




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: March 29, 2016
To: Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations
From:  Lisa Smith, Medicaid Cost Reimbursement Administrator
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.	Chipola Health and Rehabilitation Center	0 005383-00	1
2.	Windsor Health and Rehabilitation Center	0 006340-00	1
3.	Blountstown Health and Rehabilitation Center	0 022987-00	9
4.	Key West Health and Rehabilitation	0 024167-00	7
5.	West Broward Rehabilitation and Healthcare	0 026536-00	6
6.	Plantation Key Nursing Center	0 044975-00	10
7.	Palm Garden of Aventura	0 098577-00	5
8.	Palm Garden of Clearwater	0 098580-00	5
9.	Palm Garden of Gainesville	0 098581-00	6
10.	Palm Garden of Jacksonville	0 098582-00	6
11.	Palm Garden of Largo	0 098583-00	6
12.	Palm Garden of Orlando	0 098586-00	5
13.	Palm Garden of Pinellas	0 098587-00	6
14.	Palm Garden of Port St. Lucie	0 098588-00	6
15.	Palm Garden of Sun City	0 098589-00	5
16.	Palm Garden of Tampa	0 098590-00	5
17.	Palm Garden of Vero Beach	0 098591-00	6
18.	Palm Garden of West Palm Beach	0 098592-00	6
19.	Palm Garden of Winter Haven	0 098593-00	6
20.	The Crossroads	0 102586-00	6
21.	The Crossings	0 102592-00	6
22.	Cross Pointe Care Center	0 102787-00	6
23.	Cross Landings Health and Rehabilitation Center	0 102832-00	6
24.	Crosswinds Health and Rehabilitation Center	0 102833-00	6



25.	The Manor at Blue Water Bay	0 135581-00	3
26.	Jupiter Medical Center Pavilion Inc	0 208485-00	4
27.	Waters Edge Extended Care	0 213152-00	7
28.	Brandywyne Health Care Center	0 251399-00	1
29.	Southern Oaks Health Care	0 253146-00	2
30.	PruittHealth – Santa Rosa	0 259331-00	2
31.	Terra Vista Rehab and Health Center	0 261611-00	2
		TOTAL:	158

