

MEMORANDUM

Date: March 5, 2013

To: Angela Ramsey, Acting Chief, Medicaid Contract Management

From:  Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Longwood Health Care Center	0 005379-00	1
2.	Accentia Health & Rehab Center of Tampa Bay	0 005826-00	1
3.	West Broward Rehab & Healthcare	0 026536-00	1
4.	Cross Pointe Care Center	0 028133-00	1
5.	Seven Hills Health & Rehab Center	0 033175-00	7
6.	Oceanside Extended Care Center	0 212733-00	1
7.	New Horizon Health & Rehab Center	0 227773-00	1
8.	Ruleme Center LLC	0 260452-00	5
9.	The Allegro at College Harbor	0 309800-00	1
10.	Eagle Lake Rehab & Care Center	0 311065-00	1
11.	CrestWood Nursing Center	0 312274-00	1
12.	Palmer Ranch Healthcare & Rehab	0 319244-00	1
13.	Seminole Pavilion Rehab & Nursing Service	0 324230-00	1
		Total	23

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

TP/dm
 Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U		
000537900	20110101	209.21	354.07	209.21	209.21	470.32	72544-13	
000582600	20120701	188.90	338.11	188.90	188.90	457.86	72544-13	
002653600	20130101	235.96	386.77	235.96	235.96	507.81	72544-13	
002813300	20130101	237.11	387.92	237.11	237.11	508.96	72544-13	
003317500	20101201	211.51	354.85	211.51	211.51	469.88	72544-13	
003317500	20110101	213.84	358.70	213.84	213.84	474.95	72544-13	
003317500	20110701	206.47	352.67	206.47	206.47	470.00	72544-13	
003317500	20120101	208.15	355.76	208.15	208.15	474.22	72544-13	
003317500	20120201	211.26	358.87	211.26	211.26	477.33	72544-13	
003317500	20120701	218.91	368.12	218.91	218.91	487.87	72544-13	
003317500	20130101	222.79	373.60	222.79	222.79	494.64	72544-13	
021273300	20120701	153.49	302.70	153.49	153.49	422.45	72544-13	
022777300	20130101	235.25	386.06	235.25	235.25	507.10	72544-13	
026045200	20110601	217.05	361.91	217.05	217.05	478.16	72544-13	
026045200	20110701	209.37	355.57	209.37	209.37	472.90	72544-13	
026045200	20120101	208.27	355.88	208.27	208.27	474.34	72544-13	
026045200	20120701	214.46	363.67	214.46	214.46	483.42	72544-13	
026045200	20130101	210.57	361.38	210.57	210.57	482.42	72544-13	
030980000	20130101	234.83	385.64	234.83	234.83	506.68	72544-13	
031106500	20120701	206.54	355.75	206.54	206.54	475.50	72544-13	
031227400	20120701	181.92	331.13	181.92	181.92	450.88	72544-13	
031924400	20130101	246.37	397.18	246.37	246.37	518.22	72544-13	
032423000	20130101	202.64	353.45	202.64	202.64	474.49	72544-13	



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Longwood Health Care Center
 1520 South Grant Street
 Longwood FL 32750

Provider Number: 0 005379-00
 Date: 1/14/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.91	209.21	1/1/2011
	Level H: AIDS	353.77	354.07	1/1/2011
	Level U: Fragile Under 21	470.02	470.32	1/1/2011

Rate Type :

- Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Ratings Days Correction
 Rate Semester Change
 On FRV [2] as of 01/29/1998

Distribution:

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 No Change in Rate

TP

Thomas Parker

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Home Office:

Pensacola Administrative Services, LLC
 2 North Palafox Street
 Pensacola FL 32502



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Medicaid Reimbursement Per Diem Rates

West Broward Rehabilitation and Healthcare
7751 West Broward Blvd.
Plantation FL 33324

Provider Number: 0 026536-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	233.00	235.96	1/1/2013
	Level H: AIDS	383.81	386.77	1/1/2013
	Level U: Fragile Under 21	504.85	507.81	1/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Correction to Schedule T Assets
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Cross Pointe Care Center
 440 Phippen-Waiters Road
 Dania Beach FL 33004

Provider Number: 0 028133-00
 Date: 2/20/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>254.22</u>	<u>237.11</u>	<u>1/1/2013</u>
	Level H: AIDS	<u>405.03</u>	<u>387.92</u>	<u>1/1/2013</u>
	Level U: Fragile Under 21	<u>526.07</u>	<u>508.96</u>	<u>1/1/2013</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Retro for 1/13 R/S using 1/31/12 C/R
 Rate Semester Change
 On FRV [2] as of 05/01/2000

Distribution:

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Medicaid Reimbursement Per Diem Rates

Seven Hills Health & Rehab Center
 3333 Capital Medical Blvd.
 Tallahassee FL 32308

Provider Number: 0 033175-00
 Date: 2/11/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.54	211.51	12/1/2010
	Level H: AIDS	357.88	354.85	12/1/2010
	Level U: Fragile Under 21	472.91	469.88	12/1/2010

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Seven Hills Health & Rehab Center
 3333 Capital Medical Blvd.
 Tallahassee FL 32308

Provider Number: 0 033175-00
 Date: 2/12/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.89	213.84	1/1/2011
	Level H: AIDS	361.75	358.70	1/1/2011
	Level U: Fragile Under 21	478.00	474.95	1/1/2011

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Seven Hills Health & Rehab Center
 3333 Capital Medical Blvd.
 Tallahassee FL 32308

Provider Number: 0 033175-00
 Date: 2/11/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>207.73</u>	<u>206.47</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>353.93</u>	<u>352.67</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>471.26</u>	<u>470.00</u>	<u>7/1/2011</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

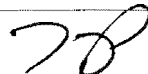
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Seven Hills Health & Rehab Center
 3333 Capital Medical Blvd.
 Tallahassee FL 32308

Provider Number: 0 033175-00
 Date: 2/11/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.77</u>	<u>208.15</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>355.38</u>	<u>355.76</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>473.84</u>	<u>474.22</u>	<u>1/1/2012</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"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Seven Hills Health & Rehab Center
 3333 Capital Medical Blvd.
 Tallahassee FL 32308

Provider Number: 0 033175-00
 Date: 2/12/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.77	211.26	2/1/2012
Level H: AIDS	355.38	358.87	2/1/2012
Level U: Fragile Under 21	473.84	477.33	2/1/2012

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Seven Hills Health & Rehab Center
 3333 Capital Medical Blvd.
 Tallahassee FL 32308

Provider Number: 0 033175-00
 Date: 2/11/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.76	218.91	7/1/2012
	Level H: AIDS	361.97	368.12	7/1/2012
	Level U: Fragile Under 21	481.72	487.87	7/1/2012

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Seven Hills Health & Rehab Center
 3333 Capital Medical Blvd.
 Tallahassee FL 32308

Provider Number: 0 033175-00
 Date: 2/11/2013
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.48	222.79	1/1/2013
	Level H: AIDS	366.29	373.60	1/1/2013
	Level U: Fragile Under 21	487.33	494.64	1/1/2013

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 1/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Oceanside Extended Care Center
 550 9th Street
 Miami Beach FL 33139

Provider Number: 0 212733-00
 Date: 1/14/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	153.22	153.49	7/1/2012
Level H: AIDS	302.43	302.70	7/1/2012
Level U: Fragile Under 21	422.18	422.45	7/1/2012

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Ratings Days Correction
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

SMJ Enterprises, LLC
 Donna Marsh
 1704 Huntington Village Circle
 Daytona Beach FL 32114



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

New Horizon Health & Rehab Center
635 SE 17th Street
Ocala FL 34471

Provider Number: 0 227773-00
 Date: 2/5/2013
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>231.98</u>	<u>235.25</u>	<u>1/1/2013</u>
	Level H: AIDS	<u>382.79</u>	<u>386.06</u>	<u>1/1/2013</u>
	Level U: Fragile Under 21	<u>503.83</u>	<u>507.10</u>	<u>1/1/2013</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

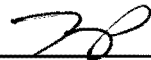
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Target Interim Adjustment Effective 1/1/2013
 Rate Semester Change

Distribution:

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



 Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ruleme Center, LLC
 2810 Ruleme Street
 Eustis FL 32726

Provider Number: 0 260452-00
 Date: 2/7/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.13	217.05	6/1/2011
	Level H: AIDS	363.99	361.91	6/1/2011
	Level U: Fragile Under 21	480.24	478.16	6/1/2011

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Change to full FRVS 6/1/2011
 Rate Semester Change
 On FRV [2] as of 06/01/2011

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

OPIS Management Resources, LLC
 Jennifer Ziolkowski
 10150 Highland Manor Drive
 Tampa FL 33610



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ruleme Center, LLC
 2810 Ruleme Street
 Eustis FL 32726

Provider Number: 0 260452-00
 Date: 2/7/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.28	209.37	7/1/2011
	Level H: AIDS	357.48	355.57	7/1/2011
	Level U: Fragile Under 21	474.81	472.90	7/1/2011

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Change to full FRVS 6/1/2011
 Rate Semester Change
 On FRV [2] as of 06/01/2011

Distribution:

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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

Ruleme Center, LLC
 2810 Ruleme Street
 Eustis FL 32726

Provider Number: 0 260452-00
 Date: 2/7/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.91	208.27	1/1/2012
	Level H: AIDS	357.52	355.88	1/1/2012
	Level U: Fragile Under 21	475.98	474.34	1/1/2012

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Change to full FRVS 6/1/2011

Rate Semester Change

On FRV [2] as of 06/01/2011

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Ruleme Center, LLC
 2810 Ruleme Street
 Eustis FL 32726

Provider Number: 0 260452-00
 Date: 2/7/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.09	214.46	7/1/2012
	Level H: AIDS	365.30	363.67	7/1/2012
	Level U: Fragile Under 21	485.05	483.42	7/1/2012

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Change to full FRVS 6/1/2011
 Rate Semester Change
 On FRV [2] as of 06/01/2011

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Ruleme Center, LLC
 2810 Ruleme Street
 Eustis FL 32726

Provider Number: 0 260452-00
 Date: 2/7/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.35	210.57	1/1/2013
Level H: AIDS	363.16	361.38	1/1/2013
Level U: Fragile Under 21	484.20	482.42	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"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<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"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Change to full FRVS 6/1/2011
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 06/01/2011

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

The Allegro at College Harbor
 4600 54th Avenue South
 St. Petersburg Fl 33711

Provider Number: 0 309800-00
 Date: 2/15/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	233.52	234.83	1/1/2013
	Level H: AIDS	384.33	385.64	1/1/2013
	Level U: Fragile Under 21	505.37	506.68	1/1/2013

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for rate semester 1/13 using FYE 12/31/11**
- Rate Semester Change
- On FRV [2] as of 08/20/1999

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Eagle Lake Rehab & Care Center
 1100 66th Street North
 St. Petersburg FL 33710

Provider Number: 0 311065-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.06	206.54	7/1/2012
	Level H: AIDS	355.27	355.75	7/1/2012
	Level U: Fragile Under 21	475.02	475.50	7/1/2012

Rate Type :

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

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Ratings Days Correction
 Rate Semester Change
 On FRV [2] as of 07/01/1987

Distribution:

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 No Change in Rate

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Traditions Management of Florida, LLC
 24541 US Highway 19 North
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Medicaid Reimbursement Per Diem Rates

CrestWood Nursing Center
 501 South Palm Avenue
 Palatka FL 32177

Provider Number: 0 312274-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.05	181.92	7/1/2012
	Level H: AIDS	331.26	331.13	7/1/2012
	Level U: Fragile Under 21	451.01	450.88	7/1/2012

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Ratings Days Correction
 Rate Semester Change
 On FRV [2] as of 11/15/2001

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 16 Norcross Street
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Medicaid Reimbursement Per Diem Rates

Palmer Ranch Healthcare and Rehabilitation
 5111 Palmer Ranch Parkway
 Sarasota FL 34238

Provider Number: 0 319244-00
 Date: 1/23/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	258.48	246.37	1/1/2013
Level H: AIDS	409.29	397.18	1/1/2013
Level U: Fragile Under 21	530.33	518.22	1/1/2013

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Retro for 01/13 Rate Semester
 Rate Semester Change
 On FRV [2] as of 06/01/2000

Distribution:

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Medicaid Reimbursement Per Diem Rates

Seminole Pavilion Rehabilitation & Nursing Service
 10800 Temple Terrace
 Seminole FL 33772

Provider Number: 0 324230-00
 Date: 1/29/2013
 Fiscal Year End: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.96	202.64	1/1/2013
	Level H: AIDS	353.77	353.45	1/1/2013
	Level U: Fragile Under 21	474.81	474.49	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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 1/13 rate semester
- Rate Semester Change
- On FRV [2] as of 07/01/1988

Distribution:

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- Permanent File
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- No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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