Year End:	<u>8/31/2007</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>165.21</u>	<u>162.43</u>	<u>1/1/2009</u>
	Level H: Aids	<u>303.56</u>	<u>300.78</u>	<u>1/1/2009</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 & RFA NH09-130C FYE 8/31/2007

Distribution:

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

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

BAY CENTER
1336 ST ANDREWS BLVD
PANAMA CITY, FL 32405

Provider Number: 0 212989-00
Date: 3/24/2015
Fiscal Year End: 8/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>151.36</u>	<u>148.81</u>	<u>3/1/2009</u>
	Level H: Aids	<u>289.71</u>	<u>287.16</u>	<u>3/1/2009</u>

Rate Type:

Interim
 Prospective

_____ Total Interim
_____ Interim Component
_____ Settlement based on cost
_____ Prior Provider Prospective data

_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

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

Changes:

_____ Rate Semester Change
 FA & RFA NH09-130C FYE 8/31/2007

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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>BAY CENTER</u>	Provider Number:	<u>0 212989-00</u>
<u>1336 ST ANDREWS BLVD</u>	Date:	<u>3/24/2015</u>
<u>PANAMA CITY, FL 32405</u>	Fiscal Year End:	<u>8/31/2007</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>188.81</u>	<u>185.87</u>	<u>4/1/2009</u>
	Level H: Aids	<u>327.16</u>	<u>324.22</u>	<u>4/1/2009</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 & RFA NH09-130C FYE 8/31/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Home Office: No Home Office

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

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 1/16/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.54	195.68	1/1/2010
	Level H: Aids	338.46	337.60	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
 FA & RFA #NH11-137G FYE 6/30/2009

Distribution:

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

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

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 1/16/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.24	199.37	7/1/2010
	Level H: Aids	343.58	342.71	7/1/2010

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
 FA & RFA #NH11-137G FYE 6/30/2009

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406



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

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 1/16/2015
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.81</u>	<u>208.74</u>	<u>1/1/2011</u>
	Level H: Aids	<u>353.67</u>	<u>353.60</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-137G FYE 6/30/2009

Distribution:

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

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

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 1/16/2015
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

Nursing Home **Single Level**

 Level H: Aids

Current Rate	New Rate	Effective Date
201.45	201.39	7/1/2011
347.65	347.59	7/1/2011

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 & RFA #NH11-137G FYE 6/30/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

CRYSTAL RIVER HEALTH & REHABILITATION CENTER
136 NORTHEAST 12TH AVENUE
CRYSTAL RIVER, FL 34429

Provider Number: 0 217263-00
Date: 1/16/2015
Fiscal Year End: 6/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.60	203.54	1/1/2012
	Level H: Aids	351.21	351.15	1/1/2012

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 & RFA #NH11-137G FYE 6/30/2009

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406



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>CRYSTAL RIVER HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217263-00</u>
<u>136 NORTHEAST 12TH AVENUE</u>	Date:	<u>1/16/2015</u>
<u>CRYSTAL RIVER, FL 34429</u>	Fiscal Year End:	<u>6/30/2011</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>209.70</u>	<u>209.64</u>	<u>7/1/2012</u>
	Level H: Aids	<u>358.91</u>	<u>358.85</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 FA & RFA #NH11-137G FYE 6/30/2009

Distribution:

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

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>CRYSTAL RIVER HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217263-00</u>
<u>136 NORTHEAST 12TH AVENUE</u>	Date:	<u>1/16/2015</u>
<u>CRYSTAL RIVER, FL 34429</u>	Fiscal Year End:	<u>6/30/2011</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>211.99</u>	<u>211.93</u>	<u>1/1/2013</u>
	Level H: Aids	<u>362.80</u>	<u>362.74</u>	<u>1/1/2013</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 FA & RFA #NH11-137G FYE 6/30/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406

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>CRYSTAL RIVER HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217263-00</u>
<u>136 NORTHEAST 12TH AVENUE</u>	Date:	<u>1/16/2015</u>
<u>CRYSTAL RIVER, FL 34429</u>	Fiscal Year End:	<u>6/30/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		212.62	212.56	7/1/2013

Rate Type:

