

MEMORANDUM

Date: April 5, 2012
To: Alan Strowd, Chief, Medicaid Contract Management
From: Stephen Russell, Medicaid Cost Reimbursement Planning 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.	Accentia Health & Rehab Center of Tampa	0 005826-00	1
2.	Bayonet Point Health & Rehab Center	0 030546-00	3
3.	St. Catherine Laboure Manor	0 205150-00	6
4.	Capital Healthcare Center	0 252093-00	1
5.	Coral Trace Health Care	0 252107-00	4
6.	Fletcher Health & Rehab Center	0 252221-00	4
7.	Fort Pierce Health Care	0 252239-00	4
8.	Heritage Healthcare Center	0 252298-00	1
9.	Grand Oaks Health & Rehab Center	0 252409-00	1
10.	Harts Harbor Health Care Center	0 252417-00	4
11.	Habana Health Care Center	0 252506-00	4
		Total	33

If you have any questions regarding the above contact Stephen Russell at 412-4106.

SR/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		
000582600	20090401	193.70	332.05	193.70	193.70	443.06	70164-12	
003054600	20110101	227.61	372.47	227.61	227.61	488.72	70164-12	
003054600	20110701	220.71	366.91	220.71	220.71	484.24	70164-12	
003054600	20120101	222.64	370.25	222.64	222.64	488.71	70164-12	
020515000	20090701	209.23	349.58	209.23	209.23	462.20	70164-12	NH11-036G
020515000	20100101	215.58	357.50	215.58	215.58	471.38	70164-12	NH11-036G
020515000	20100701	219.70	363.04	219.70	219.70	478.07	70164-12	NH11-036G
020515000	20110101	222.00	366.86	222.00	222.00	483.11	70164-12	NH11-036G
020515000	20110701	209.10	355.30	209.10	209.10	472.63	70164-12	NH11-036G
020515000	20120101	211.28	358.89	211.28	211.28	477.35	70164-12	NH11-036G
025209300	20060701	147.80	274.93	147.80	147.80	376.93	70164-12	NH07-073J
025210700	20060701	166.20	293.33	166.20	166.20	395.33	70164-12	NH07-075J
025210700	20070101	175.54	305.14	175.54	175.54	409.13	70164-12	NH07-075J
025210700	20070201	180.46	310.06	180.46	180.46	414.05	70164-12	NH07-075J
025210700	20070301	175.54	305.14	175.54	175.54	409.13	70164-12	NH07-075J
025222100	20060701	157.14	284.27	157.14	157.14	386.27	70164-12	NH07-078J
025222100	20070101	166.77	296.37	166.77	166.77	400.36	70164-12	NH07-078J
025222100	20070201	172.41	302.01	172.41	172.41	406.00	70164-12	NH07-078J
025222100	20070301	166.77	296.37	166.77	166.77	400.36	70164-12	NH07-078J
025223900	20060701	177.45	304.58	177.45	177.45	406.58	70164-12	NH07-070J
025223900	20070101	183.31	312.91	183.31	183.31	416.90	70164-12	NH07-070J
025223900	20070201	185.75	315.35	185.75	185.75	419.34	70164-12	NH07-070J
025223900	20070301	183.31	312.91	183.31	183.31	416.90	70164-12	NH07-070J
025229800	20060701	139.51	266.64	139.51	139.51	368.64	70164-12	NH08-082J
025240900	20060701	151.40	278.53	151.40	151.40	380.53	70164-12	NH07-072J
025241700	20060701	143.34	270.47	143.34	143.34	372.47	70164-12	NH07-079J
025241700	20070101	151.85	281.45	151.85	151.85	385.44	70164-12	NH07-079J
025241700	20070201	156.56	286.16	156.56	156.56	390.15	70164-12	NH07-079J
025241700	20070301	151.85	281.45	151.85	151.85	385.44	70164-12	NH07-079J
025250600	20060701	153.15	280.28	153.15	153.15	382.28	70164-12	NH07-081J
025250600	20070101	162.22	291.82	162.22	162.22	395.81	70164-12	NH07-081J
025250600	20070201	167.32	296.92	167.32	167.32	400.91	70164-12	NH07-081J
025250600	20070301	162.22	291.82	162.22	162.22	395.81	70164-12	NH07-081J



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Medicaid Reimbursement Per Diem Rates

Accentia Health & Rehabilitation Center of Tampa B
1818 East Fletcher Avenue
Tampa FL 33612

Provider Number: 0 005826-00
 Date: 3/26/2012
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.69	193.70	4/1/2009
Level H: AIDS	340.04	332.05	4/1/2009
Level U: Fragile Under 21	451.05	443.06	4/1/2009

