



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: August 1, 2012
To: Alan Strowd, Chief, Medicaid Contract Management
From: *TP* Thomas Parker, Medicaid Cost Reimbursement Planning
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.	Blountstown Health & Rehab Center	0 022987-00	5
2.	Key West Health & Rehab	0 024167-00	5
3.	West Broward Rehab & Healthcare	0 026536-00	6
4.	Cross Pointe Care Center	0 028133-00	7
5.	Clyde E. Lassen State Veterans Nursing Home	0 032049-00	6
6.	Bernard L. Samson Nursing Center	0 208442-00	2
7.	Oakhurst Care & Rehab Center	0 251721-00	1
8.	Coral Gables Nursing & Rehab	0 323772-00	1
		Total	33

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		
002298700	20110401	207.12	351.98	207.12	207.12	468.23	71174-12	
002298700	20110701	199.37	345.57	199.37	199.37	462.90	71174-12	
002298700	20111001	203.38	349.58	203.38	203.38	466.91	71174-12	
002298700	20120101	204.96	352.57	204.96	204.96	471.03	71174-12	
002298700	20120701	211.07	360.28	211.07	211.07	480.03	71174-12	
002416700	20100812	262.41	405.75	262.41	262.41	520.78	71174-12	
002416700	20110101	266.23	411.09	266.23	266.23	527.34	71174-12	
002416700	20110701	256.45	402.65	256.45	256.45	519.98	71174-12	
002416700	20120101	258.35	405.96	258.35	258.35	524.42	71174-12	
002416700	20120701	268.73	417.94	268.73	268.73	537.69	71174-12	
002653600	20100601	226.75	368.67	226.75	226.75	482.55	71174-12	
002653600	20100701	229.87	373.21	229.87	229.87	488.24	71174-12	
002653600	20110101	237.12	381.98	237.12	237.12	498.23	71174-12	
002653600	20110701	229.01	375.21	229.01	229.01	492.54	71174-12	
002653600	20120101	231.55	379.16	231.55	231.55	497.62	71174-12	
002653600	20120701	239.41	388.62	239.41	239.41	508.37	71174-12	
002813300	20100630	239.06	380.98	239.06	239.06	494.86	71174-12	
002813300	20100701	241.92	385.26	241.92	241.92	500.29	71174-12	
002813300	20110101	243.75	388.61	243.75	243.75	504.86	71174-12	
002813300	20110201	249.75	394.61	249.75	249.75	510.86	71174-12	
002813300	20110701	240.50	386.70	240.50	240.50	504.03	71174-12	
002813300	20120101	242.22	389.83	242.22	242.22	508.29	71174-12	
002813300	20120701	251.17	400.38	251.17	251.17	520.13	71174-12	
003204900	20101116	214.49	357.83	214.49	214.49	472.86	71174-12	
003204900	20110101	217.82	362.68	217.82	217.82	478.93	71174-12	
003204900	20110701	210.83	357.03	210.83	210.83	474.36	71174-12	
003204900	20110913	209.98	356.18	209.98	209.98	473.51	71174-12	
003204900	20120101	212.00	359.61	212.00	212.00	478.07	71174-12	
003204900	20120701	220.12	369.33	220.12	220.12	489.08	71174-12	
020844200	20090701	230.39	370.74	230.39	230.39	483.36	71174-12	NH09-126C
020844200	20100101	232.10	374.02	232.10	232.10	487.90	71174-12	NH09-126C
025172100	20120701	200.22	349.43	200.22	200.22	469.18	71174-12	
032377200	20120101	206.01	353.62	206.01	206.01	472.08	71174-12	



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

Blountstown Health and Rehabilitation Center
16690 S. W. Chipola Road
Blountstown FL 32424

Provider Number: 0 022987-00
 Date: 7/24/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.15</u>	<u>207.12</u>	<u>4/1/2011</u>
	Level H: AIDS	<u>358.01</u>	<u>351.98</u>	<u>4/1/2011</u>
	Level U: Fragile Under 21	<u>474.26</u>	<u>468.23</u>	<u>4/1/2011</u>

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

Cost Settlement FYE 9/30/11

Rate Semester Change

On FRV [2] as of 08/01/1996

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

WW Healthcare Consultants, LLC
 Melvin Woodward, Jr.
 1978 8th Avenue NW
 Hickory NC 28603

for

Stephen Russell

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

Blountstown Health and Rehabilitation Center
 16690 S. W. Chipola Road
 Blountstown FL 32424