<u>Interim</u>	<u>X</u> Prospective
<u>Total Interim</u>	<u>X</u> Total Prospective
<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> Unaudited costs
<u>Field audited costs</u>
<u>Desk audited costs</u>

Changes:

<u>Rate Semester Change</u>
<u>X</u> Effects of FA & RFA #NH11-137G FYE 6/30/2009

Distribution:

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

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>CRYSTAL RIVER HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217263-00</u>
<u>136 NORTHEAST 12TH AVENUE</u>	Date:	<u>1/16/2015</u>
<u>CRYSTAL RIVER, FL 34429</u>	Fiscal Year End:	<u>6/30/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		215.33	215.26	1/1/2014

Rate Type:

<u>Interim</u>	<u>X</u> Prospective
<u>Total Interim</u>	<u>X</u> Total Prospective
<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> Unaudited costs
<u>Field audited costs</u>
<u>Desk audited costs</u>

Changes:

<u>Rate Semester Change</u>
<u>X</u> Effects of FA & RFA #NH11-137G FYE 6/30/2009

Distribution:

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


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>CRYSTAL RIVER HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217263-00</u>
<u>136 NORTHEAST 12TH AVENUE</u>	Date:	<u>1/16/2015</u>
<u>CRYSTAL RIVER, FL 34429</u>	Fiscal Year End:	<u>6/30/2013</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>213.59</u>	<u>213.53</u>	<u>7/1/2014</u>

Rate Type:

<u>Interim</u>	<u>X</u> <u>Prospective</u>
<u>Total Interim</u>	<u>X</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>Effects of FA & RFA #NH11-137G FYE 6/30/2009</u>

Distribution:

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

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>CRYSTAL RIVER HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217263-00</u>
<u>136 NORTHEAST 12TH AVENUE</u>	Date:	<u>1/16/2015</u>
<u>CRYSTAL RIVER, FL 34429</u>	Fiscal Year End:	<u>6/30/2014</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>215.88</u>	<u>215.81</u>	<u>1/1/2015</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:

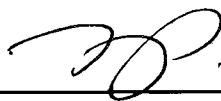
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH11-137G FYE 6/30/2009

Distribution:

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


Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406



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

OCALA HEALTH & REHABILITATION CENTER

1201 SE 24TH RD

OCALA, FL 34471

Provider Number:

0 217395-00

Date:

1/21/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

185.60

185.00

1/1/2010

Level H: Aids

327.52

326.92

1/1/2010

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

 Unaudited costs

 X Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X FA & RFA #NH11-135G FYE 6/30/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406

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>OCALA HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217395-00</u>
<u>1201 SE 24TH RD</u>	Date:	<u>1/21/2015</u>
<u>OCALA, FL 34471</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>189.23</u>	<u>188.62</u>	<u>7/1/2010</u>
	Level H: Aids	<u>332.57</u>	<u>331.96</u>	<u>7/1/2010</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
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH11-135G FYE 6/30/2009

Distribution:

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

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

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 1/21/2015
Fiscal Year End: 6/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.42</u>	<u>193.54</u>	<u>1/1/2011</u>
	Level H: Aids	<u>338.28</u>	<u>338.40</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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH11-135G FYE 6/30/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

OCALA HEALTH & REHABILITATION CENTER	Provider Number:	0 217395-00
1201 SE 24TH RD	Date:	1/21/2015
OCALA, FL 34471	Fiscal Year End:	6/30/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.94	187.06	7/1/2011
	Level H: Aids	333.14	333.26	7/1/2011

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:

<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 & RFA #NH11-135G FYE 6/30/2009

Distribution:

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

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>OCALA HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217395-00</u>
<u>1201 SE 24TH RD</u>	Date:	<u>1/21/2015</u>
<u>OCALA, FL 34471</u>	Fiscal Year End:	<u>6/30/2011</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>188.27</u>	<u>188.39</u>	<u>1/1/2012</u>
	Level H: Aids	<u>335.88</u>	<u>336.00</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:

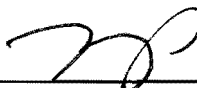
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH11-135G FYE 6/30/2009

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406



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>OCALA HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217395-00</u>
<u>1201 SE 24TH RD</u>	Date:	<u>1/21/2015</u>
<u>OCALA, FL 34471</u>	Fiscal Year End:	<u>6/30/2011</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>193.74</u>	<u>193.86</u>	<u>7/1/2012</u>
	Level H: Aids	<u>342.95</u>	<u>343.07</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 FA & RFA #NH11-135G FYE 6/30/2009