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/kc

Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
000538300	20160201	235.39	0.00	235.39	235.39	79103-16	
000634000	20160201	233.46	0.00	233.46	233.46	79103-16	
002298700	20110401	206.40	351.26	206.40	206.40	79103-16	NH13-166G
002298700	20110701	197.78	343.98	197.78	197.78	79103-16	NH13-166G
002298700	20111001	202.02	348.22	202.02	202.02	79103-16	NH13-166G
002298700	20120101	203.34	350.95	203.34	203.34	79103-16	NH13-166G
002298700	20120701	209.41	358.62	209.41	209.41	79103-16	NH13-166G
002298700	20130101	211.81	362.62	211.81	211.81	79103-16	NH13-166G
002298700	20130701	216.84	0.00	216.84	216.84	79103-16	NH13-166G
002298700	20140701	212.36	0.00	212.36	212.36	79103-16	NH13-166G
002298700	20150101	215.55	0.00	215.55	215.55	79103-16	NH13-166G
002416700	20100812	257.88	401.22	257.88	257.88	79103-16	NH13-173C
002416700	20110101	261.69	406.55	261.69	261.69	79103-16	NH13-173C
002416700	20110701	252.21	398.41	252.21	252.21	79103-16	NH13-173C
002416700	20120101	254.10	401.71	254.10	254.10	79103-16	NH13-173C
002416700	20120701	264.42	413.63	264.42	264.42	79103-16	NH13-173C
002416700	20130101	267.78	418.59	267.78	267.78	79103-16	NH13-173C
002416700	20150901	212.07	0.00	212.07	212.07	79103-16	NH13-173C
002653600	20100601	226.28	368.20	226.28	226.28	79103-16	NH13-116C
002653600	20100701	229.40	372.74	229.40	229.40	79103-16	NH13-116C
002653600	20110101	236.65	381.51	236.65	236.65	79103-16	NH13-116C
002653600	20110701	228.57	374.77	228.57	228.57	79103-16	NH13-116C
002653600	20120101	231.11	378.72	231.11	231.11	79103-16	NH13-116C
002653600	20120701	238.96	388.17	238.96	238.96	79103-16	NH13-116C
004497500	20111219	217.78	363.98	217.78	217.78	79103-16	
004497500	20120101	219.71	367.32	219.71	219.71	79103-16	
004497500	20120701	226.98	376.19	226.98	226.98	79103-16	
004497500	20130101	230.10	380.91	230.10	230.10	79103-16	
004497500	20130701	236.32	0.00	236.32	236.32	79103-16	
004497500	20130801	238.27	0.00	238.27	238.27	79103-16	
004497500	20140101	240.18	0.00	240.18	240.18	79103-16	
004497500	20140701	254.29	0.00	254.29	254.29	79103-16	
004497500	20150101	259.04	0.00	259.04	259.04	79103-16	
004497500	20150901	257.59	0.00	257.59	257.59	79103-16	
009857700	20131101	230.83	0.00	230.83	230.83	79103-16	
009857700	20140101	235.15	0.00	235.15	235.15	79103-16	
009857700	20140701	245.69	0.00	245.69	245.69	79103-16	
009857700	20150101	248.49	0.00	248.49	248.49	79103-16	
009857700	20150901	249.91	0.00	249.91	249.91	79103-16	
009858000	20131101	227.00	0.00	227.00	227.00	79103-16	
009858000	20140101	229.25	0.00	229.25	229.25	79103-16	
009858000	20140701	242.09	0.00	242.09	242.09	79103-16	
009858000	20150101	246.54	0.00	246.54	246.54	79103-16	
009858000	20150901	244.62	0.00	244.62	244.62	79103-16	
009858100	20131101	214.42	0.00	214.42	214.42	79103-16	
009858100	20140101	219.11	0.00	219.11	219.11	79103-16	
009858100	20140501	219.45	0.00	219.45	219.45	79103-16	
009858100	20140701	228.41	0.00	228.41	228.41	79103-16	
009858100	20150101	230.50	0.00	230.50	230.50	79103-16	
009858100	20150901	231.17	0.00	231.17	231.17	79103-16	
009858200	20131101	224.10	0.00	224.10	224.10	79103-16	
009858200	20140101	226.91	0.00	226.91	226.91	79103-16	
009858200	20140501	229.28	0.00	229.28	229.28	79103-16	
009858200	20140701	240.32	0.00	240.32	240.32	79103-16	
009858200	20150101	245.21	0.00	245.21	245.21	79103-16	
009858200	20150901	245.10	0.00	245.10	245.10	79103-16	
009858300	20131101	225.04	0.00	225.04	225.04	79103-16	
009858300	20140101	227.05	0.00	227.05	227.05	79103-16	
009858300	20140601	229.19	0.00	229.19	229.19	79103-16	
009858300	20140701	240.36	0.00	240.36	240.36	79103-16	
009858300	20150101	244.46	0.00	244.46	244.46	79103-16	
009858300	20150901	241.64	0.00	241.64	241.64	79103-16	
009858600	20131101	219.94	0.00	219.94	219.94	79103-16	
009858600	20140101	221.28	0.00	221.28	221.28	79103-16	
009858600	20140701	234.73	0.00	234.73	234.73	79103-16	
009858600	20150101	235.05	0.00	235.05	235.05	79103-16	
009858600	20150901	233.91	0.00	233.91	233.91	79103-16	
009858700	20131101	225.81	0.00	225.81	225.81	79103-16	
009858700	20140101	227.82	0.00	227.82	227.82	79103-16	
009858700	20140501	230.74	0.00	230.74	230.74	79103-16	
009858700	20140701	242.12	0.00	242.12	242.12	79103-16	
009858700	20150101	247.52	0.00	247.52	247.52	79103-16	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
009858700	20150901	245.92	0.00	245.92	245.92	79103-16	
009858800	20131101	219.06	0.00	219.06	219.06	79103-16	
009858800	20140101	219.92	0.00	219.92	219.92	79103-16	
009858800	20140501	221.71	0.00	221.71	221.71	79103-16	
009858800	20140701	230.70	0.00	230.70	230.70	79103-16	
009858800	20150101	235.30	0.00	235.30	235.30	79103-16	
009858800	20150901	233.50	0.00	233.50	233.50	79103-16	
009858900	20131101	225.50	0.00	225.50	225.50	79103-16	
009858900	20140101	225.00	0.00	225.00	225.00	79103-16	
009858900	20140701	236.94	0.00	236.94	236.94	79103-16	
009858900	20150101	241.21	0.00	241.21	241.21	79103-16	
009858900	20150901	240.16	0.00	240.16	240.16	79103-16	
009859000	20131101	226.57	0.00	226.57	226.57	79103-16	
009859000	20140101	228.86	0.00	228.86	228.86	79103-16	
009859000	20140701	243.31	0.00	243.31	243.31	79103-16	
009859000	20150101	246.94	0.00	246.94	246.94	79103-16	
009859000	20150901	245.72	0.00	245.72	245.72	79103-16	
009859100	20131101	217.45	0.00	217.45	217.45	79103-16	
009859100	20140101	219.23	0.00	219.23	219.23	79103-16	
009859100	20140501	223.63	0.00	223.63	223.63	79103-16	
009859100	20140701	234.97	0.00	234.97	234.97	79103-16	
009859100	20150101	233.88	0.00	233.88	233.88	79103-16	
009859100	20150901	231.12	0.00	231.12	231.12	79103-16	
009859200	20131101	216.76	0.00	216.76	216.76	79103-16	
009859200	20140101	217.37	0.00	217.37	217.37	79103-16	
009859200	20140601	220.04	0.00	220.04	220.04	79103-16	
009859200	20140701	230.10	0.00	230.10	230.10	79103-16	
009859200	20150101	229.26	0.00	229.26	229.26	79103-16	
009859200	20150901	226.33	0.00	226.33	226.33	79103-16	
009859300	20131101	218.41	0.00	218.41	218.41	79103-16	
009859300	20140101	219.22	0.00	219.22	219.22	79103-16	
009859300	20140701	229.86	0.00	229.86	229.86	79103-16	
009859300	20140901	233.86	0.00	233.86	233.86	79103-16	
009859300	20150101	234.56	0.00	234.56	234.56	79103-16	
009859300	20150901	232.37	0.00	232.37	232.37	79103-16	
010258600	20131230	251.42	0.00	251.42	251.42	79103-16	
010258600	20140101	254.68	0.00	254.68	254.68	79103-16	
010258600	20140701	264.13	0.00	264.13	264.13	79103-16	
010258600	20140801	265.40	0.00	265.40	265.40	79103-16	
010258600	20150101	271.21	0.00	271.21	271.21	79103-16	
010258600	20150901	271.60	0.00	271.60	271.60	79103-16	
010259200	20131230	273.98	0.00	273.98	273.98	79103-16	
010259200	20140101	275.64	0.00	275.64	275.64	79103-16	
010259200	20140701	287.74	0.00	287.74	287.74	79103-16	
010259200	20140801	293.11	0.00	293.11	293.11	79103-16	
010259200	20150101	297.07	0.00	297.07	297.07	79103-16	
010259200	20150901	298.89	0.00	298.89	298.89	79103-16	
010278700	20131230	265.67	0.00	265.67	265.67	79103-16	
010278700	20140101	267.09	0.00	267.09	267.09	79103-16	
010278700	20140701	280.82	0.00	280.82	280.82	79103-16	
010278700	20140801	288.48	0.00	288.48	288.48	79103-16	
010278700	20150101	292.32	0.00	292.32	292.32	79103-16	
010278700	20150901	293.57	0.00	293.57	293.57	79103-16	
010283200	20131230	241.96	0.00	241.96	241.96	79103-16	
010283200	20140101	243.69	0.00	243.69	243.69	79103-16	
010283200	20140701	254.51	0.00	254.51	254.51	79103-16	
010283200	20140801	258.92	0.00	258.92	258.92	79103-16	
010283200	20150101	265.74	0.00	265.74	265.74	79103-16	
010283200	20150901	264.34	0.00	264.34	264.34	79103-16	
010283300	20131230	237.38	0.00	237.38	237.38	79103-16	
010283300	20140101	240.83	0.00	240.83	240.83	79103-16	
010283300	20140701	249.68	0.00	249.68	249.68	79103-16	
010283300	20140801	255.40	0.00	255.40	255.40	79103-16	
010283300	20150101	263.76	0.00	263.76	263.76	79103-16	
010283300	20150901	258.13	0.00	258.13	258.13	79103-16	
013558100	20150101	234.25	0.00	234.25	234.25	79103-16	
013558100	20150701	234.59	0.00	234.59	234.59	79103-16	
013558100	20150901	234.69	0.00	234.69	234.69	79103-16	
014767200	20150612	247.40	0.00	247.40	247.40	79103-16	
014767200	20150901	238.91	0.00	238.91	238.91	79103-16	
014795800	20150901	261.11	0.00	261.11	261.11	79103-16	
014798500	20150601	262.24	0.00	262.24	262.24	79103-16	
015885100	20150801	237.01	0.00	237.01	237.01	79103-16	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
015885100	20150901	236.73	0.00	236.73	236.73	79103-16	
020848500	20120701	223.14	372.35	223.14	223.14	79103-16	NH13-118C
020848500	20130101	225.30	376.11	225.30	225.30	79103-16	NH13-118C
020848500	20130701	233.35	0.00	233.35	233.35	79103-16	NH13-118C
020848500	20140701	238.14	0.00	238.14	238.14	79103-16	NH13-118C
021315200	20120701	250.12	399.33	250.12	250.12	79103-16	NH13-112C
021315200	20130101	251.28	402.09	251.28	251.28	79103-16	NH13-112C
021315200	20130701	257.86	0.00	257.86	257.86	79103-16	NH13-112C
021315200	20140101	258.60	0.00	258.60	258.60	79103-16	NH13-112C
021315200	20140701	269.09	0.00	269.09	269.09	79103-16	NH13-112C
021315200	20150101	272.24	0.00	272.24	272.24	79103-16	NH13-112C
021315200	20150901	275.82	0.00	275.82	275.82	79103-16	NH13-112C
025139900	20090701	189.16	329.51	189.16	189.16	79103-16	NH11-042L
025314600	20090701	187.33	327.68	187.33	187.33	79103-16	NH11-044L
025314600	20100101	188.91	330.83	188.91	188.91	79103-16	NH11-044L
025933100	20140701	194.07	0.00	194.07	194.07	79103-16	NH13-288W
025933100	20150101	196.86	0.00	196.86	196.86	79103-16	NH13-288W
026161100	20090401	198.67	337.02	198.67	198.67	79103-16	NH11-039L
026161100	20090701	205.02	345.37	205.02	205.02	79103-16	NH11-039L



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

CHIPOLA HEALTH AND REHABILITATION CENTER
4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00
Date: 3/8/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
225.40	235.39	2/1/2016

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

IRR Granted Effective 2/1/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WINDSOR HEALTH AND REHABILITATION CENTER
602 E LAURA ST
STARKE, FL 32091

Provider Number: 0 006340-00
Date: 3/8/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>229.72</u>	<u>233.46</u>	<u>2/1/2016</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 2/1/2016

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>BLOUNTSTOWN HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 022987-00</u>
<u>16690 SW CHIPOLA RD</u>	Date:	<u>11/30/2015</u>
<u>BLOUNTSTOWN, FL 32424</u>	Fiscal Year End:	<u>9/30/2011</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>207.12</u>	<u>206.40</u>	<u>4/1/2011</u>
	Level H: Aids	<u>351.98</u>	<u>351.26</u>	<u>4/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

_____	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA NH13-166G FYE 09/30/2011

Distribution:

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

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Home Office: WW Healthcare Consultants, LLC
 1978 8th Avenue NW
 Hickory, NC 28603



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BLOUNTSTOWN HEALTH AND REHABILITATION CENTER
16690 SW CHIPOLA RD
BLOUNTSTOWN, FL 32424