Provider Number: 0 022987-00
 Date: 7/24/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.71	199.37	7/1/2011
	Level H: AIDS	350.91	345.57	7/1/2011
	Level U: Fragile Under 21	468.24	462.90	7/1/2011

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 9/30/11**
- Rate Semester Change
- On FRV [2] as of 08/01/1996

Distribution:

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Blountstown Health and Rehabilitation Center
 16690 S. W. Chipola Road
 Blountstown FL 32424

Provider Number: 0 022987-00
 Date: 7/24/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.71	203.38	10/1/2011
	Level H: AIDS	350.91	349.58	10/1/2011
	Level U: Fragile Under 21	468.24	466.91	10/1/2011

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
 Cost Settlement FYE 9/30/11
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Blountstown Health and Rehabilitation Center
 16690 S. W. Chipola Road
 Blountstown FL 32424

Provider Number: 0 022987-00
 Date: 7/24/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.45</u>	<u>204.96</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>352.06</u>	<u>352.57</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>470.52</u>	<u>471.03</u>	<u>1/1/2012</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 9/30/11
 Rate Semester Change
 On FRV [2] as of 08/01/1996

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Medicaid Reimbursement Per Diem Rates

Blountstown Health and Rehabilitation Center
 16690 S. W. Chipola Road
 Blountstown FL 32424

Provider Number: 0 022987-00
 Date: 7/24/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.73	211.07	7/1/2012
	Level H: AIDS	359.94	360.28	7/1/2012
	Level U: Fragile Under 21	479.69	480.03	7/1/2012

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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input checked="" type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Cost Settlement FYE 9/30/11
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 08/01/1996

Distribution:

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Medicaid Reimbursement Per Diem Rates

Key West Health & Rehabilitation
 5860 W. Junior College Road
 Key West FL 33040

Provider Number: 0 024167-00
 Date: 7/16/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.07	262.41	8/12/2010
	Level H: AIDS	333.41	405.75	8/12/2010
	Level U: Fragile Under 21	448.44	520.78	8/12/2010

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 6/30/11

Rate Semester Change

On FRV [2] as of 08/12/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

Key West Health & Rehabilitation
 5860 W. Junior College Road
 Key West FL 33040

Provider Number: 0 024167-00
 Date: 7/16/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.30</u>	<u>266.23</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>336.16</u>	<u>411.09</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>452.41</u>	<u>527.34</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 6/30/11
 Rate Semester Change
 On FRV [2] as of 08/12/2010

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Medicaid Reimbursement Per Diem Rates

Key West Health & Rehabilitation
 5860 W. Junior College Road
 Key West FL 33040

Provider Number: 0 024167-00
 Date: 7/16/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.40	256.45	7/1/2011
	Level H: AIDS	330.60	402.65	7/1/2011
	Level U: Fragile Under 21	447.93	519.98	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
 Cost Settlement FYE 6/30/11
 Rate Semester Change
 On FRV [2] as of 08/12/2010

Distribution:

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SR for **Stephen Russell**
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Key West Health & Rehabilitation
 5860 W. Junior College Road
 Key West FL 33040

Provider Number: 0 024167-00
 Date: 7/16/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.14	258.35	1/1/2012
	Level H: AIDS	332.75	405.96	1/1/2012
	Level U: Fragile Under 21	451.21	524.42	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 6/30/11
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Medicaid Reimbursement Per Diem Rates

Key West Health & Rehabilitation
5860 W. Junior College Road
Key West FL 33040

Provider Number: 0 024167-00
 Date: 7/16/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>260.26</u>	<u>268.73</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>409.47</u>	<u>417.94</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>529.22</u>	<u>537.69</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"/> 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 6/30/11
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 08/12/2010

Distribution:

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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: 7/16/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	234.88	226.75	6/1/2010
Level H: AIDS	376.80	368.67	6/1/2010
Level U: Fragile Under 21	490.68	482.55	6/1/2010

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:

<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 12/31/2010
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

Distribution:

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TR for
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Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



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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: 7/16/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>236.82</u>	<u>229.87</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>380.16</u>	<u>373.21</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>495.19</u>	<u>488.24</u>	<u>7/1/2010</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
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 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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1 - No Home Office