Distribution:

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


Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406



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

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 1/21/2015
Fiscal Year End: 6/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.81	195.93	1/1/2013
	Level H: Aids	346.62	346.74	1/1/2013

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 & RFA #NH11-135G FYE 6/30/2009

Distribution:

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

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

OCALA HEALTH & REHABILITATION CENTER
1201 SE 24TH RD
OCALA, FL 34471

Provider Number: 0 217395-00
Date: 1/21/2015
Fiscal Year End: 6/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
196.27	196.40	7/1/2013

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 & RFA #NH11-135G FYE 6/30/2009

Distribution:

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

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

OCALA HEALTH & REHABILITATION CENTER	Provider Number:	0 217395-00
1201 SE 24TH RD	Date:	1/21/2015
OCALA, FL 34471	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		198.98	199.11	1/1/2014

Rate Type:

Interim	<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Prospective
Interim Component	<input type="checkbox"/>	Settlement based on cost	<input checked="" type="checkbox"/>	Total Prospective
Prior Provider Prospective data	<input type="checkbox"/>		<input type="checkbox"/>	Total Prospective with Interim Component

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 & RFA #NH11-135G FYE 6/30/2009

Distribution:

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

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>OCALA HEALTH & REHABILITATION CENTER</u>	Provider Number:	<u>0 217395-00</u>
<u>1201 SE 24TH RD</u>	Date:	<u>1/21/2015</u>
<u>OCALA, FL 34471</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		207.80	207.93	7/1/2014

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 FA & RFA #NH11-135G FYE 6/30/2009

Distribution:

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


Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management
931 Fairfax Park
Tuscaloosa, AL 35406



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

OCALA HEALTH & REHABILITATION CENTER	Provider Number:	0 217395-00
1201 SE 24TH RD	Date:	1/21/2015
OCALA, FL 34471	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.68	210.81	1/1/2015

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 & RFA #NH11-135G FYE 6/30/2009

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406



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

ST. AUGUSTINE HEALTH & REHABILITATION CENTER	Provider Number:	0 217735-00
51 SUNRISE BLVD	Date:	3/20/2015
SAINT AUGUSTINE, FL 32084	Fiscal Year End:	6/30/2008
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	204.47	202.31	7/1/2009
	Level H: Aids	344.82	342.66	7/1/2009

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
 FA & RFA #NH11-133G FYE 6/30/2008

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: NHS Management
 931 Fairfax Park
 Tuscaloosa, AL 35406



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

ST. AUGUSTINE HEALTH & REHABILITATION CENTER
51 SUNRISE BLVD
SAINT AUGUSTINE, FL 32084

Provider Number: 0 217735-00
Date: 3/20/2015
Fiscal Year End: 6/30/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.54</u>	<u>204.19</u>	<u>1/1/2010</u>
	Level H: Aids	<u>348.46</u>	<u>346.11</u>	<u>1/1/2010</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
 FA & RFA #NH11-133G FYE 6/30/2008

Distribution:

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

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

WILTON MANORS HEALTH AND REHAB
2675 N ANDREWS AVE
WILTON MANORS, FL 33311

Provider Number: 0 227579-00
Date: 2/16/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
233.21 **238.04** **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
 Payback Satisfied. Switched to FRVS effective 12/1/2013.

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
4042 Park Oaks Blvd, Suite 300
Tampa, FL 33610



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>WILTON MANORS HEALTH AND REHAB</u>	Provider Number:	<u>0 227579-00</u>
<u>2675 N ANDREWS AVE</u>	Date:	<u>2/16/2015</u>
<u>WILTON MANORS, FL 33311</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		244.18	249.51	7/1/2014

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> Payback Satisfied. Switched to FRVS effective 12/1/2013.

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
 4042 Park Oaks Blvd, Suite 300
 Tampa, FL 33610



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>WILTON MANORS HEALTH AND REHAB</u>	Provider Number:	<u>0 227579-00</u>
<u>2675 N ANDREWS AVE</u>	Date:	<u>2/16/2015</u>
<u>WILTON MANORS, FL 33311</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		249.57	254.94	1/1/2015

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> Payback Satisfied. Switched to FRVS effective 12/1/2013.