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

Retro for 4/09 rate semester

Rate Semester Change

On FRV [2] as of 09/01/1991

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

Pensacola Administrative Services, LLC

2 North Palafox Street
 Pensacola Fl 32502

Stephen Russell

Medicaid Cost Reimbursement Analysis



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Medicaid Reimbursement Per Diem Rates

Bayonet Point Health & Rehabilitation Center
7210 Beacon Woods Drive
Hudson FL 34667

Provider Number: 0 030546-00
 Date: 3/20/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>226.69</u>	<u>227.61</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>371.55</u>	<u>372.47</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>487.80</u>	<u>488.72</u>	<u>1/1/2011</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 06/30/11

Rate Semester Change

On FRV [2] as of 10/01/2000

Distribution:

Contract Management / Fiscal Agent

Permanent File

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Home Office:

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SR Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Bayonet Point Health & Rehabilitation Center
7210 Beacon Woods Drive
Hudson FL 34667

Provider Number: 0 030546-00
 Date: 3/20/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>216.28</u>	<u>220.71</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>362.48</u>	<u>366.91</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>479.81</u>	<u>484.24</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"/> 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:
<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"/> Cost Settlement FYE 06/30/11
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/2000

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Bayonet Point Health & Rehabilitation Center
 7210 Beacon Woods Drive
 Hudson FL 34667

Provider Number: 0 030546-00
 Date: 3/20/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.01	222.64	1/1/2012
	Level H: AIDS	363.62	370.25	1/1/2012
	Level U: Fragile Under 21	482.08	488.71	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
 Cost Settlement FYE 06/30/11-
 Rate Semester Change
 On FRV [2] as of 10/01/2000

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Medicaid Reimbursement Per Diem Rates

St. Catherine Laboure Manor
 1750 Stockton Street
 Jacksonville FL 32204

Provider Number: 0 205150-00
 Date: 3/27/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.90	209.23	7/1/2009
	Level H: AIDS	352.25	349.58	7/1/2009
	Level U: Fragile Under 21	464.87	462.20	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"/> 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
 Field Audit #NH11-036G FYE 6/30/2008
 Rate Semester Change
 On FRV [2] as of 07/01/1993

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Medicaid Reimbursement Per Diem Rates

St. Catherine Laboure Manor
 1750 Stockton Street
 Jacksonville FL 32204

Provider Number: 0 205150-00
 Date: 3/28/2012
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.66	215.58	1/1/2010
	Level H: AIDS	357.58	357.50	1/1/2010
	Level U: Fragile Under 21	471.46	471.38	1/1/2010

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
 Effects of Field Audit #NH11-036G FYE 6/30/2008
 Rate Semester Change
 On FRV [2] as of 07/01/1993

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Medicaid Reimbursement Per Diem Rates

St. Catherine Laboure Manor
 1750 Stockton Street
 Jacksonville FL 32204

Provider Number: 0 205150-00
 Date: 3/28/2012
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.78	219.70	7/1/2010
	Level H: AIDS	363.12	363.04	7/1/2010
	Level U: Fragile Under 21	478.15	478.07	7/1/2010

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
- Effects of Field Audit #NH11-036G FYE 6/30/2008
- Rate Semester Change
- On FRV [2] as of 07/01/1993

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St. Catherine Laboure Manor
 1750 Stockton Street
 Jacksonville FL 32204

Provider Number: 0 205150-00
 Date: 3/28/2012
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.08</u>	<u>222.00</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>366.94</u>	<u>366.86</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>483.19</u>	<u>483.11</u>	<u>1/1/2011</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
 Effects of Field Audit #NH11-036G FYE 6/30/2008
 Rate Semester Change
 On FRV [2] as of 07/01/1993

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Medicaid Cost Reimbursement Analysis

Home Office:

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Medicaid Reimbursement Per Diem Rates

St. Catherine Laboure Manor
 1750 Stockton Street
 Jacksonville FL 32204

Provider Number: 0 205150-00
 Date: 3/28/2012
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.18	209.10	7/1/2011
Level H: AIDS	355.38	355.30	7/1/2011
Level U: Fragile Under 21	472.71	472.63	7/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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
- Effects of Field Audit #NH11-036G FYE 6/30/2008
- Rate Semester Change
- On FRV [2] as of 07/01/1993

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St. Catherine Laboure Manor
 1750 Stockton Street
 Jacksonville FL 32204