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7751 West Broward Blvd.
Plantation FL 33324

Provider Number: 0 026536-00
 Date: 7/16/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>237.99</u>	<u>237.12</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>382.85</u>	<u>381.98</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>499.10</u>	<u>498.23</u>	<u>1/1/2011</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 12/31/2010
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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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: 7/16/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.87	229.01	7/1/2011
	Level H: AIDS	374.07	375.21	7/1/2011
	Level U: Fragile Under 21	491.40	492.54	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
 Cost Settlement FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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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: 7/16/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.53</u>	<u>231.55</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>375.14</u>	<u>379.16</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>493.60</u>	<u>497.62</u>	<u>1/1/2012</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 12/31/2010
 Rate Semester Change
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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: 7/16/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.48</u>	<u>239.41</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>381.69</u>	<u>388.62</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>501.44</u>	<u>508.37</u>	<u>7/1/2012</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 12/31/2010
 Rate Semester Change
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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: 7/24/2012
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>240.63</u>	<u>239.06</u>	<u>6/30/2010</u>
	Level H: AIDS	<u>382.55</u>	<u>380.98</u>	<u>6/30/2010</u>
	Level U: Fragile Under 21	<u>496.43</u>	<u>494.86</u>	<u>6/30/2010</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 1/31/2011
 Rate Semester Change
 On FRV [2] as of 05/01/2000

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

Provider Number: 0 028133-00
 Date: 7/24/2012
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	243.55	241.92	7/1/2010
	Level H: AIDS	386.89	385.26	7/1/2010
	Level U: Fragile Under 21	501.92	500.29	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

Cost Settlement FYE 1/31/2011

Rate Semester Change

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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: 7/24/2012
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	246.65	243.75	1/1/2011
	Level H: AIDS	391.51	388.61	1/1/2011
	Level U: Fragile Under 21	507.76	504.86	1/1/2011

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:

<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 1/31/2011
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 05/01/2000

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

Provider Number: 0 028133-00
 Date: 7/24/2012
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	246.65	249.75	2/1/2011
	Level H: AIDS	391.51	394.61	2/1/2011
	Level U: Fragile Under 21	507.76	510.86	2/1/2011

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 1/31/2011
 Rate Semester Change
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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: 7/24/2012
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	238.09	240.50	7/1/2011
	Level H: AIDS	384.29	386.70	7/1/2011
	Level U: Fragile Under 21	501.62	504.03	7/1/2011

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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 1/31/2011
 Rate Semester Change
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Cross Pointe Care Center
 440 Phippen-Waiters Road
 Dania Beach FL 33004

Provider Number: 0 028133-00
 Date: 7/24/2012
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	239.52	242.22	1/1/2012
	Level H: AIDS	387.13	389.83	1/1/2012
	Level U: Fragile Under 21	505.59	508.29	1/1/2012

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
 Cost Settlement FYE 1/31/2011
 Rate Semester Change
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Cross Pointe Care Center
 440 Phippen-Waiters Road
 Dania Beach FL 33004

Provider Number: 0 028133-00
 Date: 7/24/2012
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	250.61	251.17	7/1/2012
Level H: AIDS	399.82	400.38	7/1/2012
Level U: Fragile Under 21	519.57	520.13	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 1/31/2011
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Clyde E. Lassen State Veterans Nursing Home
 4650 State Road 16
 St. Augustine FL 32092

Provider Number: 0 032049-00
 Date: 7/13/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.93	214.49	11/16/2010
	Level H: AIDS	356.27	357.83	11/16/2010
	Level U: Fragile Under 21	471.30	472.86	11/16/2010

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 6/30/2011

Rate Semester Change

On FRV [2] as of 11/16/2010

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Medicaid Reimbursement Per Diem Rates

Clyde E. Lassen State Veterans Nursing Home
 4650 State Road 16
 St. Augustine FL 32092

Provider Number: 0 032049-00
 Date: 7/13/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.26	217.82	1/1/2011
	Level H: AIDS	361.12	362.68	1/1/2011
	Level U: Fragile Under 21	477.37	478.93	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 6/30/2011

Rate Semester Change

On FRV [2] as of 11/16/2010

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Medicaid Reimbursement Per Diem Rates