Provider Number: 0 022987-00
Date: 11/30/2015
Fiscal Year End: 9/30/2011
Audit Status: Revised Field Audit

Provider Type:

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

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

X Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

X Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X FA & RFA NH13-166G FYE 09/30/2011

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Handwritten signature of Lisa Smith

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: WW Healthcare Consultants, LLC
1978 8th Avenue NW
Hickory, NC 28603



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>BLOUNTSTOWN HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 022987-00</u>
<u>16690 SW CHIPOLA RD</u>	Date:	<u>11/30/2015</u>
<u>BLOUNTSTOWN, FL 32424</u>	Fiscal Year End:	<u>9/30/2011</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>203.38</u>	<u>202.02</u>	<u>10/1/2011</u>
	Level H: Aids	<u>349.58</u>	<u>348.22</u>	<u>10/1/2011</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH13-166G FYE 09/30/2011

Distribution:

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 No Change in Rate

Lisa Smith
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>BLOUNTSTOWN HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 022987-00</u>
<u>16690 SW CHIPOLA RD</u>	Date:	<u>11/30/2015</u>
<u>BLOUNTSTOWN, FL 32424</u>	Fiscal Year End:	<u>9/30/2011</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>204.96</u>	<u>203.34</u>	<u>1/1/2012</u>
	Level H: Aids	<u>352.57</u>	<u>350.95</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH13-166G FYE 09/30/2011

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<u>BLOUNTSTOWN HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 022987-00</u>
<u>16690 SW CHIPOLA RD</u>	Date:	<u>11/30/2015</u>
<u>BLOUNTSTOWN, FL 32424</u>	Fiscal Year End:	<u>9/30/2011</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>211.07</u>	<u>209.41</u>	<u>7/1/2012</u>
	Level H: Aids	<u>360.28</u>	<u>358.62</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH13-166G FYE 09/30/2011

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<u>BLOUNTSTOWN HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 022987-00</u>
<u>16690 SW CHIPOLA RD</u>	Date:	<u>11/30/2015</u>
<u>BLOUNTSTOWN, FL 32424</u>	Fiscal Year End:	<u>9/30/2011</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>213.49</u>	<u>211.81</u>	<u>1/1/2013</u>
	Level H: Aids	<u>364.30</u>	<u>362.62</u>	<u>1/1/2013</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:

<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 NH13-166G FYE 09/30/2011

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Medicaid Reimbursement Per Diem Rates

BLOUNTSTOWN HEALTH AND REHABILITATION CENTER	Provider Number:	0 022987-00
16690 SW CHIPOLA RD	Date:	11/30/2015
BLOUNTSTOWN, FL 32424	Fiscal Year End:	9/30/2011
	Audit Status:	Revised Field Audit

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>218.55</u>	<u>216.84</u>	<u>7/1/2013</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:

<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 NH13-166G FYE 09/30/2011

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<u>BLOUNTSTOWN HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 022987-00</u>
<u>16690 SW CHIPOLA RD</u>	Date:	<u>11/30/2015</u>
<u>BLOUNTSTOWN, FL 32424</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.32</u>	<u>212.36</u>	<u>7/1/2014</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 NH13-166G FYE 09/30/2011

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<u>16690 SW CHIPOLA RD</u>	Date:	<u>11/30/2015</u>
<u>BLOUNTSTOWN, FL 32424</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>215.75</u>	<u>215.55</u>	<u>1/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X</u> <u>Effects of FA & RFA NH13-166G FYE</u>
<u>09/30/2011</u>

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Medicaid Reimbursement Per Diem Rates

KEY WEST HEALTH & REHABILITATION
5860 W JUNIOR COLLEGE RD
KEY WEST, FL 33040

Provider Number: 0 024167-00
Date: 3/14/2016
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	262.41	257.88	8/12/2010
	Level H: Aids	405.75	401.22	8/12/2010

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

Field Audit NH13-173C FYE 06/30/2011

Distribution:

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Medicaid Reimbursement Per Diem Rates

KEY WEST HEALTH & REHABILITATION	Provider Number:	0 024167-00
5860 W JUNIOR COLLEGE RD	Date:	3/14/2016
KEY WEST, FL 33040	Fiscal Year End:	6/30/2011
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	266.23	261.69	1/1/2011
	Level H: Aids	411.09	406.55	1/1/2011

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
 Field Audit NH13-173C FYE 06/30/2011

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KEY WEST HEALTH & REHABILITATION
5860 W JUNIOR COLLEGE RD
KEY WEST, FL 33040

Provider Number: 0 024167-00
Date: 3/14/2016
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>256.45</u>	<u>252.21</u>	<u>7/1/2011</u>
	Level H: Aids	<u>402.65</u>	<u>398.41</u>	<u>7/1/2011</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
 Field Audit NH13-173C FYE 06/30/2011

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Medicaid Reimbursement Per Diem Rates

<u>KEY WEST HEALTH & REHABILITATION</u>	Provider Number:	<u>0 024167-00</u>
<u>5860 W JUNIOR COLLEGE RD</u>	Date:	<u>3/14/2016</u>
<u>KEY WEST, FL 33040</u>	Fiscal Year End:	<u>6/30/2011</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>258.35</u>	<u>254.10</u>	<u>1/1/2012</u>
	Level H: Aids	<u>405.96</u>	<u>401.71</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Field Audit NH13-173C FYE 06/30/2011

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<u>KEY WEST HEALTH & REHABILITATION</u>	Provider Number:	<u>0 024167-00</u>
<u>5860 W JUNIOR COLLEGE RD</u>	Date:	<u>3/14/2016</u>
<u>KEY WEST, FL 33040</u>	Fiscal Year End:	<u>6/30/2011</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>268.73</u>	<u>264.42</u>	<u>7/1/2012</u>
	Level H: Aids	<u>417.94</u>	<u>413.63</u>	<u>7/1/2012</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> 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> Field Audit NH13-173C FYE 06/30/2011

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KEY WEST HEALTH & REHABILITATION
5860 W JUNIOR COLLEGE RD
KEY WEST, FL 33040

Provider Number: 0 024167-00
Date: 3/14/2016
Fiscal Year End: 6/30/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>272.09</u>	<u>267.78</u>	<u>1/1/2013</u>
	Level H: Aids	<u>422.90</u>	<u>418.59</u>	<u>1/1/2013</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
 Field Audit NH13-173C FYE 06/30/2011

Distribution:

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<u>KEY WEST HEALTH & REHABILITATION</u>	Provider Number:	<u>0 024167-00</u>
<u>5860 W JUNIOR COLLEGE RD</u>	Date:	<u>3/14/2016</u>
<u>KEY WEST, FL 33040</u>	Fiscal Year End:	<u>6/30/2014</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>212.03</u>	<u>212.07</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH13-173C FYE 06/30/2011

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Medicaid Reimbursement Per Diem Rates

WEST BROWARD REHABILITATION AND HEALTHCARE
7751 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 026536-00
Date: 2/15/2016
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>226.75</u>	<u>226.28</u>	<u>6/1/2010</u>
	Level H: Aids	<u>368.67</u>	<u>368.20</u>	<u>6/1/2010</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 FA & RFA #NH13-116C FYE 12/31/2010

Distribution:

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 _____ No Change in Rate

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

WEST BROWARD REHABILITATION AND HEALTHCARE
7751 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 026536-00
Date: 2/15/2016
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>229.87</u>	<u>229.40</u>	<u>7/1/2010</u>
<u>373.21</u>	<u>372.74</u>	<u>7/1/2010</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 FA & RFA #NH13-116C FYE 12/31/2010

Distribution:

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WEST BROWARD REHABILITATION AND HEALTHCARE
7751 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 026536-00
Date: 2/15/2016
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.12</u>	<u>236.65</u>	<u>1/1/2011</u>
	Level H: Aids	<u>381.98</u>	<u>381.51</u>	<u>1/1/2011</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH13-116C FYE 12/31/2010

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

WEST BROWARD REHABILITATION AND HEALTHCARE
7751 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 026536-00
Date: 2/15/2016
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.01</u>	<u>228.57</u>	<u>7/1/2011</u>
	Level H: Aids	<u>375.21</u>	<u>374.77</u>	<u>7/1/2011</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
 FA & RFA #NH13-116C FYE 12/31/2010

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

WEST BROWARD REHABILITATION AND HEALTHCARE
7751 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 026536-00
Date: 2/15/2016
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.55</u>	<u>231.11</u>	<u>1/1/2012</u>
	Level H: Aids	<u>379.16</u>	<u>378.72</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH13-116C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

WEST BROWARD REHABILITATION AND HEALTHCARE
7751 W BROWARD BLVD
PLANTATION, FL 33324

Provider Number: 0 026536-00
Date: 2/15/2016
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>239.41</u>	<u>238.96</u>	<u>7/1/2012</u>
	Level H: Aids	<u>388.62</u>	<u>388.17</u>	<u>7/1/2012</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
 FA & RFA #NH13-116C FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 2/4/2016
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.49</u>	<u>217.78</u>	<u>12/19/2011</u>
	Level H: Aids	<u>377.69</u>	<u>363.98</u>	<u>12/19/2011</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 7/31/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 2/4/2016
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>233.36</u>	<u>219.71</u>	<u>1/1/2012</u>
	Level H: Aids	<u>380.97</u>	<u>367.32</u>	<u>1/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 7/31/2013

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Medicaid Reimbursement Per Diem Rates

<u>PLANTATION KEY NURSING CENTER</u>	Provider Number:	<u>0 044975-00</u>
<u>48 HIGH POINT ROAD</u>	Date:	<u>2/4/2016</u>
<u>TAVERNIER, FL 33070</u>	Fiscal Year End:	<u>7/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>243.25</u>	<u>226.98</u>	<u>7/1/2012</u>
	Level H: Aids	<u>392.46</u>	<u>376.19</u>	<u>7/1/2012</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input 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 7/31/2013

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Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 2/4/2016
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>246.60</u>	<u>230.10</u>	<u>1/1/2013</u>
	Level H: Aids	<u>397.41</u>	<u>380.91</u>	<u>1/1/2013</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 7/31/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 2/4/2016
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>252.87</u>	<u>236.32</u>	<u>7/1/2013</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 7/31/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 2/4/2016
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>252.87</u>	<u>238.27</u>	<u>8/1/2013</u>

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 7/31/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER

48 HIGH POINT ROAD

TAVERNIER, FL 33070

Provider Number:

0 044975-00

Date:

2/4/2016

Fiscal Year End:

7/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
250.94	240.18	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 7/31/2013

Distribution:

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 2/4/2016
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 264.69, 254.29, 7/1/2014

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 7/31/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 2/4/2016
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
268.10	259.04	1/1/2015

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 7/31/2013

Distribution:

Contract Management / Fiscal Agent

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PLANTATION KEY NURSING CENTER
48 HIGH POINT ROAD
TAVERNIER, FL 33070

Provider Number: 0 044975-00
Date: 2/4/2016
Fiscal Year End: 7/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
265.59	257.59	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 7/31/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF AVENTURA</u>	Provider Number:	<u>0 098577-00</u>
<u>21251 E DIXIE HIGHWAY</u>	Date:	<u>3/14/2016</u>
<u>NORTH MIAMI BEACH, FL 33180</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>227.43</u>	<u>230.83</u>	<u>11/1/2013</u>

Rate Type:

<u>X</u> Interim	<u> </u> Total Interim	<u> </u> Prospective	<u> </u> Total Prospective
<u> </u>	<u> </u> Interim Component	<u> </u>	<u> </u> Total Prospective with Interim Component
<u> </u>	<u>X</u> Settlement based on cost	<u> </u>	
<u> </u>	<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 6/30/2014

Distribution:

Contract Management / Fiscal Agent
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Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF AVENTURA	Provider Number:	0 098577-00
21251 E DIXIE HIGHWAY	Date:	3/14/2016
NORTH MIAMI BEACH, FL 33180	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		231.05	235.15	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
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF AVENTURA	Provider Number:	0 098577-00
21251 E DIXIE HIGHWAY	Date:	3/14/2016
NORTH MIAMI BEACH, FL 33180	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	240.23	245.69	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:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF AVENTURA
21251 E DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180

Provider Number: 0 098577-00
Date: 3/14/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
237.79	248.49	1/1/2015

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 6/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF AVENTURA</u>	Provider Number:	<u>0 098577-00</u>
<u>21251 E DIXIE HIGHWAY</u>	Date:	<u>3/14/2016</u>
<u>NORTH MIAMI BEACH, FL 33180</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		231.84	249.91	9/1/2015

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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 6/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF CLEARWATER
3480 MCMULLEN BOOTH RD
CLEARWATER, FL 33761

Provider Number: 0 098580-00
Date: 3/14/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
231.21 227.00 11/1/2013

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

Cost Settlement FYE 6/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF CLEARWATER</u>	Provider Number:	<u>0 098580-00</u>
<u>3480 MCMULLEN BOOTH RD</u>	Date:	<u>3/14/2016</u>
<u>CLEARWATER, FL 33761</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		233.79	229.25	1/1/2014

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2014

Distribution:

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 No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF CLEARWATER
3480 MCMULLEN BOOTH RD
CLEARWATER, FL 33761

Provider Number: 0 098580-00
Date: 3/14/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
244.59	242.09	7/1/2014

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 6/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF CLEARWATER
3480 MCMULLEN BOOTH RD
CLEARWATER, FL 33761

Provider Number: 0 098580-00
Date: 3/14/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>244.53</u>	<u>246.54</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 6/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF CLEARWATER
3480 MCMULLEN BOOTH RD
CLEARWATER, FL 33761

Provider Number: 0 098580-00
 Date: 3/14/2016
 Fiscal Year End: 6/30/2014
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>236.68</u>	<u>244.62</u>	<u>9/1/2015</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:

 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

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

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF GAINESVILLE
227 SW 62ND BLVD
GAINESVILLE, FL 32607

Provider Number: 0 098581-00
Date: 3/15/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>220.33</u>	<u>214.42</u>	<u>11/1/2013</u>

Rate Type:

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

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF GAINESVILLE
227 SW 62ND BLVD
GAINESVILLE, FL 32607

Provider Number: 0 098581-00
Date: 3/15/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>223.33</u>	<u>219.11</u>	<u>1/1/2014</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
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF GAINESVILLE</u>	Provider Number:	<u>0 098581-00</u>
<u>227 SW 62ND BLVD</u>	Date:	<u>3/15/2016</u>
<u>GAINESVILLE, FL 32607</u>	Fiscal Year End:	<u>4/30/2014</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>223.33</u>	<u>219.45</u>	<u>5/1/2014</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component	
<u> </u> Settlement based on cost	<u> X </u>		
<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 4/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF GAINESVILLE
227 SW 62ND BLVD
GAINESVILLE, FL 32607

Provider Number: 0 098581-00
Date: 3/15/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
231.33	228.41	7/1/2014

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 4/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF GAINESVILLE

227 SW 62ND BLVD

GAINESVILLE, FL 32607

Provider Number:

0 098581-00

Date:

3/15/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

228.74

New
Rate

230.50

Effective
Date

1/1/2015

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF GAINESVILLE
227 SW 62ND BLVD
GAINESVILLE, FL 32607

Provider Number: 0 098581-00
Date: 3/15/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>222.53</u>	<u>231.17</u>	<u>9/1/2015</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 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF JACKSONVILLE
5725 SPRING PARK ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 098582-00
Date: 3/21/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
223.67 224.10 11/1/2013

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

Cost Settlement FYE 4/30/2014

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF JACKSONVILLE
5725 SPRING PARK ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 098582-00
Date: 3/21/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
227.15 **226.91** **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 4/30/2014

Distribution:

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

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF JACKSONVILLE
5725 SPRING PARK ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 098582-00
Date: 3/21/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.15</u>	<u>229.28</u>	<u>5/1/2014</u>

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 4/30/2014

Distribution:

Contract Management / Fiscal Agent

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For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF JACKSONVILLE
5725 SPRING PARK ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 098582-00
Date: 3/21/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
236.84	240.32	7/1/2014

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 4/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF JACKSONVILLE
5725 SPRING PARK ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 098582-00
Date: 3/21/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>236.96</u>	<u>245.21</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 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF JACKSONVILLE
5725 SPRING PARK ROAD
JACKSONVILLE, FL 32216

Provider Number: 0 098582-00
Date: 3/21/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>230.32</u>	<u>245.10</u>	<u>9/1/2015</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 4/30/2014

Distribution:

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO
10500 STARKEY RD
LARGO, FL 33777

Provider Number: 0 098583-00
Date: 1/13/2016
Fiscal Year End: 5/31/2014
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>225.23</u>	<u>225.04</u>	<u>11/1/2013</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> </u> Settlement based on cost	
<u>X</u> Prior Provider Prospective data			

Basis:

 Budget

X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

X Cost Settlement using FYE 5/31/2014 C/R

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO

10500 STARKEY RD

LARGO, FL 33777

Provider Number:

0 098583-00

Date:

1/13/2016

Fiscal Year End:

5/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

227.84

227.05

1/1/2014

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement using FYE 5/31/2014 C/R

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO

10500 STARKEY RD

LARGO, FL 33777

Provider Number:

0 098583-00

Date:

1/13/2016

Fiscal Year End:

5/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

227.84

229.19

6/1/2014

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 using FYE 5/31/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO
10500 STARKEY RD
LARGO, FL 33777

Provider Number: 0 098583-00
Date: 1/13/2016
Fiscal Year End: 5/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
238.61 **240.36** **7/1/2014**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 5/31/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF LARGO
10500 STARKEY RD
LARGO, FL 33777

Provider Number: 0 098583-00
Date: 1/13/2016
Fiscal Year End: 5/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
240.50	244.46	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 5/31/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF LARGO</u>	Provider Number:	<u>0 098583-00</u>
<u>10500 STARKEY RD</u>	Date:	<u>1/13/2016</u>
<u>LARGO, FL 33777</u>	Fiscal Year End:	<u>5/31/2014</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>232.80</u>	<u>241.64</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X Cost Settlement using FYE 5/31/2014 C/R</u>

Distribution:

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- No Change in Rate

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF ORLANDO
654 N ECONLOCKHATCHEE TRAIL
ORLANDO, FL 32825-6402

Provider Number: 0 098586-00
Date: 3/22/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
219.84	219.94	11/1/2013

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 Using FYE 6/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF ORLANDO</u>	Provider Number:	<u>0 098586-00</u>
<u>654 N ECONLOCKHATCHEE TRAIL</u>	Date:	<u>3/22/2016</u>
<u>ORLANDO, FL 32825-6402</u>	Fiscal Year End:	<u>6/30/2014</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>221.62</u>	<u>221.28</u>	<u>1/1/2014</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 Using FYE 6/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF ORLANDO	Provider Number:	0 098586-00
654 N ECONLOCKHATCHEE TRAIL	Date:	3/22/2016
ORLANDO, FL 32825-6402	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>231.04</u>	<u>234.73</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement Using FYE 6/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF ORLANDO

654 N ECONLOCKHATCHEE TRAIL

ORLANDO, FL 32825-6402

Provider Number:

0 098586-00

Date:

3/22/2016

Fiscal Year End:

6/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.37</u>	<u>235.05</u>	<u>1/1/2015</u>

Rate Type:

Interim

Total Interim

Prospective

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement Using FYE 6/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF ORLANDO</u>	Provider Number:	<u>0 098586-00</u>
<u>654 N ECONLOCKHATCHEE TRAIL</u>	Date:	<u>3/22/2016</u>
<u>ORLANDO, FL 32825-6402</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>220.35</u>	<u>233.91</u>	<u>9/1/2015</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 Using FYE 6/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PINELLAS

200 16TH AVE SE

LARGO, FL 33771

Provider Number:

0 098587-00

Date:

1/6/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

225.67

225.81

11/1/2013

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

Cost Settlement FYE 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PINELLAS

200 16TH AVE SE

LARGO, FL 33771

Provider Number:

0 098587-00

Date:

1/6/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>227.06</u>	<u>227.82</u>	<u>1/1/2014</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PINELLAS

200 16TH AVE SE

LARGO, FL 33771

Provider Number:

0 098587-00

Date:

1/6/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

227.06

230.74

5/1/2014

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 4/30/2014

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PINELLAS

200 16TH AVE SE

LARGO, FL 33771

Provider Number:

0 098587-00

Date:

1/6/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

235.97

242.12

7/1/2014

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 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PINELLAS

200 16TH AVE SE

LARGO, FL 33771

Provider Number:

0 098587-00

Date:

1/6/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

236.46

New
Rate

247.52

Effective
Date

1/1/2015

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 4/30/2014

Distribution:

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Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PINELLAS

200 16TH AVE SE

LARGO, FL 33771

Provider Number:

0 098587-00

Date:

1/6/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>228.85</u>	<u>245.92</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

Cost Settlement FYE 4/30/2014

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE
1751 SE HILLMOOR DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 098588-00
Date: 1/13/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
219.84	219.06	11/1/2013

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 4/30/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE
1751 SE HILLMOOR DRIVE
PORT SAINT LUCIE, FL 34952

Provider Number: 0 098588-00
Date: 1/13/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 222.93, 219.92, 1/1/2014

Rate Type:

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

Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Cost Settlement FYE 4/30/2014

Distribution:

Contract Management / Fiscal Agent
Permanent File
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF PORT SAINT LUCIE</u>	Provider Number:	<u>0 098588-00</u>
<u>1751 SE HILLMOOR DRIVE</u>	Date:	<u>1/13/2016</u>
<u>PORT SAINT LUCIE, FL 34952</u>	Fiscal Year End:	<u>4/30/2014</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>222.93</u>	<u>221.71</u>	<u>5/1/2014</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 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE

1751 SE HILLMOOR DRIVE

PORT SAINT LUCIE, FL 34952

Provider Number:

0 098588-00

Date:

1/13/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>230.60</u>	<u>230.70</u>	<u>7/1/2014</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF PORT SAINT LUCIE</u>	Provider Number:	<u>0 098588-00</u>
<u>1751 SE HILLMOOR DRIVE</u>	Date:	<u>1/13/2016</u>
<u>PORT SAINT LUCIE, FL 34952</u>	Fiscal Year End:	<u>4/30/2014</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>231.29</u>	<u>235.30</u>	<u>1/1/2015</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> 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 4/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF PORT SAINT LUCIE</u>	Provider Number:	<u>0 098588-00</u>
<u>1751 SE HILLMOOR DRIVE</u>	Date:	<u>1/13/2016</u>
<u>PORT SAINT LUCIE, FL 34952</u>	Fiscal Year End:	<u>4/30/2014</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>224.67</u>	<u>233.50</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X Cost Settlement FYE 4/30/2014</u>

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF SUN CITY</u>	Provider Number:	<u>0 098589-00</u>
<u>3850 UPPER CREEK DR</u>	Date:	<u>1/19/2016</u>
<u>SUN CITY CENTER, FL 33573</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>229.54</u>	<u>225.50</u>	<u>11/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2014

Distribution:

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- _____ No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF SUN CITY</u>	Provider Number:	<u>0 098589-00</u>
<u>3850 UPPER CREEK DR</u>	Date:	<u>1/19/2016</u>
<u>SUN CITY CENTER, FL 33573</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>231.54</u>	<u>225.00</u>	<u>1/1/2014</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 6/30/2014

Distribution:

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 No Change in Rate

Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Palm Garden Healthcare Holdings, LLC
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF SUN CITY</u>	Provider Number:	<u>0 098589-00</u>
<u>3850 UPPER CREEK DR</u>	Date:	<u>1/19/2016</u>
<u>SUN CITY CENTER, FL 33573</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>241.60</u>	<u>236.94</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 6/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF SUN CITY

3850 UPPER CREEK DR

SUN CITY CENTER, FL 33573

Provider Number:

0 098589-00

Date:

1/19/2016

Fiscal Year End:

6/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

241.86

241.21

1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 6/30/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF SUN CITY
3850 UPPER CREEK DR
SUN CITY CENTER, FL 33573