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
 4042 Park Oaks Blvd, Suite 300
 Tampa, FL 33610



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 LODGE HEALTH AND REHABILITATION CENTER
635 SE 17TH STREET
OCALA, FL 34471

Provider Number: 0 227773-00
Date: 1/7/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>183.81</u>	<u>181.77</u>	<u>7/1/2008</u>
	Level H: Aids	<u>320.09</u>	<u>318.05</u>	<u>7/1/2008</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
 FA & RFA #NH10-039C FYE 12/31/2007

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
 4042 Park Oaks Blvd, Suite 300
 Tampa, FL 33610



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 LODGE HEALTH AND REHABILITATION CENTER
635 SE 17TH STREET
OCALA, FL 34471

Provider Number: 0 227773-00
Date: 1/7/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.64	180.99	1/1/2009
	Level H: Aids	320.99	319.34	1/1/2009

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
 FA & RFA #NH10-039C FYE 12/31/2007

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
 4042 Park Oaks Blvd, Suite 300
 Tampa, FL 33610



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 LODGE HEALTH AND REHABILITATION CENTER
635 SE 17TH STREET
OCALA, FL 34471

Provider Number: 0 227773-00
Date: 1/7/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>167.33</u>	<u>165.82</u>	<u>3/1/2009</u>
	Level H: Aids	<u>305.68</u>	<u>304.17</u>	<u>3/1/2009</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
 FA & RFA #NH10-039C FYE 12/31/2007

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
 4042 Park Oaks Blvd, Suite 300
 Tampa, FL 33610



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 LODGE HEALTH AND REHABILITATION CENTER
635 SE 17TH STREET
OCALA, FL 34471

Provider Number: 0 227773-00
Date: 1/7/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.76</u>	<u>204.02</u>	<u>4/1/2009</u>
	Level H: Aids	<u>344.11</u>	<u>342.37</u>	<u>4/1/2009</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
 FA & RFA #NH10-039C FYE 12/31/2007

Distribution:

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

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 LODGE HEALTH AND REHABILITATION CENTER
635 SE 17TH STREET
OCALA, FL 34471

Provider Number: 0 227773-00
Date: 1/7/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>210.97</u>	<u>208.85</u>	<u>7/1/2009</u>
	Level H: Aids	<u>351.32</u>	<u>349.20</u>	<u>7/1/2009</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
 FA & RFA #NH10-039C FYE 12/31/2007

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
 4042 Park Oaks Blvd, Suite 300
 Tampa, FL 33610



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

JACKSON PLAZA NURSING & REHABILITATION CENTER	Provider Number:	0 253723-00
1861 NW 8TH AVENUE	Date:	2/20/2015
MIAMI , FL 33136	Fiscal Year End:	2/29/2008
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.20</u>	<u>190.94</u>	<u>7/1/2008</u>
	Level H: Aids	<u>327.48</u>	<u>327.22</u>	<u>7/1/2008</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
 FA & RFA #NH10-013G FYE 2/29/2008

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Hebrew Home Management Services
 1800 NE 168th Street, Suite 200
 Miami Beach, FL 33162



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

JACKSON PLAZA NURSING & REHABILITATION CENTER
1861 NW 8TH AVENUE
MIAMI, FL 33136

Provider Number: 0 253723-00
Date: 2/20/2015
Fiscal Year End: 2/29/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.96</u>	<u>191.70</u>	<u>1/1/2009</u>
	Level H: Aids	<u>330.31</u>	<u>330.05</u>	<u>1/1/2009</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
 FA & RFA #NH10-013G FYE 2/29/2008

Distribution:

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

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

JACKSON PLAZA NURSING & REHABILITATION CENTER	Provider Number:	0 253723-00
1861 NW 8TH AVENUE	Date:	2/20/2015
MIAMI , FL 33136	Fiscal Year End:	2/29/2008
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.87</u>	<u>175.63</u>	<u>3/1/2009</u>
	Level H: Aids	<u>314.22</u>	<u>313.98</u>	<u>3/1/2009</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"/> FA & RFA #NH10-013G FYE 2/29/2008


Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Hebrew Home Management Services
 1800 NE 168th Street, Suite 200
 Miami Beach, FL 33162



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

JACKSON PLAZA NURSING & REHABILITATION CENTER	Provider Number:	0 253723-00
1861 NW 8TH AVENUE	Date:	2/20/2015
MIAMI , FL 33136	Fiscal Year End:	2/29/2008
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.04</u>	<u>215.76</u>	<u>4/1/2009</u>
	Level H: Aids	<u>354.39</u>	<u>354.11</u>	<u>4/1/2009</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"/> FA & RFA #NH10-013G FYE 2/29/2008

Distribution:

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

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

JACKSON PLAZA NURSING & REHABILITATION CENTER	Provider Number:	0 253723-00
1861 NW 8TH AVENUE	Date:	2/20/2015
MIAMI , FL 33136	Fiscal Year End:	2/29/2008
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	220.52	219.96	7/1/2009
	Level H: Aids	360.87	360.31	7/1/2009

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"/> FA & RFA #NH10-013G FYE 2/29/2008


Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Hebrew Home Management Services
 1800 NE 168th Street, Suite 200
 Miami Beach, FL 33162



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

SARASOTA HEALTH AND REHABILITATION CENTER
1524 EAST AVENUE SOUTH
SARASOTA, FL 34239

Provider Number: 0 263982-00
Date: 3/24/2015
Fiscal Year End: 3/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>182.69</u>	<u>181.81</u>	<u>7/1/2008</u>
	Level H: Aids	<u>318.97</u>	<u>318.09</u>	<u>7/1/2008</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
 FA & RFA NH09-133C FYE 03/31/2007

Distribution:

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

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

SUSANNA WESLEY HEALTH CENTER

5300 W 16TH AVENUE

HIALEAH, FL 33012

Provider Number:

0 268062-00

Date:

1/14/2015

Fiscal Year End:

12/31/2010

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>222.27</u>	<u>222.15</u>	<u>7/1/2011</u>
<u>368.47</u>	<u>368.35</u>	<u>7/1/2011</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 #NH13-060C FYE 12/31/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

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

SUSANNA WESLEY HEALTH CENTER
5300 W 16TH AVENUE
HIALEAH, FL 33012

Provider Number: 0 268062-00
Date: 1/14/2015
Fiscal Year End: 12/31/2010
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.65</u>	<u>223.53</u>	<u>1/1/2012</u>
	Level H: Aids	<u>371.26</u>	<u>371.14</u>	<u>1/1/2012</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 #NH13-060C FYE 12/31/2010

Distribution:

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

Home Office: No Home Office

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

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	1/8/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2006
	Audit Status:	Desk Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	152.47	151.54	7/1/2008
	Level H: Aids	288.75	287.82	7/1/2008

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Desk Audit #DR13-178 FYE 12/31/2006

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, Inc
 7201 Shallowford Rd, STE 200
 Chattanooga, TN 37421



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

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	1/8/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2007
	Audit Status:	Desk Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>172.78</u>	<u>171.76</u>	<u>7/1/2009</u>
	Level H: Aids	<u>313.13</u>	<u>312.11</u>	<u>7/1/2009</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
 _____ Unaudited costs
 _____ Field audited costs
X _____ Desk audited costs

Changes:

_____ Rate Semester Change
X _____ Desk Audit #DR13-179 FYE 12/31/2007

Distribution:

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

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

JACARANDA MANOR
4250 66TH ST N
SAINT PETERSBURG, FL 33709

Provider Number: 0 281743-00
Date: 1/8/2015
Fiscal Year End: 12/31/2008
Audit Status: Desk Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>163.76</u>	<u>162.93</u>	<u>1/1/2010</u>
	Level H: Aids	<u>305.68</u>	<u>304.85</u>	<u>1/1/2010</u>

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
 Desk Audit #DR13-180 FYE 12/31/2008

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, Inc
 7201 Shallowford Rd, STE 200
 Chattanooga, TN 37421



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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00
Date: 2/20/2015
Fiscal Year End: 9/30/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>180.22</u>	<u>179.70</u>	<u>7/1/2008</u>
	Level H: Aids	<u>316.50</u>	<u>315.98</u>	<u>7/1/2008</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
 FA & RFA NH09-092L FYE 9/30/2007

Distribution:

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

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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00
Date: 2/20/2015
Fiscal Year End: 9/30/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.08	179.01	1/1/2009
	Level H: Aids	318.43	317.36	1/1/2009

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
 FA & RFA NH09-092L FYE 9/30/2007

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Care Managers, Inc
 2380 Sadler Road Suite 201
 Fernandina Beach, FL 32034



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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00
Date: 2/20/2015
Fiscal Year End: 9/30/2007
Audit Status: Revised Field Audit

Provider Type:

Current Rate	New Rate	Effective Date
<u>164.98</u>	<u>164.01</u>	<u>3/1/2009</u>
<u>303.33</u>	<u>302.36</u>	<u>3/1/2009</u>

Nursing Home Single Level

 Level H: Aids

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
 FA & RFA NH09-092L FYE 9/30/2007

Distribution:

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

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

BAYA POINTE NURSING AND REHABILITATION

587 SE ERMINE AVE

LAKE CITY, FL 32025

Provider Number:

0 308111-00

Date:

2/20/2015

Fiscal Year End:

9/30/2007

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

202.47

201.38

4/1/2009

Level H: Aids

340.82

339.73

4/1/2009

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

Unaudited costs

X

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

FA & RFA NH09-092L FYE 9/30/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00
Date: 2/20/2015
Fiscal Year End: 9/30/2008
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>186.90</u>	<u>187.58</u>	<u>7/1/2009</u>
	Level H: Aids	<u>327.25</u>	<u>327.93</u>	<u>7/1/2009</u>

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 & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007

Distribution:

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

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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00
Date: 2/20/2015
Fiscal Year End: 9/30/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.76	194.40	1/1/2010
	Level H: Aids	335.68	336.32	1/1/2010

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 & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Care Managers, Inc
 2380 Sadler Road Suite 201
 Fernandina Beach, FL 32034



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>BAYA POINTE NURSING AND REHABILITATION</u>	Provider Number:	<u>0 308111-00</u>
<u>587 SE ERMINE AVE</u>	Date:	<u>2/20/2015</u>
<u>LAKE CITY, FL 32025</u>	Fiscal Year End:	<u>9/30/2009</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.86</u>	<u>197.50</u>	<u>7/1/2010</u>
	Level H: Aids	<u>340.20</u>	<u>340.84</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:

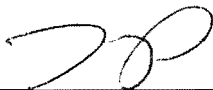
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007

Distribution:

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


Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034



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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00
Date: 2/20/2015
Fiscal Year End: 9/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.79	200.44	1/1/2011
	Level H: Aids	344.65	345.30	1/1/2011

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

Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034

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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00

Date: 2/20/2015

Fiscal Year End: 9/30/2010

Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>192.29</u>	<u>192.90</u>	<u>7/1/2011</u>
	Level H: Aids	<u>338.49</u>	<u>339.10</u>	<u>7/1/2011</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
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA NH09-091L FYE
 9/30/2006 and FA & RFA NH09-092L FYE
 9/30/2007

Distribution:

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

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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00
Date: 2/20/2015
Fiscal Year End: 9/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.49</u>	<u>194.10</u>	<u>1/1/2012</u>
	Level H: Aids	<u>341.10</u>	<u>341.71</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 & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034

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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00
Date: 2/20/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.06</u>	<u>205.68</u>	<u>7/1/2012</u>
	Level H: Aids	<u>354.27</u>	<u>354.89</u>	<u>7/1/2012</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 FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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

BAYA POINTE NURSING AND REHABILITATION

587 SE ERMINE AVE

LAKE CITY, FL 32025

Provider Number:

0 308111-00

Date:

2/20/2015

Fiscal Year End:

12/31/2011

Audit Status:

Unaudited

Provider Type:

Nursing Home **Single Level**

Current Rate	New Rate	Effective Date
207.43	208.06	1/1/2013

Level H: Aids

358.24	358.87	1/1/2013
---------------	---------------	-----------------

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

Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034

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

BAYA POINTE NURSING AND REHABILITATION
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 308111-00
Date: 2/20/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>217.82</u>	<u>218.27</u>	<u>7/1/2013</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 FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007


Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Care Managers, Inc
 2380 Sadler Road Suite 201
 Fernandina Beach, FL 32034