Clyde E. Lassen State Veterans Nursing Home
 4650 State Road 16
 St. Augustine FL 32092

Provider Number: 0 032049-00
 Date: 7/13/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.44	210.83	7/1/2011
Level H: AIDS	355.64	357.03	7/1/2011
Level U: Fragile Under 21	472.97	474.36	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
- Cost Settlement FYE 6/30/2011
- Rate Semester Change
- On FRV [2] as of 11/16/2010

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Medicaid Reimbursement Per Diem Rates

Clyde E. Lassen State Veterans Nursing Home
 4650 State Road 16
 St. Augustine FL 32092

Provider Number: 0 032049-00
 Date: 7/13/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.60	209.98	9/13/2011
	Level H: AIDS	354.80	356.18	9/13/2011
	Level U: Fragile Under 21	472.13	473.51	9/13/2011

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 6/30/2011
 Rate Semester Change
 On FRV [2] as of 11/16/2010

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Medicaid Reimbursement Per Diem Rates

Clyde E. Lassen State Veterans Nursing Home
 4650 State Road 16
 St. Augustine FL 32092

Provider Number: 0 032049-00
 Date: 7/13/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>210.63</u>	<u>212.00</u>	<u>1/1/2012</u>
Level H: AIDS	<u>358.24</u>	<u>359.61</u>	<u>1/1/2012</u>
Level U: Fragile Under 21	<u>476.70</u>	<u>478.07</u>	<u>1/1/2012</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"/> 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 6/30/2011
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Clyde E. Lassen State Veterans Nursing Home
 4650 State Road 16
 St. Augustine FL 32092

Provider Number: 0 032049-00
 Date: 7/13/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.13</u>	<u>220.12</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>369.34</u>	<u>369.33</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>489.09</u>	<u>489.08</u>	<u>7/1/2012</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 6/30/2011
 Rate Semester Change
 On FRV [2] as of 11/16/2010

Distribution:

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

RA for
 Stephen Russell

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Florida Dept. of Veterans Affairs
 Walter Gilchrist
 11351 Ulmerton Road, Room 332-I
 Largo FL 33778-1630



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

BERNARD L. SAMSON NURSING CENTER
255 - 59 STREET NORTH
St. Petersburg FL 33710

Provider Number: 0 208442-00
 Date: 7/25/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	231.40	230.39	7/1/2009
Level H: AIDS	371.75	370.74	7/1/2009
Level U: Fragile Under 21	484.37	483.36	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 # NH09-126C FYE 6/30/08**
- Rate Semester Change

Distribution:

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Home Office:

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Stephen Russell

Medicaid Cost Reimbursement Planning and Finance



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BERNARD L. SAMSON NURSING CENTER
255 - 59 STREET NORTH
St. Petersburg FL 33710

Provider Number: 0 208442-00
 Date: 7/25/2012
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>232.14</u>	<u>232.10</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>374.06</u>	<u>374.02</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>487.94</u>	<u>487.90</u>	<u>1/1/2010</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 # NH09-126C FYE 6/30/08
 Rate Semester Change

Distribution:

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 For information Only
 No Change in Rate

SR for Stephen Russell
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Oakhurst Care & Rehabilitation Center
 1501 SE 24th Road
 Ocala FL 34471

Provider Number: 0 251721-00
 Date: 7/20/2012
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.27</u>	<u>200.22</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>346.48</u>	<u>349.43</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>466.23</u>	<u>469.18</u>	<u>7/1/2012</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 7/12 using FYE 7/31/2011 cost report
 Rate Semester Change

Distribution:

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

RF for
Stephen Russell

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sun Healthcare Group, Inc.
 Reimbursement Department
 101 Sun Avenue NE
 Albuquerque NM 87109



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing and Rehabilitation
 7060 SW 8th Street
 Miami FL 33144

Provider Number: 0 323772-00
 Date: 7/23/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.32	206.01	1/1/2012
	Level H: AIDS	355.93	353.62	1/1/2012
	Level U: Fragile Under 21	474.39	472.08	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
- Late Test FYE 12/31/2010
- Rate Semester Change
- On FRV [2] as of 11/01/1988

Distribution:

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- No Change in Rate

Home Office:

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70 for

Stephen Russell

Medicaid Cost Reimbursement Planning and Finance