Provider Number: 0 205150-00
 Date: 3/28/2012
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.36	211.28	1/1/2012
Level H: AIDS	358.97	358.89	1/1/2012
Level U: Fragile Under 21	477.43	477.35	1/1/2012

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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
- Effects of Field Audit #NH11-036G FYE 6/30/2008
- Rate Semester Change
- On FRV [2] as of 07/01/1993

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Medicaid Reimbursement Per Diem Rates

Capital Healthcare Center
 3333 Capital Medical Blvd.
 Tallahassee FL 32308

Provider Number: 0 252093-00
 Date: 4/2/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	147.56	147.80	7/1/2006
	Level H: AIDS	274.69	274.93	7/1/2006
	Level U: Fragile Under 21	376.69	376.93	7/1/2006

Rate Type : <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data		<input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component	
Basis: <input type="checkbox"/> Budget <input type="checkbox"/> Unaudited costs <input checked="" 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"/> FA and RFA #NH07-073J FYE 8/31/05 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 12/01/2001		

Distribution:

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
 216 Santa Barbara Blvd
 Cape Coral FL 33991

Provider Number: 0 252107-00
 Date: 3/23/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	165.26	166.20	7/1/2006
	Level H: AIDS	292.39	293.33	7/1/2006
	Level U: Fragile Under 21	394.39	395.33	7/1/2006

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
 Field Audit & Revised FA #NH07-075J FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 12/01/2001

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
 216 Santa Barbara Blvd
 Cape Coral FL 33991

Provider Number: 0 252107-00
 Date: 3/23/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>174.63</u>	<u>175.54</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>304.23</u>	<u>305.14</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>408.22</u>	<u>409.13</u>	<u>1/1/2007</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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
- Field Audit & Revised FA #NH07-075J FYE 8/31/05
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
 216 Santa Barbara Blvd
 Cape Coral FL 33991

Provider Number: 0 252107-00
 Date: 3/23/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	179.64	180.46	2/1/2007
Level H: AIDS	309.24	310.06	2/1/2007
Level U: Fragile Under 21	413.23	414.05	2/1/2007

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
 Field Audit & Revised FA #NH07-075J FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
 216 Santa Barbara Blvd
 Cape Coral FL 33991

Provider Number: 0 252107-00
 Date: 3/23/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>174.63</u>	<u>175.54</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>304.23</u>	<u>305.14</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>408.22</u>	<u>409.13</u>	<u>3/1/2007</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
 Field Audit & Revised FA #NH07-075J FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehab. Center
 518 West Fletcher Ave
 Tampa FL 33612

Provider Number: 0 252221-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	157.21	157.14	7/1/2006
Level H: AIDS	284.34	284.27	7/1/2006
Level U: Fragile Under 21	386.34	386.27	7/1/2006

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
- FA & RFA #NH07-078J FYE 08/31/05
- Rate Semester Change
- On FRV [2] as of 05/19/1998

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehab. Center
 518 West Fletcher Ave
 Tampa FL 33612

Provider Number: 0 252221-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	166.91	166.77	1/1/2007
	Level H: AIDS	296.51	296.37	1/1/2007
	Level U: Fragile Under 21	400.50	400.36	1/1/2007

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

FA & RFA #NH07-078J FYE 08/31/05

Rate Semester Change

On FRV [2] as of 05/19/1998

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehab. Center
 518 West Fletcher Ave
 Tampa FL 33612

Provider Number: 0 252221-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.68	172.41	2/1/2007
	Level H: AIDS	302.28	302.01	2/1/2007
	Level U: Fragile Under 21	406.27	406.00	2/1/2007

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
 FA & RFA #NH07-078J FYE 08/31/05
 Rate Semester Change
 On FRV [2] as of 05/19/1998

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehab. Center
 518 West Fletcher Ave
 Tampa FL 33612

Provider Number: 0 252221-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	166.91	166.77	3/1/2007
Level H: AIDS	296.51	296.37	3/1/2007
Level U: Fragile Under 21	400.50	400.36	3/1/2007

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
- FA & RFA #NH07-078J FYE 08/31/05
- Rate Semester Change
- On FRV [2] as of 05/19/1998

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
 611 South 13th Street
 Ft. Pierce FL 34950

Provider Number: 0 252239-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	175.13	177.45	7/1/2006
	Level H: AIDS	302.26	304.58	7/1/2006
	Level U: Fragile Under 21	404.26	406.58	7/1/2006

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
- FA RFA #NH07-070J FYE 8/31/05
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
 611 South 13th Street
 Ft. Pierce FL 34950

Provider Number: 0 252239-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.27	183.31	1/1/2007
	Level H: AIDS	310.87	312.91	1/1/2007
	Level U: Fragile Under 21	414.86	416.90	1/1/2007