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

OCOEE HEALTH CARE FACILITY	Provider Number:	0 324159-00
1556 MAGUIRE RD	Date:	2/10/2015
OCOEE, FL 34761	Fiscal Year End:	12/31/2008
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>183.49</u>	<u>182.20</u>	<u>7/1/2008</u>
	Level H: Aids	<u>319.77</u>	<u>318.48</u>	<u>7/1/2008</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
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH11-138L FYE 12/31/2008

Distribution:

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

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>OCOEE HEALTH CARE FACILITY</u>	Provider Number:	<u>0 324159-00</u>
<u>1556 MAGUIRE RD</u>	Date:	<u>2/10/2015</u>
<u>OCOEE, FL 34761</u>	Fiscal Year End:	<u>12/31/2008</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>184.80</u>	<u>183.39</u>	<u>1/1/2009</u>
	Level H: Aids	<u>323.15</u>	<u>321.74</u>	<u>1/1/2009</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> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA #NH11-138L FYE 12/31/2008

Distribution:

 Contract Management / Fiscal Agent
 Permanent File

 For Information Only

 No Change in Rate

Home Office: No Home Office

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

OCOEE HEALTH CARE FACILITY	Provider Number:	0 324159-00
1556 MAGUIRE RD	Date:	2/10/2015
OCOEE, FL 34761	Fiscal Year End:	12/31/2008
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.31	168.02	3/1/2009
	Level H: Aids	307.66	306.37	3/1/2009

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:

<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"/> FA & RFA #NH11-138L FYE 12/31/2008

Distribution:

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

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

OCOEE HEALTH CARE FACILITY
1556 MAGUIRE RD
OCOEE, FL 34761

Provider Number: 0 324159-00
Date: 2/10/2015
Fiscal Year End: 12/31/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>208.59</u>	<u>207.11</u>	<u>4/1/2009</u>
	Level H: Aids	<u>346.94</u>	<u>345.46</u>	<u>4/1/2009</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

FA & RFA #NH11-138L FYE 12/31/2008

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

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

OCOEE HEALTH CARE FACILITY
1556 MAGUIRE RD
OCOEE, FL 34761

Provider Number: 0 324159-00
Date: 2/10/2015
Fiscal Year End: 12/31/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.63</u>	<u>210.24</u>	<u>7/1/2009</u>
	Level H: Aids	<u>351.98</u>	<u>350.59</u>	<u>7/1/2009</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

FA & RFA #NH11-138L FYE 12/31/2008

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

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>OCOEE HEALTH CARE FACILITY</u>	Provider Number:	<u>0 324159-00</u>
<u>1556 MAGUIRE RD</u>	Date:	<u>2/10/2015</u>
<u>OCOEE, FL 34761</u>	Fiscal Year End:	<u>12/31/2008</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>212.81</u>	<u>211.49</u>	<u>1/1/2010</u>
	Level H: Aids	<u>354.73</u>	<u>353.41</u>	<u>1/1/2010</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> X </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 & RFA #NH11-138L FYE 12/31/2008

Distribution:

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

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

OCOEE HEALTH CARE FACILITY
1556 MAGUIRE RD
OCOEE, FL 34761

Provider Number: 0 324159-00
Date: 2/10/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>214.77</u>	<u>214.54</u>	<u>7/1/2011</u>
<u>360.97</u>	<u>360.74</u>	<u>7/1/2011</u>

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 & RFA #NH11-138L FYE
 12/31/2008

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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

OCOEE HEALTH CARE FACILITY
1556 MAGUIRE RD
OCOEE, FL 34761

Provider Number: 0 324159-00
Date: 2/10/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.55</u>	<u>216.33</u>	<u>1/1/2012</u>
	Level H: Aids	<u>364.16</u>	<u>363.94</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 & RFA #NH11-138L FYE 12/31/2008

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

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

OCOEE HEALTH CARE FACILITY	Provider Number:	0 324159-00
1556 MAGUIRE RD	Date:	2/10/2015
OCOEE, FL 34761	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.22</u>	<u>222.98</u>	<u>7/1/2012</u>
	Level H: Aids	<u>372.43</u>	<u>372.19</u>	<u>7/1/2012</u>

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"/> Effects of FA & RFA #NH11-138L FYE 12/31/2008

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance