




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: August 27, 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.	Seaside Health and Rehabilitation Center	0 005543-00	2
2.	Oakbrook Health and Rehabilitation Center	0 006767-00	9
3.	Okeechobee Health Care Facility	0 009495-00	2
4.	Coastal Health and Rehabilitation Center	0 021261-00	2
5.	Okeechobee Health Care Facility	0 023067-00	14
6.	The Villages Rehabilitation and Nursing Center	0 081046-00	9
7.	Osprey Point Nursing Center	0 092678-00	6
8.	Baya Pointe Nursing and Rehabilitation Center	0 092681-00	6
9.	Arcadia Health and Rehabilitation Center	0 100509-00	4
10.	Riverfront Nursing and Rehabilitation Center	0 116763-00	4
11.	The Palace at Kendall Nursing and Rehab Center	0 203327-00	2
12.	Highlands Lake Center	0 260576-00	8
13.	Brighton Gardens of Tampa	0 284793-00	2
14.	Community Health and Rehab Center	0 318779-00	4
15.	Ocoee Health Care Facility	0 324159-00	3
		TOTAL:	77

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

TP/kj



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
000554300	20150801	242.45	0.00	242.45	242.45	77896-15	
000554300	20150901	240.03	0.00	240.03	240.03	77896-15	
000676700	20081204	196.33	332.61	196.33	196.33	77896-15	NH12-049C
000676700	20090101	191.97	330.32	191.97	191.97	77896-15	NH12-049C
000676700	20090301	175.87	314.22	175.87	175.87	77896-15	NH12-049C
000676700	20090401	215.96	354.31	215.96	215.96	77896-15	NH12-049C
000676700	20090701	227.06	367.41	227.06	227.06	77896-15	NH12-049C
000676700	20100101	228.90	370.82	228.90	228.90	77896-15	NH12-049C
000676700	20100701	232.53	375.87	232.53	232.53	77896-15	NH12-049C
000676700	20110101	235.39	380.25	235.39	235.39	77896-15	NH12-049C
000676700	20110701	226.48	372.68	226.48	226.48	77896-15	NH12-049C
000949500	20090101	192.96	331.31	192.96	192.96	77896-15	NH07-122L
000949500	20090301	176.78	315.13	176.78	176.78	77896-15	NH07-122L
002126100	20150801	218.10	0.00	218.10	218.10	77896-15	
002126100	20150901	215.39	0.00	215.39	215.39	77896-15	
002306700	20090401	217.29	355.64	217.29	217.29	77896-15	NH07-122L
002306700	20090701	216.74	357.09	216.74	216.74	77896-15	NH07-122L
002306700	20100101	221.48	363.40	221.48	221.48	77896-15	NH07-122L
002306700	20100701	224.78	368.12	224.78	224.78	77896-15	NH07-122L
002306700	20110101	236.54	381.40	236.54	236.54	77896-15	NH07-122L
002306700	20110701	227.81	374.01	227.81	227.81	77896-15	NH07-122L
002306700	20120101	228.57	376.18	228.57	228.57	77896-15	NH07-122L
002306700	20120701	232.01	381.22	232.01	232.01	77896-15	NH07-122L
002306700	20130101	238.33	389.14	238.33	238.33	77896-15	NH07-122L
002306700	20130701	243.77	0.00	243.77	243.77	77896-15	NH07-122L
002306700	20140101	243.86	0.00	243.86	243.86	77896-15	NH07-122L
002306700	20140701	254.17	0.00	254.17	254.17	77896-15	NH07-122L
002306700	20150101	258.78	0.00	258.78	258.78	77896-15	NH07-122L
002306700	20150901	265.22	0.00	265.22	265.22	77896-15	NH07-122L
008104600	20130311	215.99	366.80	215.99	215.99	77896-15	
008104600	20130701	221.67	0.00	221.67	221.67	77896-15	
008104600	20140101	220.52	0.00	220.52	220.52	77896-15	
008104600	20140311	218.49	0.00	218.49	218.49	77896-15	
008104600	20140701	230.49	0.00	230.49	230.49	77896-15	
008104600	20140901	230.49	0.00	230.49	230.49	77896-15	
008104600	20140911	230.49	0.00	230.49	230.49	77896-15	
008104600	20150101	236.66	0.00	236.66	236.66	77896-15	
008104600	20150901	238.35	0.00	238.35	238.35	77896-15	
009267800	20130801	205.34	0.00	205.34	205.34	77896-15	
009267800	20140101	207.30	0.00	207.30	207.30	77896-15	
009267800	20140201	208.52	0.00	208.52	208.52	77896-15	
009267800	20140701	219.88	0.00	219.88	219.88	77896-15	
009267800	20150101	225.71	0.00	225.71	225.71	77896-15	
009267800	20150901	225.94	0.00	225.94	225.94	77896-15	
009268100	20130801	210.52	0.00	210.52	210.52	77896-15	
009268100	20140101	213.80	0.00	213.80	213.80	77896-15	
009268100	20140201	214.49	0.00	214.49	214.49	77896-15	
009268100	20140701	225.08	0.00	225.08	225.08	77896-15	
009268100	20150101	230.07	0.00	230.07	230.07	77896-15	
009268100	20150901	230.37	0.00	230.37	230.37	77896-15	
010050900	20131201	213.76	0.00	213.76	213.76	77896-15	
010050900	20140101	217.45	0.00	217.45	217.45	77896-15	
010050900	20140701	228.58	0.00	228.58	228.58	77896-15	
010050900	20150101	232.54	0.00	232.54	232.54	77896-15	
011676300	20140511	270.06	0.00	270.06	270.06	77896-15	
011676300	20140701	283.16	0.00	283.16	283.16	77896-15	
011676300	20150101	291.07	0.00	291.07	291.07	77896-15	
011676300	20150901	288.05	0.00	288.05	288.05	77896-15	
020332700	20120101	218.18	365.79	218.18	218.18	77896-15	
020332700	20120701	224.24	373.45	224.24	224.24	77896-15	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
026057600	20090101	184.49	322.84	184.49	184.49	77896-15	NH06-193J
026057600	20090401	207.25	345.60	207.25	207.25	77896-15	NH06-193J
026057600	20090701	215.18	355.53	215.18	215.18	77896-15	NH06-193J
026057600	20100701	221.03	364.37	221.03	221.03	77896-15	NH06-193J
026057600	20120701	221.21	370.42	221.21	221.21	77896-15	NH06-193J
026057600	20130101	220.00	370.81	220.00	220.00	77896-15	NH06-193J
026057600	20130701	225.38	0.00	225.38	225.38	77896-15	NH06-193J
026057600	20140701	223.88	0.00	223.88	223.88	77896-15	NH06-193J
028479300	20120701	213.25	362.46	213.25	213.25	77896-15	NH13-161G
028479300	20130101	216.69	367.50	216.69	216.69	77896-15	NH13-161G
031877900	20090701	189.16	329.51	189.16	189.16	77896-15	NH11-142L
031877900	20100101	190.88	332.80	190.88	190.88	77896-15	NH11-142L
031877900	20110701	198.75	344.95	198.75	198.75	77896-15	NH11-142L
031877900	20130101	205.09	355.90	205.09	205.09	77896-15	NH11-142L
032415900	20110701	212.65	358.85	212.65	212.65	77896-15	NH11-139L
032415900	20120101	214.00	361.61	214.00	214.00	77896-15	NH11-139L
032415900	20120701	220.10	369.31	220.10	220.10	77896-15	NH11-139L



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

SEASIDE HEALTH AND REHABILITATION CENTER
324 WILDER BLVD
DAYTONA BEACH, FL 32114

Provider Number: 0 005543-00
Date: 8/4/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
238.66	242.45	8/1/2015

Rate Type:

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

Prospective
_____ Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 IRR Granted Effective 08/01/2015

Distribution:

Contract Management / Fiscal Agent
Permanent File

For Information Only
 No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

SEASIDE HEALTH AND REHABILITATION CENTER
324 WILDER BLVD
DAYTONA BEACH, FL 32114

Provider Number: 0 005543-00
Date: 8/4/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>236.15</u>	<u>240.03</u>	<u>9/1/2015</u>

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 IRR Granted Effective 08/01/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

OAKBROOK HEALTH AND REHABILITATION CENTER
250 BROWARD AVE
LABELLE, FL 33935

Provider Number: 0 006767-00

Date: 7/22/2015

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	196.33	12/4/2008
	Level H: Aids	332.82	332.61	12/4/2008

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 NH12-049C FYE 6/30/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

OAKBROOK HEALTH AND REHABILITATION CENTER
250 BROWARD AVE
LABELLE, FL 33935

Provider Number: 0 006767-00

Date: 7/22/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.17	191.97	1/1/2009
	Level H: Aids	330.52	330.32	1/1/2009

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 NH12-049C FYE 6/30/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502

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>OAKBROOK HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 006767-00</u>
<u>250 BROWARD AVE</u>	Date:	<u>7/22/2015</u>
<u>LABELLE, FL 33935</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>176.06</u>	<u>175.87</u>	<u>3/1/2009</u>
	Level H: Aids	<u>314.41</u>	<u>314.22</u>	<u>3/1/2009</u>

Rate Type:

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

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA NH12-049C 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>OAKBROOK HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 006767-00</u>
<u>250 BROWARD AVE</u>	Date:	<u>7/22/2015</u>
<u>LABELLE, FL 33935</u>	Fiscal Year End:	<u>6/30/2009</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>216.18</u>	<u>215.96</u>	<u>4/1/2009</u>
	Level H: Aids	<u>354.53</u>	<u>354.31</u>	<u>4/1/2009</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> </u> X FA & RFA NH12-049C 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>OAKBROOK HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 006767-00</u>
<u>250 BROWARD AVE</u>	Date:	<u>7/22/2015</u>
<u>LABELLE, FL 33935</u>	Fiscal Year End:	<u>6/30/2009</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>227.31</u>	<u>227.06</u>	<u>7/1/2009</u>
	Level H: Aids	<u>367.66</u>	<u>367.41</u>	<u>7/1/2009</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:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA NH12-049C 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

OAKBROOK HEALTH AND REHABILITATION CENTER
250 BROWARD AVE
LABELLE, FL 33935

Provider Number: 0 006767-00

Date: 7/22/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.15</u>	<u>228.90</u>	<u>1/1/2010</u>
	Level H: Aids	<u>371.07</u>	<u>370.82</u>	<u>1/1/2010</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 NH12-049C FYE 6/30/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

OAKBROOK HEALTH AND REHABILITATION CENTER
250 BROWARD AVE
LABELLE, FL 33935

Provider Number: 0 006767-00

Date: 7/22/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.78	232.53	7/1/2010
	Level H: Aids	376.12	375.87	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 NH12-049C FYE 6/30/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

OAKBROOK HEALTH AND REHABILITATION CENTER	Provider Number:	0 006767-00
250 BROWARD AVE	Date:	7/22/2015
LABELLE, FL 33935	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	235.64	235.39	1/1/2011
	Level H: Aids	380.50	380.25	1/1/2011

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 NH12-049C 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>OAKBROOK HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 006767-00</u>
<u>250 BROWARD AVE</u>	Date:	<u>7/22/2015</u>
<u>LABELLE, FL 33935</u>	Fiscal Year End:	<u>6/30/2009</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>226.72</u>	<u>226.48</u>	<u>7/1/2011</u>
	Level H: Aids	<u>372.92</u>	<u>372.68</u>	<u>7/1/2011</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<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 NH12-049C 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

OKEECHOBEE HEALTH CARE FACILITY
1646 HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number: 0 009495-00
Date: 8/24/2015
Fiscal Year End: 9/30/2007
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.89	192.96	1/1/2009
	Level H: Aids	331.24	331.31	1/1/2009

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
 Effects of FA & RFA #NH07-122L FYE 9/30/2005 for prior provider #202541

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

OKEECHOBEE HEALTH CARE FACILITY
1646 HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number: 0 009495-00
Date: 8/24/2015
Fiscal Year End: 9/30/2007
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>176.72</u>	<u>176.78</u>	<u>3/1/2009</u>
	Level H: Aids	<u>315.07</u>	<u>315.13</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH07-122L FYE 9/30/2005 for prior provider #202541

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

COASTAL HEALTH AND REHABILITATION CENTER
820 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32117

Provider Number: 0 021261-00
Date: 8/3/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.01	218.10	8/1/2015

Rate Type:

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

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 IRR Granted Effective 8/1/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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>COASTAL HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 021261-00</u>
<u>820 N CLYDE MORRIS BLVD</u>	Date:	<u>8/3/2015</u>
<u>DAYTONA BEACH, FL 32117</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>211.36</u>	<u>215.39</u>	<u>9/1/2015</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> X	<u> </u> Total Prospective with Interim Component
<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> IRR Granted Effective 8/1/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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

OKEECHOBEE HEALTHCARE FACILITY
1646 HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number: 0 023067-00
Date: 8/24/2015
Fiscal Year End: 9/30/2007
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.22	217.29	4/1/2009
	Level H: Aids	355.57	355.64	4/1/2009

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
 Effects of FA & RFA #NH07-122L FYE 9/30/2005 for prior provider #202541

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

OKEECHOBEE HEALTHCARE FACILITY	Provider Number:	0 023067-00
1646 HIGHWAY 441 N	Date:	8/24/2015
OKEECHOBEE, FL 34972	Fiscal Year End:	9/30/2008
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.66</u>	<u>216.74</u>	<u>7/1/2009</u>
	Level H: Aids	<u>357.01</u>	<u>357.09</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:

<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 #NH07-122L FYE 9/30/2005 for prior provider #202541

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

OKEECHOBEE HEALTHCARE FACILITY

1646 HIGHWAY 441 N

OKEECHOBEE, FL 34972

Provider Number:

0 023067-00

Date:

8/24/2015

Fiscal Year End:

9/30/2009

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.40	221.48	1/1/2010
	Level H: Aids	363.32	363.40	1/1/2010

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 #NH07-122L FYE 9/30/2005 for prior provider #202541

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

OKEECHOBEE HEALTHCARE FACILITY
1646 HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number: 0 023067-00
Date: 8/24/2015
Fiscal Year End: 9/30/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.71	224.78	7/1/2010
	Level H: Aids	368.05	368.12	7/1/2010

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 #NH07-122L FYE 9/30/2005 for prior provider #202541

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

OKEECHOBEE HEALTHCARE FACILITY
1646 HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number: 0 023067-00
Date: 8/24/2015
Fiscal Year End: 9/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	236.47	236.54	1/1/2011
	Level H: Aids	381.33	381.40	1/1/2011

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH07-122L FYE 9/30/2005 for prior provider #202541

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

OKEECHOBEE HEALTHCARE FACILITY
1646 HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number: 0 023067-00
Date: 8/24/2015
Fiscal Year End: 9/30/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.74</u>	<u>227.81</u>	<u>7/1/2011</u>
	Level H: Aids	<u>373.94</u>	<u>374.01</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH07-122L FYE 9/30/2005 for prior provider #202541

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>OKEECHOBEE HEALTHCARE FACILITY</u>	Provider Number:	<u>0 023067-00</u>
<u>1646 HIGHWAY 441 N</u>	Date:	<u>8/24/2015</u>
<u>OKEECHOBEE, FL 34972</u>	Fiscal Year End:	<u>9/30/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.50</u>	<u>228.57</u>	<u>1/1/2012</u>
	Level H: Aids	<u>376.11</u>	<u>376.18</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 #NH07-122L FYE 9/30/2005 for prior provider #202541

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>OKEECHOBEE HEALTHCARE FACILITY</u>	Provider Number:	<u>0 023067-00</u>
<u>1646 HIGHWAY 441 N</u>	Date:	<u>8/24/2015</u>
<u>OKEECHOBEE, FL 34972</u>	Fiscal Year End:	<u>9/30/2011</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>231.94</u>	<u>232.01</u>	<u>7/1/2012</u>
	Level H: Aids	<u>381.15</u>	<u>381.22</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 #NH07-122L FYE 9/30/2005 for prior provider #202541

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>OKEECHOBEE HEALTHCARE FACILITY</u>	Provider Number:	<u>0 023067-00</u>
<u>1646 HIGHWAY 441 N</u>	Date:	<u>8/24/2015</u>
<u>OKEECHOBEE, FL 34972</u>	Fiscal Year End:	<u>9/30/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>238.26</u>	<u>238.33</u>	<u>1/1/2013</u>
	Level H: Aids	<u>389.07</u>	<u>389.14</u>	<u>1/1/2013</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 #NH07-122L FYE 9/30/2005 for prior provider #202541

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>OKEECHOBEE HEALTHCARE FACILITY</u>	Provider Number:	<u>0 023067-00</u>
<u>1646 HIGHWAY 441 N</u>	Date:	<u>8/24/2015</u>
<u>OKEECHOBEE, FL 34972</u>	Fiscal Year End:	<u>9/30/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>243.70</u>	<u>243.77</u>	<u>7/1/2013</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 #NH07-122L FYE 9/30/2005 for prior provider #202541

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

OKEECHOBEE HEALTHCARE FACILITY
1646 HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number: 0 023067-00
Date: 8/24/2015
Fiscal Year End: 9/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
243.79	243.86	1/1/2014

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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH07-122L FYE 9/30/2005 for prior provider #202541

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

OKEECHOBEE HEALTHCARE FACILITY

1646 HIGHWAY 441 N

OKEECHOBEE, FL 34972

Provider Number:

0 023067-00

Date:

8/24/2015

Fiscal Year End:

9/30/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>254.10</u>	<u>254.17</u>	<u>7/1/2014</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

Effects of FA & RFA #NH07-122L FYE 9/30/2005 for prior provider #202541

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>OKEECHOBEE HEALTHCARE FACILITY</u>	Provider Number:	<u>0 023067-00</u>
<u>1646 HIGHWAY 441 N</u>	Date:	<u>8/24/2015</u>
<u>OKEECHOBEE, FL 34972</u>	Fiscal Year End:	<u>9/30/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		258.71	258.78	1/1/2015

Rate Type:

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

Basis:


<u> </u> Budget
<u> 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 #NH07-122L FYE 9/30/2005 for prior provider #202541

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

OKEECHOBEE HEALTHCARE FACILITY
1646 HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number: 0 023067-00
Date: 8/24/2015
Fiscal Year End: 3/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>265.15</u>	<u>265.22</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH07-122L FYE 9/30/2005 for prior provider #202541

Distribution:

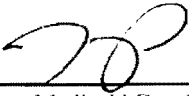
Contract Management / Fiscal Agent

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>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 081046-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>8/11/2015</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>8/31/2014</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>232.31</u>	<u>215.99</u>	<u>3/11/2013</u>
	Level H: Aids	<u>383.12</u>	<u>366.80</u>	<u>3/11/2013</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 8/31/2014

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>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 081046-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>8/11/2015</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>8/31/2014</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>238.31</u>	<u>221.67</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 8/31/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Hallmark Accounting
368 New Hempstead Road #309
New City, NY 10956

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 081046-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>8/11/2015</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>8/31/2014</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>229.88</u>	<u>220.52</u>	<u>1/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u>	Rate Semester Change
<u>X</u>	Cost Settlement FYE 8/31/2014

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>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 081046-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>8/11/2015</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>8/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>229.88</u>	<u>218.49</u>	<u>3/11/2014</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u>	Rate Semester Change
<u> X </u>	Cost Settlement FYE 8/31/2014

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>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 081046-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>8/11/2015</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>8/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>239.17</u>	<u>230.49</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u>	Rate Semester Change
<u> X </u>	Cost Settlement FYE 8/31/2014

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>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 081046-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>8/11/2015</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>8/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>239.17</u>	<u>230.49</u>	<u>9/1/2014</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 8/31/2014

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Hallmark Accounting
 368 New Hempstead Road #309
 New City, NY 10956



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 081046-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>8/11/2015</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>8/31/2014</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>239.17</u>	<u>230.49</u>	<u>9/11/2014</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 8/31/2014

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>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 081046-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>8/11/2015</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>8/31/2014</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>243.61</u>	<u>236.66</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:


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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 8/31/2014

Distribution:

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

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

Home Office: Hallmark Accounting
 368 New Hempstead Road #309
 New City, NY 10956



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 081046-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>8/11/2015</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>8/31/2014</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>238.29</u>	<u>238.35</u>	<u>9/1/2015</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component		
<u> </u> X 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> Cost Settlement FYE 8/31/2014

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Hallmark Accounting
 368 New Hempstead Road #309
 New City, NY 10956



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

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00
Date: 7/7/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
203.30	205.34	8/1/2013

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
 Cost Settlement FYE 1/31/2014