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
- FA RFA #NH07-070J FYE 8/31/05
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
 611 South 13th Street
 Ft. Pierce FL 34950

Provider Number: 0 252239-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.77	185.75	2/1/2007
	Level H: AIDS	313.37	315.35	2/1/2007
	Level U: Fragile Under 21	417.36	419.34	2/1/2007

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
 FA RFA #NH07-070J FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
 611 South 13th Street
 Ft. Pierce FL 34950

Provider Number: 0 252239-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.27</u>	<u>183.31</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>310.87</u>	<u>312.91</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>414.86</u>	<u>416.90</u>	<u>3/1/2007</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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
 FA RFA #NH07-070J FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare Center
 3101 Ginger Drive
 Tallahassee FL 32308

Provider Number: 0 252298-00
 Date: 4/2/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	140.41	139.51	7/1/2006
Level H: AIDS	267.54	266.64	7/1/2006
Level U: Fragile Under 21	369.54	368.64	7/1/2006

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
- FA & RFA #NH07-082J FYE 8/31/05**
- Rate Semester Change
- On FRV [2] as of 04/26/1997

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Medicaid Reimbursement Per Diem Rates

Grand Oaks Health and Rehab. Center
 3001 Palm Coast Parkway SE
 Palm Coast FL 32137

Provider Number: 0 252409-00
 Date: 3/26/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	152.00	151.40	7/1/2006
Level H: AIDS	279.13	278.53	7/1/2006
Level U: Fragile Under 21	381.13	380.53	7/1/2006

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
- FA & Revised FA NH07-072J FYE 8/31/05
- Rate Semester Change
- On FRV [2] as of 05/16/1997

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Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 252417-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	144.08	143.34	7/1/2006
	Level H: AIDS	271.21	270.47	7/1/2006
	Level U: Fragile Under 21	373.21	372.47	7/1/2006

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 type="checkbox"/> Unaudited costs
<input checked="" 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"/> FA RFA NH07-079J FYE 8/31/05
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 252417-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>152.60</u>	<u>151.85</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>282.20</u>	<u>281.45</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>386.19</u>	<u>385.44</u>	<u>1/1/2007</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
- FA RFA NH07-079J FYE 8/31/05
- Rate Semester Change
- On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 252417-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	157.33	156.56	2/1/2007
	Level H: AIDS	286.93	286.16	2/1/2007
	Level U: Fragile Under 21	390.92	390.15	2/1/2007

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
- FA RFA NH07-079J FYE 8/31/05
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 252417-00
 Date: 3/27/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	152.60	151.85	3/1/2007
Level H: AIDS	282.20	281.45	3/1/2007
Level U: Fragile Under 21	386.19	385.44	3/1/2007

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
- FA RFA NH07-079J FYE 8/31/05**
- Rate Semester Change
- On FRV [2] as of 12/01/2001

Distribution:

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- Permanent File
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- No Change in Rate

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Medicaid Cost Reimbursement Analysis

Home Office:

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State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Habana Health Care Center
 2916 Habana Way
 Tampa FL 33614

Provider Number: 0 252506-00
 Date: 3/29/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	151.76	153.15	7/1/2006
	Level H: AIDS	278.89	280.28	7/1/2006
	Level U: Fragile Under 21	380.89	382.28	7/1/2006

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 |
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Basis:

- Budget
- Unaudited costs
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Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- FA & RFA # NH07-081J FYE 08/31/05
- Rate Semester Change
- On FRV [2] as of 05/01/1989

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 Tampa FL 33614

Provider Number: 0 252506-00
 Date: 3/29/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.86	162.22	1/1/2007
	Level H: AIDS	290.46	291.82	1/1/2007
	Level U: Fragile Under 21	394.45	395.81	1/1/2007

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

FA & RFA # NH07-081J FYE 08/31/05

Rate Semester Change

On FRV [2] as of 05/01/1989

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 Tampa FL 33614

Provider Number: 0 252506-00
 Date: 3/29/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>166.09</u>	<u>167.32</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>295.69</u>	<u>296.92</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>399.68</u>	<u>400.91</u>	<u>2/1/2007</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
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- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- FA & RFA # NH07-081J FYE 08/31/05
- Rate Semester Change
- On FRV [2] as of 05/01/1989

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		Current Rate	New Rate	Effective Date
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	Level H: AIDS	290.46	291.82	3/1/2007
	Level U: Fragile Under 21	394.45	395.81	3/1/2007

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 Prospective
 Total Interim
 Total Prospective
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