Provider Number: 0 098589-00
Date: 1/19/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>234.70</u>	<u>240.16</u>	<u>9/1/2015</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:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA
3612 E 138TH AVE
TAMPA, FL 33613

Provider Number: 0 098590-00
Date: 2/4/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
229.20 **226.57** **11/1/2013**

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
 Cost Settlement using FYE 06/30/2014 C/R

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA

3612 E 138TH AVE

TAMPA, FL 33613

Provider Number:

0 098590-00

Date:

2/4/2016

Fiscal Year End:

6/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
231.91	228.86	1/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 06/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA
3612 E 138TH AVE
TAMPA, FL 33613

Provider Number: 0 098590-00
Date: 2/4/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>242.63</u>	<u>243.31</u>	<u>7/1/2014</u>

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:

<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 using FYE 06/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA
3612 E 138TH AVE
TAMPA, FL 33613

Provider Number: 0 098590-00
Date: 2/4/2016
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>242.17</u>	<u>246.94</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 using FYE 06/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA

3612 E 138TH AVE

TAMPA, FL 33613

Provider Number:

0 098590-00

Date:

2/4/2016

Fiscal Year End:

6/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

234.83

245.72

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 using FYE 06/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF VERO BEACH</u>	Provider Number:	<u>0 098591-00</u>
<u>1755 37TH STREET</u>	Date:	<u>1/25/2016</u>
<u>VERO BEACH, FL 32960</u>	Fiscal Year End:	<u>4/30/2014</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>214.99</u>	<u>217.45</u>	<u>11/1/2013</u>

Rate Type:

<u>X</u> Interim	<u> </u> Total Interim	<u> </u> Prospective	<u> </u> Total Prospective
<u> </u>	<u> </u> Interim Component	<u> </u>	<u> </u> Total Prospective with Interim Component
<u> </u>	<u>X</u> Settlement based on cost	<u> </u>	
<u> </u>	<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 using FYE 04/30/2014 C/R

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF VERO BEACH
1755 37TH STREET
VERO BEACH, FL 32960

Provider Number: 0 098591-00
Date: 1/25/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
217.11	219.23	1/1/2014

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 04/30/2014 C/R

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF VERO BEACH

1755 37TH STREET

VERO BEACH, FL 32960

Provider Number:

0 098591-00

Date:

1/25/2016

Fiscal Year End:

4/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

217.11

223.63

5/1/2014

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 using FYE 04/30/2014 C/R

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF VERO BEACH
1755 37TH STREET
VERO BEACH, FL 32960

Provider Number: 0 098591-00
Date: 1/25/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
226.18 **234.97** **7/1/2014**

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 using FYE 04/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF VERO BEACH</u>	Provider Number:	<u>0 098591-00</u>
<u>1755 37TH STREET</u>	Date:	<u>1/25/2016</u>
<u>VERO BEACH, FL 32960</u>	Fiscal Year End:	<u>4/30/2014</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>222.27</u>	<u>233.88</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 using FYE 04/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF VERO BEACH
1755 37TH STREET
VERO BEACH, FL 32960

Provider Number: 0 098591-00
Date: 1/25/2016
Fiscal Year End: 4/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
214.86 **231.12** **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 using FYE 04/30/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF WEST PALM BEACH
300 EXECUTIVE CENTER DRIVE
WEST PALM BEACH, FL 33401

Provider Number: 0 098592-00
Date: 1/22/2016
Fiscal Year End: 5/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
219.76 216.76 11/1/2013

Rate Type:

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

_____ Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

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

Changes:

_____ Rate Semester Change
 X Cost Settlement using FYE 5/31/2014 C/R

Distribution:

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_____ For Information Only
_____ No Change in Rate

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Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF WEST PALM BEACH</u>	Provider Number:	<u>0 098592-00</u>
<u>300 EXECUTIVE CENTER DRIVE</u>	Date:	<u>1/22/2016</u>
<u>WEST PALM BEACH, FL 33401</u>	Fiscal Year End:	<u>5/31/2014</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>219.19</u>	<u>217.37</u>	<u>1/1/2014</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 using FYE 5/31/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF WEST PALM BEACH
300 EXECUTIVE CENTER DRIVE
WEST PALM BEACH, FL 33401

Provider Number: 0 098592-00
Date: 1/22/2016
Fiscal Year End: 5/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
219.19	220.04	6/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 5/31/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF WEST PALM BEACH
300 EXECUTIVE CENTER DRIVE
WEST PALM BEACH, FL 33401

Provider Number: 0 098592-00
Date: 1/22/2016
Fiscal Year End: 5/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
227.46	230.10	7/1/2014

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 using FYE 5/31/2014 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF WEST PALM BEACH
300 EXECUTIVE CENTER DRIVE
WEST PALM BEACH, FL 33401

Provider Number: 0 098592-00
Date: 1/22/2016
Fiscal Year End: 5/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>223.83</u>	<u>229.26</u>	<u>1/1/2015</u>

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 using FYE 5/31/2014 C/R

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF WEST PALM BEACH</u>	Provider Number:	<u>0 098592-00</u>
<u>300 EXECUTIVE CENTER DRIVE</u>	Date:	<u>1/22/2016</u>
<u>WEST PALM BEACH, FL 33401</u>	Fiscal Year End:	<u>5/31/2014</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>216.32</u>	<u>226.33</u>	<u>9/1/2015</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 using FYE 5/31/2014 C/R

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF WINTER HAVEN</u>	Provider Number:	<u>0 098593-00</u>
<u>1120 CYPRESS GARDENS BLVD</u>	Date:	<u>3/14/2016</u>
<u>WINTER HAVEN, FL 33884</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>
		211.70	218.41	11/1/2013

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 8/31/2014

Distribution:

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 No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: Palm Garden Healthcare Holdings, LLC
 2033 Main Street
 Suite 300
 Sarasota, FL 34237



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF WINTER HAVEN
1120 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

Provider Number: 0 098593-00
Date: 3/14/2016
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
211.11	219.22	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 8/31/2014

Distribution:

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Lisa Smith

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF WINTER HAVEN
1120 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

Provider Number: 0 098593-00
Date: 3/14/2016
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
219.51	229.86	7/1/2014

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 8/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PALM GARDEN OF WINTER HAVEN</u>	Provider Number:	<u>0 098593-00</u>
<u>1120 CYPRESS GARDENS BLVD</u>	Date:	<u>3/14/2016</u>
<u>WINTER HAVEN, FL 33884</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>219.51</u>	<u>233.86</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:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF WINTER HAVEN
1120 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

Provider Number: 0 098593-00
Date: 3/14/2016
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>215.30</u>	<u>234.56</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 8/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF WINTER HAVEN
1120 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

Provider Number: 0 098593-00
Date: 3/14/2016
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
207.89	232.37	9/1/2015

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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 8/31/2014

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE CROSSROADS
206 W ORANGE ST
DAVENPORT, FL 33837

Provider Number: 0 102586-00
Date: 3/8/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>253.00</u>	<u>251.42</u>	<u>12/30/2013</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input 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 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE CROSSROADS
206 W ORANGE ST
DAVENPORT, FL 33837

Provider Number: 0 102586-00
Date: 3/8/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>255.30</u>	<u>254.68</u>	<u>1/1/2014</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 7/31/2014

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Medicaid Reimbursement Per Diem Rates

THE CROSSROADS
206 W ORANGE ST
DAVENPORT, FL 33837

Provider Number: 0 102586-00
Date: 3/8/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
264.66	264.13	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 7/31/2014

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

THE CROSSROADS
206 W ORANGE ST
DAVENPORT, FL 33837

Provider Number: 0 102586-00
Date: 3/8/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
264.66	265.40	8/1/2014

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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE CROSSROADS	Provider Number:	0 102586-00
206 W ORANGE ST	Date:	3/8/2016
DAVENPORT, FL 33837	Fiscal Year End:	7/31/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>268.52</u>	<u>271.21</u>	<u>1/1/2015</u>

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:

<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 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE CROSSROADS
206 W ORANGE ST
DAVENPORT, FL 33837