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

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00
Date: 7/7/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
206.67	207.30	1/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 1/31/2014

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

OSPREY POINT NURSING CENTER
1104 NORTH MAIN STREET
BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00
Date: 7/7/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
206.67	208.52	2/1/2014

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 1/31/2014

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

OSPREY POINT NURSING CENTER

1104 NORTH MAIN STREET

BUSHNELL, FL 33513-5045

Provider Number:

0 092678-00

Date:

7/7/2015

Fiscal Year End:

1/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

216.23

219.88

7/1/2014

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

Cost Settlement FYE 1/31/2014

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

OSPREY POINT NURSING CENTER
 1104 NORTH MAIN STREET
 BUSHNELL, FL 33513-5045

Provider Number: 0 092678-00
 Date: 7/7/2015
 Fiscal Year End: 1/31/2014
 Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>218.09</u>	<u>225.71</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 1/31/2014

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

OSPREY POINT NURSING CENTER

1104 NORTH MAIN STREET

BUSHNELL, FL 33513-5045

Provider Number:

0 092678-00

Date:

7/7/2015

Fiscal Year End:

1/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

225.89

New
Rate

225.94

Effective
Date

9/1/2015

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 1/31/2014

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: 7/7/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
214.35	210.52	8/1/2013

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 1/31/2014

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 CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 7/7/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
214.65	213.80	1/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 1/31/2014

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: 7/7/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.65	214.49	2/1/2014

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:

 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Cost Settlement FYE 1/31/2014

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>BAYA POINTE NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 092681-00</u>
<u>587 SE ERMINE AVE</u>	Date:	<u>7/7/2015</u>
<u>LAKE CITY, FL 32025</u>	Fiscal Year End:	<u>1/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>222.49</u>	<u>225.08</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 1/31/2014

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: 7/7/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.67</u>	<u>230.07</u>	<u>1/1/2015</u>

Rate Type:

 Interim

 X Prospective

 Total Interim

 Total Prospective

 Interim Component

 Total Prospective with Interim Component

 X Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Cost Settlement FYE 1/31/2014

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 CENTER
587 SE ERMINE AVE
LAKE CITY, FL 32025

Provider Number: 0 092681-00
Date: 7/7/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
230.40	230.37	9/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 1/31/2014

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

ARCADIA HEALTH & REHABILITATION CENTER
10095 HILLVIEW ROAD
PENSACOLA, FL 32514

Provider Number: 0 100509-00
Date: 7/8/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.65	213.76	12/1/2013

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
 Cost Settlement FYE 6/30/2014

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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

ARCADIA HEALTH & REHABILITATION CENTER
10095 HILLVIEW ROAD
PENSACOLA, FL 32514

Provider Number: 0 100509-00
Date: 7/8/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	216.61	217.45	1/1/2014

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 6/30/2014

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

ARCADIA HEALTH & REHABILITATION CENTER	Provider Number:	0 100509-00
10095 HILLVIEW ROAD	Date:	7/8/2015
PENSACOLA, FL 32514	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	223.06	228.58	7/1/2014

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 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"/> Cost Settlement FYE 6/30/2014

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

ARCADIA HEALTH & REHABILITATION CENTER
 10095 HILLVIEW ROAD
 PENSACOLA, FL 32514

Provider Number: 0 100509-00
 Date: 7/8/2015
 Fiscal Year End: 6/30/2014
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.10</u>	<u>232.54</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 6/30/2014

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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

RIVERFRONT NURSING AND REHABILITATION CENTER
105 15TH ST E
BRADENTON, FL 34208

Provider Number: 0116763-00
Date: 8/12/2015
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>242.84</u>	<u>270.06</u>	<u>5/11/2014</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

Cost Settlement FYE 12/31/2014

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

RIVERFRONT NURSING AND REHABILITATION CENTER	Provider Number:	0 116763-00
105 15TH ST E	Date:	8/12/2015
BRADENTON, FL 34208	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>255.22</u>	<u>283.16</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 12/31/2014

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

RIVERFRONT NURSING AND REHABILITATION CENTER
105 15TH ST E
BRADENTON, FL 34208

Provider Number: 0 116763-00
Date: 8/12/2015
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
257.59	291.07	1/1/2015

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 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"/> Cost Settlement FYE 12/31/2014

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

RIVERFRONT NURSING AND REHABILITATION CENTER
105 15TH ST E
BRADENTON, FL 34208

Provider Number: 0 116763-00
Date: 8/12/2015
Fiscal Year End: 12/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>247.27</u>	<u>288.05</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 12/31/2014

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

THE PALACE AT KENDALL NURSING AND REHAB CENTER
11215 SW 84TH STREET
MIAMI, FL 33173

Provider Number: 0 203327-00
Date: 7/10/2015
Fiscal Year End: 7/31/2011
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.35	218.18	1/1/2012
	Level H: Aids	366.96	365.79	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
 FA & RFA #NH11-144C FYE 7/31/2011

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 PALACE AT KENDALL NURSING AND REHAB CENTER
11215 SW 84TH STREET
MIAMI, FL 33173

Provider Number: 0 203327-00
Date: 7/10/2015
Fiscal Year End: 7/31/2011
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.42</u>	<u>224.24</u>	<u>7/1/2012</u>
	Level H: Aids	<u>374.63</u>	<u>373.45</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
 FA & RFA #NH11-144C FYE 7/31/2011

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Professional Care I, Inc.
 10850 SW 113th Place
 Miami, FL 33176



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

HIGHLANDS LAKE CENTER	Provider Number:	0 260576-00
4240 LAKELAND HIGHLANDS RD	Date:	7/13/2015
LAKELAND, FL 33813	Fiscal Year End:	12/31/2007
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>184.48</u>	<u>184.49</u>	<u>1/1/2009</u>
	Level H: Aids	<u>322.83</u>	<u>322.84</u>	<u>1/1/2009</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 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 NH06-193J FYE 4/30/2005

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610

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

HIGHLANDS LAKE CENTER	Provider Number:	0 260576-00
4240 LAKELAND HIGHLANDS RD	Date:	7/13/2015
LAKELAND, FL 33813	Fiscal Year End:	12/31/2007
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.24</u>	<u>207.25</u>	<u>4/1/2009</u>
	Level H: Aids	<u>345.59</u>	<u>345.60</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 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 NH06-193J FYE 4/30/2005

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 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>HIGHLANDS LAKE CENTER</u>	Provider Number:	<u>0 260576-00</u>
<u>4240 LAKELAND HIGHLANDS RD</u>	Date:	<u>7/13/2015</u>
<u>LAKELAND, FL 33813</u>	Fiscal Year End:	<u>12/31/2008</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>215.17</u>	<u>215.18</u>	<u>7/1/2009</u>
	Level H: Aids	<u>355.52</u>	<u>355.53</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:

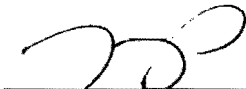
<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-193J FYE 4/30/2005

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 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

HIGHLANDS LAKE CENTER	Provider Number:	0 260576-00
4240 LAKELAND HIGHLANDS RD	Date:	7/13/2015
LAKELAND, FL 33813	Fiscal Year End:	12/31/2008
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.02</u>	<u>221.03</u>	<u>7/1/2010</u>
	Level H: Aids	<u>364.36</u>	<u>364.37</u>	<u>7/1/2010</u>

Rate Type:

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

Basis:


<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 NH06-193J FYE 4/30/2005

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 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

HIGHLANDS LAKE CENTER

4240 LAKELAND HIGHLANDS RD

LAKELAND, FL 33813

Provider Number:

0 260576-00

Date:

7/13/2015

Fiscal Year End:

12/31/2010

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

221.20

221.21

7/1/2012

Level H: Aids

370.41

370.42

7/1/2012

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA NH06-193J FYE 4/30/2005

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
10150 Highland Manor Drive
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

HIGHLANDS LAKE CENTER
4240 LAKELAND HIGHLANDS RD
LAKELAND, FL 33813

Provider Number: 0 260576-00
Date: 7/13/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.99	220.00	1/1/2013
	Level H: Aids	370.80	370.81	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 NH06-193J FYE 4/30/2005

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 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>HIGHLANDS LAKE CENTER</u>	Provider Number:	<u>0 260576-00</u>
<u>4240 LAKELAND HIGHLANDS RD</u>	Date:	<u>7/13/2015</u>
<u>LAKELAND, FL 33813</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>225.37</u>	<u>225.38</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH06-193J FYE 4/30/2005

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 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

HIGHLANDS LAKE CENTER
 4240 LAKELAND HIGHLANDS RD
 LAKELAND, FL 33813

Provider Number: 0 260576-00
 Date: 7/13/2015
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>223.87</u>	<u>223.88</u>	<u>7/1/2014</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 NH06-193J FYE 4/30/2005

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 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>BRIGHTON GARDENS OF TAMPA</u>	Provider Number:	<u>0 284793-00</u>
<u>16702 NORTH DALE MABRY HWY</u>	Date:	<u>8/19/2015</u>
<u>TAMPA, FL 33618-1055</u>	Fiscal Year End:	<u>12/31/2011</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>213.84</u>	<u>213.25</u>	<u>7/1/2012</u>
	Level H: Aids	<u>363.05</u>	<u>362.46</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:

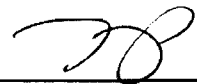
<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH13-161G FYE 12/31/2011

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

BRIGHTON GARDENS OF TAMPA
16702 NORTH DALE MABRY HWY
TAMPA, FL 33618-1055

Provider Number: 0 284793-00

Date: 8/19/2015

Fiscal Year End: 12/31/2011

Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
--------------	----------	----------------

217.21 216.69 1/1/2013

368.02 367.50 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

FA & RFA NH13-161G FYE 12/31/2011

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

COMMUNITY HEALTH AND REHAB CENTER	Provider Number:	0 318779-00
3611 TRANSMITTER ROAD	Date:	8/4/2015
PANAMA CITY, FL 32404-9799	Fiscal Year End:	6/30/2008
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.99</u>	<u>189.16</u>	<u>7/1/2009</u>
	Level H: Aids	<u>334.34</u>	<u>329.51</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:

<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 #NH11-142L FYE 6/30/2008

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>COMMUNITY HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 318779-00</u>
<u>3611 TRANSMITTER ROAD</u>	Date:	<u>8/4/2015</u>
<u>PANAMA CITY, FL 32404-9799</u>	Fiscal Year End:	<u>6/30/2008</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	195.94	190.88	1/1/2010
	Level H: Aids	337.86	332.80	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:

<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 #NH11-142L FYE 6/30/2008

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>COMMUNITY HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 318779-00</u>
<u>3611 TRANSMITTER ROAD</u>	Date:	<u>8/4/2015</u>
<u>PANAMA CITY, FL 32404-9799</u>	Fiscal Year End:	<u>6/30/2010</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>198.76</u>	<u>198.75</u>	<u>7/1/2011</u>
	Level H: Aids	<u>344.96</u>	<u>344.95</u>	<u>7/1/2011</u>

Rate Type:

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

Basis:

<u> </u> Budget
<u> 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 #NH11-142L FYE 6/30/2008

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>COMMUNITY HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 318779-00</u>
<u>3611 TRANSMITTER ROAD</u>	Date:	<u>8/4/2015</u>
<u>PANAMA CITY, FL 32404-9799</u>	Fiscal Year End:	<u>6/30/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.10</u>	<u>205.09</u>	<u>1/1/2013</u>
	Level H: Aids	<u>355.91</u>	<u>355.90</u>	<u>1/1/2013</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 #NH11-142L FYE 6/30/2008

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: 0324159-00

Date: 7/14/2015

Fiscal Year End: 12/31/2010

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.54	212.65	7/1/2011
	Level H: Aids	360.74	358.85	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

FA & RFA #NH11-139L 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

OCOEE HEALTH CARE FACILITY
1556 MAGUIRE RD
OCOEE, FL 34761

Provider Number: 0 324159-00

Date: 7/14/2015

Fiscal Year End: 12/31/2010

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.33	214.00	1/1/2012
	Level H: Aids	363.94	361.61	1/1/2012

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH11-139L 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

OCOEE HEALTH CARE FACILITY
1556 MAGUIRE RD
OCOEE, FL 34761

Provider Number: 0 324159-00
Date: 7/14/2015
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.98</u>	<u>220.10</u>	<u>7/1/2012</u>
	Level H: Aids	<u>372.19</u>	<u>369.31</u>	<u>7/1/2012</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
 FA & RFA #NH11-1391. 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