Provider Number: 0 102586-00
Date: 3/8/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>261.32</u>	<u>271.60</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:

<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 7/31/2014

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE CROSSINGS	Provider Number:	0 102592-00
4445 PINE FOREST DR	Date:	3/9/2016
LAKE WORTH, FL 33463-4676	Fiscal Year End:	7/31/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>275.68</u>	<u>273.98</u>	<u>12/30/2013</u>

Rate Type:

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

Basis:

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

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement using FYE 07/31/2014 C/R

Distribution:

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 No Change in Rate

Lisa Smith

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Home Office: No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE CROSSINGS	Provider Number:	0 102592-00
4445 PINE FOREST DR	Date:	3/9/2016
LAKE WORTH, FL 33463-4676	Fiscal Year End:	7/31/2014
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	278.27	275.64	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
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement using FYE 07/31/2014 C/R

Distribution:

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Lisa Smith
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Medicaid Reimbursement Per Diem Rates

THE CROSSINGS
 4445 PINE FOREST DR
 LAKE WORTH, FL 33463-4676

Provider Number: 0 102592-00
 Date: 3/9/2016
 Fiscal Year End: 7/31/2014
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>289.45</u>	<u>287.74</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
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement using FYE 07/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent
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 _____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

THE CROSSINGS
 4445 PINE FOREST DR
 LAKE WORTH, FL 33463-4676

Provider Number: 0 102592-00
 Date: 3/9/2016
 Fiscal Year End: 7/31/2014
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
289.45	293.11	8/1/2014

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 using FYE 07/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>THE CROSSINGS</u>	Provider Number:	<u>0 102592-00</u>
<u>4445 PINE FOREST DR</u>	Date:	<u>3/9/2016</u>
<u>LAKE WORTH, FL 33463-4676</u>	Fiscal Year End:	<u>7/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		290.70	297.07	1/1/2015

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X Cost Settlement using FYE 07/31/2014 C/R</u>

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>THE CROSSINGS</u>	Provider Number:	<u>0 102592-00</u>
<u>4445 PINE FOREST DR</u>	Date:	<u>3/9/2016</u>
<u>LAKE WORTH, FL 33463-4676</u>	Fiscal Year End:	<u>7/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>287.13</u>	<u>298.89</u>	<u>9/1/2015</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 using FYE 07/31/2014 C/R

Distribution:

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Lisa Smith
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Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER

440 PHIPPEN WAITERS ROAD

DANIA BEACH, FL 33004

Provider Number:

0 102787-00

Date:

3/9/2016

Fiscal Year End:

7/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

263.66

265.67

12/30/2013

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

Cost Settlement using FYE 07/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

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_____ For Information Only

_____ No Change in Rate

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER

440 PHIPPEN WAITERS ROAD

DANIA BEACH, FL 33004

Provider Number:

0 102787-00

Date:

3/9/2016

Fiscal Year End:

7/31/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current

New

Effective

Rate

Rate

Date

267.34

267.09

1/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 07/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 0 102787-00
Date: 3/9/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>280.12</u>	<u>280.82</u>	<u>7/1/2014</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement using FYE 07/31/2014 C/R

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Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

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

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 0 102787-00
Date: 3/9/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
280.12	288.48	8/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 07/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 0 102787-00
Date: 3/9/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>281.02</u>	<u>292.32</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 using FYE 07/31/2014 C/R

Lisa Smith

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_____ No Change in Rate

Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER
440 PHIPPEN WAITERS ROAD
DANIA BEACH, FL 33004

Provider Number: 0 102787-00
Date: 3/9/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>275.28</u>	<u>293.57</u>	<u>9/1/2015</u>

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:

<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 using FYE 07/31/2014 C/R

Distribution:

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_____ No Change in Rate

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 102832-00
Date: 3/18/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.27	241.96	12/30/2013

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 7/31/2014

Distribution:

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 102832-00
Date: 3/18/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>243.48</u>	<u>243.69</u>	<u>1/1/2014</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
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 7/31/2014

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 102832-00
Date: 3/18/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
254.04 **254.51** **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 7/31/2014

Distribution:

Contract Management / Fiscal Agent
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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 102832-00
Date: 3/18/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	254.04	258.92	8/1/2014

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:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 102832-00
Date: 3/18/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>257.30</u>	<u>265.74</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 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHABILITATION CENTER
1780 N JEFFERSON ST
MONTICELLO, FL 32344

Provider Number: 0 102832-00
Date: 3/18/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
249.91	264.34	9/1/2015

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 7/31/2014

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 102833-00
Date: 3/9/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
237.66	237.38	12/30/2013

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

Cost Settlement FYE 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>CROSSWINDS HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 102833-00</u>
<u>13455 W US HWY 90</u>	Date:	<u>3/9/2016</u>
<u>GREENVILLE, FL 32331</u>	Fiscal Year End:	<u>7/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		240.87	240.83	1/1/2014

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 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 102833-00
Date: 3/9/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
248.96	249.68	7/1/2014

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 7/31/2014

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 102833-00
Date: 3/9/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
248.96 255.40 8/1/2014

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 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>CROSSWINDS HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 102833-00</u>
<u>13455 W US HWY 90</u>	Date:	<u>3/9/2016</u>
<u>GREENVILLE, FL 32331</u>	Fiscal Year End:	<u>7/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		253.62	263.76	1/1/2015

Rate Type:

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

Basis:

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

Changes:

<u>Rate Semester Change</u>
<u>X</u> Cost Settlement FYE 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHABILITATION CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 102833-00
Date: 3/9/2016
Fiscal Year End: 7/31/2014
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>241.99</u>	<u>258.13</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 7/31/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE MANOR AT BLUE WATER BAY
1500 NORTH WHITE POINT ROAD
NICEVILLE, FL 32578

Provider Number: 0 135581-00
Date: 3/22/2016
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
241.48	234.25	1/1/2015

Rate Type:

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

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement using FYE 06/30/2015 C/R

Distribution:

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

<u>THE MANOR AT BLUE WATER BAY</u>	Provider Number:	<u>0 135581-00</u>
<u>1500 NORTH WHITE POINT ROAD</u>	Date:	<u>3/22/2016</u>
<u>NICEVILLE , FL 32578</u>	Fiscal Year End:	<u>6/30/2015</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>241.48</u>	<u>234.59</u>	<u>7/1/2015</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 using FYE 06/30/2015 C/R

Distribution:

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Lisa Smith

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Medicaid Reimbursement Per Diem Rates

THE MANOR AT BLUE WATER BAY
1500 NORTH WHITE POINT ROAD
NICEVILLE, FL 32578

Provider Number: 0 135581-00
Date: 3/22/2016
Fiscal Year End: 6/30/2015
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	235.04	234.69	9/1/2015

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 using FYE 06/30/2015 C/R

Distribution:

Contract Management / Fiscal Agent

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Medicaid Reimbursement Per Diem Rates

BAY VUE NURSING AND REHABILITATION CENTER

105 15TH ST E

BRADENTON, FL 34208

Provider Number:

0 147672-00

Date:

3/8/2016

Fiscal Year End:

4/30/2016

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
291.07	247.40	6/12/2015

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

NRP CHOP/CHOW effective 06/12/2015

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 147672-00
Date: 3/8/2016
Fiscal Year End: 4/30/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>288.05</u>	<u>238.91</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP/CHOW effective 06/12/2015

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

EXCEL CARE CENTER
2811 CAMPUS HILL DR
TAMPA, FL 33612

Provider Number: 0 147958-00
Date: 3/30/2016
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
254.57	262.24	6/1/2015

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

NRP CHOP effective 06/01/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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Medicaid Reimbursement Per Diem Rates

EXCEL CARE CENTER
2811 CAMPUS HILL DR
TAMPA, FL 33612

Provider Number: 0 147958-00
Date: 3/30/2016
Fiscal Year End: 5/31/2016
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
253.51	261.11	9/1/2015

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

NRP CHOP effective 06/01/2015

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 158851-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>3/23/2016</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>7/31/2016</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		236.66	237.01	8/1/2015

Rate Type:

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

Basis:

<input checked="" type="checkbox"/> Budget
<input 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"/> NRP CHOP effective 08/01/2015

Distribution:

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

Lisa Smith

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>THE VILLAGES REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 158851-00</u>
<u>900 HIGHWAY 466</u>	Date:	<u>3/23/2016</u>
<u>LADY LAKE, FL 32159</u>	Fiscal Year End:	<u>7/31/2016</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>238.35</u>	<u>236.73</u>	<u>9/1/2015</u>

Rate Type:

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

Changes:

<u> </u> Rate Semester Change
<u>X</u> NRP CHOP effective 08/01/2015

Distribution:

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

Lisa Smith

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

JUPITER MEDICAL CENTER PAVILION INC.

1230 SOUTH OLD DIXIE HWY

JUPITER, FL 33458-7297

Provider Number:

0 208485-00

Date:

3/28/2016

Fiscal Year End:

9/30/2011

Audit Status:

Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.17</u>	<u>223.14</u>	<u>7/1/2012</u>
	Level H: Aids	<u>372.38</u>	<u>372.35</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

Field Audit #NH13-118C FYE 9/30/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

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

JUPITER MEDICAL CENTER PAVILION INC.

1230 SOUTH OLD DIXIE HWY

JUPITER, FL 33458-7297

Provider Number:

0 208485-00

Date:

3/28/2016

Fiscal Year End:

9/30/2011

Audit Status:

Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.35</u>	<u>225.30</u>	<u>1/1/2013</u>
	Level H: Aids	<u>376.16</u>	<u>376.11</u>	<u>1/1/2013</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-118C FYE 9/30/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

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

JUPITER MEDICAL CENTER PAVILION INC.	Provider Number:	0 208485-00
1230 SOUTH OLD DIXIE HWY	Date:	3/28/2016
JUPITER, FL 33458-7297	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>233.36</u>	<u>233.35</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

<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 Field Audit #NH13-118C FYE 9/30/2011

Distribution:


Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office


Lisa Smith
 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

JUPITER MEDICAL CENTER PAVILION INC.

1230 SOUTH OLD DIXIE HWY

JUPITER, FL 33458-7297

Provider Number:

0 208485-00

Date:

3/28/2016

Fiscal Year End:

9/30/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

238.15

New
Rate

238.14

Effective
Date

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

Effects of Field Audit #NH13-118C FYE
9/30/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

No Home Office

Lisa Smith

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>WATERS EDGE EXTENDED CARE</u>	Provider Number:	<u>0 213152-00</u>
<u>1500 SW CAPRI ST</u>	Date:	<u>1/5/2016</u>
<u>PALM CITY, FL 34990</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>255.54</u>	<u>250.12</u>	<u>7/1/2012</u>
	Level H: Aids	<u>404.75</u>	<u>399.33</u>	<u>7/1/2012</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Field Audit NH13-112C FYE 12/31/2011

Distribution:

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

Lisa Smith
 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

WATERS EDGE EXTENDED CARE
1500 SW CAPRI ST
PALM CITY, FL 34990

Provider Number: 0 213152-00
Date: 1/5/2016
Fiscal Year End: 12/31/2011
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	256.71	251.28	1/1/2013
	Level H: Aids	407.52	402.09	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
 Field Audit NH13-112C FYE 12/31/2011

Distribution:

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

Lisa Smith

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>WATERS EDGE EXTENDED CARE</u>	Provider Number:	<u>0 213152-00</u>
<u>1500 SW CAPRI ST</u>	Date:	<u>1/5/2016</u>
<u>PALM CITY, FL 34990</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>261.37</u>	<u>257.86</u>	<u>7/1/2013</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH13-112C FYE 12/31/2011

Distribution:

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

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WATERS EDGE EXTENDED CARE

1500 SW CAPRI ST

PALM CITY, FL 34990

Provider Number:

0 213152-00

Date:

1/5/2016

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

262.11

New
Rate

258.60

Effective
Date

1/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit NH13-112C FYE
12/31/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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

WATERS EDGE EXTENDED CARE

1500 SW CAPRI ST

PALM CITY, FL 34990

Provider Number:

0 213152-00

Date:

1/5/2016

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

272.70

269.09

7/1/2014

Rate Type:

 Interim

 X Prospective

 Total Interim

 X Total Prospective

 Interim Component

 Total Prospective with Interim Component

 Settlement based on cost

 Prior Provider Prospective data

Basis:

 Budget

 X Unaudited costs

 Field audited costs

 Desk audited costs

Changes:

 Rate Semester Change

 X Effects of Field Audit NH13-112C FYE
12/31/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

 For Information Only

 No Change in Rate

Lisa Smith

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

WATERS EDGE EXTENDED CARE
1500 SW CAPRI ST
PALM CITY, FL 34990

Provider Number: 0 213152-00
Date: 1/5/2016
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>275.85</u>	<u>272.24</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

Effects of Field Audit NH13-112C FYE 12/31/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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>WATERS EDGE EXTENDED CARE</u>	Provider Number:	<u>0 213152-00</u>
<u>1500 SW CAPRI ST</u>	Date:	<u>1/5/2016</u>
<u>PALM CITY, FL 34990</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>279.36</u>	<u>275.82</u>	<u>9/1/2015</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH13-112C FYE 12/31/2011

Distribution:

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

Lisa Smith

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

BRANDYWYNE HEALTH CARE CENTER
1801 N LAKE MARIAM DR
WINTER HAVEN, FL 33884

Provider Number: 0 251399-00
Date: 2/22/2016
Fiscal Year End: 7/31/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.45</u>	<u>189.16</u>	<u>7/1/2009</u>
	Level H: Aids	<u>331.80</u>	<u>329.51</u>	<u>7/1/2009</u>

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit & Revised Field Audit NH11-042L
 FYE 07/31/2008

Distribution:

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

Lisa Smith
 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

SOUTHERN OAKS HEALTH CARE	Provider Number:	0 253146-00
3855 OLD CANOE CREEK ROAD	Date:	3/7/2016
SAINT CLOUD, FL 34769	Fiscal Year End:	7/31/2008
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	190.18	187.33	7/1/2009
	Level H: Aids	330.53	327.68	7/1/2009

Rate Type:

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

Basis:

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

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Field Audit and Revised Field Audit NH11-044L FYE 07/31/2008

Distribution:

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

Lisa Smith
 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

SOUTHERN OAKS HEALTH CARE
3855 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34769

Provider Number: 0 253146-00
Date: 3/7/2016
Fiscal Year End: 7/31/2008
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	191.78	188.91	1/1/2010
	Level H: Aids	333.70	330.83	1/1/2010

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit and Revised Field Audit NH11-044L
FYE 07/31/2008

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: No Home Office

Lisa Smith

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

PRUITTHEALTH - SANTA ROSA

5530 NORTHROP ROAD

MILTON, FL 32570

Provider Number: 0 259331-00

Date: 12/17/2015

Fiscal Year End: 6/30/2013

Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>195.32</u>	<u>194.07</u>	<u>7/1/2014</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-288W FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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

PRUITTHEALTH - SANTA ROSA
5530 NORTHROP ROAD
MILTON, FL 32570

Provider Number: 0 259331-00
Date: 12/17/2015
Fiscal Year End: 6/30/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
198.13	196.86	1/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH13-288W FYE 6/30/2013

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Lisa Smith

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

TERRA VISTA REHAB AND HEALTH CENTER
1730 LUCERNE TERRACE
ORLANDO, FL 32806

Provider Number: 0 261611-00
Date: 12/17/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.71	198.67	4/1/2009
	Level H: Aids	338.06	337.02	4/1/2009

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH11-039L FYE 12/31/2007

Distribution:

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

Lisa Smith

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

TERRA VISTA REHAB AND HEALTH CENTER
1730 LUCERNE TERRACE
ORLANDO, FL 32806

Provider Number: 0 261611-00
Date: 12/17/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

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

Rate Type:

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

Basis:

Budget
Unaudited costs
X Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X FA & RFA #NH11-039L FYE 12/31/2007

Distribution:

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

Lisa Smith
Medicaid Cost Reimbursement Planning and Finance

Handwritten signature of Lisa Smith

Home Office: No Home Office