

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: March 21, 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.	Surrey Place Care Center	0 001135-00	1
2.	Signature Healthcare of Palm Beach	0 001136-00	1
3.	HHCC Boca Raton	0 011997-00	6
4.	Whitehall Boca Raton	0 016016-00	6
5.	Vienna Square	0 023255-00	6
6.	The Palms at Maitland, Inc.	0 263117-00	1
7.	Chautauqua Rehab & Nursing Center	0 324361-00	1
8.	Signature Healthcare of Gainesville	0 324388-00	1
9.	Signature Healthcare Center of Waterford	0 324400-00	1
10.	Signature Healthcare at the Courtyard	0 324426-00	1
11.	Signature Healthcare of Orange Park	0 324434-00	1
12.	Signature Healthcare of Ormond	0 324442-00	1
13.	Anchor Care & Rehab Center	0 324451-00	1
14.	Winter Park Care & Rehab Center	0 324515-00	1
		Total	29

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		
000113500	20120101	207.04	354.65	207.04	207.04	473.11	69990-12	
000113600	20120101	210.04	357.65	210.04	210.04	476.11	69990-12	
001199700	20090805	210.57	350.92	210.57	210.57	463.54	69990-12	
001199700	20100101	212.09	354.01	212.09	212.09	467.89	69990-12	
001199700	20100701	213.60	356.94	213.60	213.60	471.97	69990-12	
001199700	20110101	217.54	362.40	217.54	217.54	478.65	69990-12	
001199700	20110701	208.49	354.69	208.49	208.49	472.02	69990-12	
001199700	20120101	210.88	358.49	210.88	210.88	476.95	69990-12	
001601600	20091201	212.89	353.24	212.89	212.89	465.86	69990-12	
001601600	20100101	214.19	356.11	214.19	214.19	469.99	69990-12	
001601600	20100701	214.33	357.67	214.33	214.33	472.70	69990-12	
001601600	20110101	217.45	362.31	217.45	217.45	478.56	69990-12	
001601600	20110701	208.61	354.81	208.61	208.61	472.14	69990-12	
001601600	20120101	210.34	357.95	210.34	210.34	476.41	69990-12	
002325500	20101104	228.38	371.72	228.38	228.38	486.75	69990-12	
002325500	20110101	231.62	376.48	231.62	231.62	492.73	69990-12	
002325500	20110603	231.62	376.48	231.62	231.62	492.73	69990-12	
002325500	20110701	221.87	368.07	221.87	221.87	485.40	69990-12	
002325500	20111104	220.02	366.22	220.02	220.02	483.55	69990-12	
002325500	20120101	221.83	369.44	221.83	221.83	487.90	69990-12	
026311700	20050701	165.39	288.67	165.39	165.39	387.58	69990-12	NH07-120C
032436100	20120101	194.76	342.37	194.76	194.76	460.83	69990-12	
032438800	20120101	192.08	339.69	192.08	192.08	458.15	69990-12	
032440000	20120101	190.35	337.96	190.35	190.35	456.42	69990-12	
032442600	20120101	189.44	337.05	189.44	189.44	455.51	69990-12	
032443400	20120101	202.51	350.12	202.51	202.51	468.58	69990-12	
032444200	20120101	210.70	358.31	210.70	210.70	476.77	69990-12	
032445100	20120101	193.30	340.91	193.30	193.30	459.37	69990-12	
032451500	20120101	200.48	348.09	200.48	200.48	466.55	69990-12	



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

Surrey Place Care Center
 110 Southeast Lee Avenue
 Live Oak FL 32060

Provider Number: 0 001135-00
 Date: 3/8/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.35	207.04	1/1/2012
	Level H: AIDS	352.96	354.65	1/1/2012
	Level U: Fragile Under 21	471.42	473.11	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
- Retro for RS 01/2012 FYE 9/30/11
- Rate Semester Change
- On FRV [2] as of 01/21/1988

Distribution:

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

 Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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

Signature HealthCARE of Palm Beach
 4405 Lakewood Road
 Lake Worth FL 33461

Provider Number: 0 001136-00
 Date: 3/8/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.64	210.04	1/1/2012
	Level H: AIDS	354.25	357.65	1/1/2012
	Level U: Fragile Under 21	472.71	476.11	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
 Retro for R/S 01/12 FYE 9/30/2011
 Rate Semester Change
 On FRV [2] as of 07/01/1988

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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

HHCC Boca Raton
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 3/6/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.53	210.57	8/5/2009
	Level H: AIDS	345.88	350.92	8/5/2009
	Level U: Fragile Under 21	458.50	463.54	8/5/2009

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 12/31/2010
- Rate Semester Change
- On FRV [2] as of 08/05/2009

Distribution:

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

 Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office:

HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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

HHCC Boca Raton
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 3/6/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]


Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.92	212.09	1/1/2010
Level H: AIDS	348.84	354.01	1/1/2010
Level U: Fragile Under 21	462.72	467.89	1/1/2010

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 08/05/2009

Distribution:

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

 Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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

HHCC Boca Raton
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 3/6/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:


		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.68	213.60	7/1/2010
	Level H: AIDS	352.02	356.94	7/1/2010
	Level U: Fragile Under 21	467.05	471.97	7/1/2010

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:	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 12/31/2010
<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 08/05/2009

Distribution:

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

 Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office:

HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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

HHCC Boca Raton
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 3/6/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.42</u>	<u>217.54</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>354.28</u>	<u>362.40</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>470.53</u>	<u>478.65</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:

- 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 08/05/2009

Distribution:

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

SR Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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

HHCC Boca Raton
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 3/6/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.82	208.49	7/1/2011
	Level H: AIDS	347.02	354.69	7/1/2011
	Level U: Fragile Under 21	464.35	472.02	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 08/05/2009

Distribution:

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

 Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office:

HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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

HHCC Boca Raton
 7225 Boca Del Mar Drive
 Boca Raton FL 33433

Provider Number: 0 011997-00
 Date: 3/6/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.62	210.88	1/1/2012
	Level H: AIDS	350.23	358.49	1/1/2012
	Level U: Fragile Under 21	468.69	476.95	1/1/2012

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:


- 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 08/05/2009

Distribution:

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

 Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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

Whitehall Boca Raton
 7300 Del Prado South
 Boca Raton FL 33433

Provider Number: 0 016016-00
 Date: 3/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.81	212.89	12/1/2009
	Level H: AIDS	362.16	353.24	12/1/2009
	Level U: Fragile Under 21	474.78	465.86	12/1/2009

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 12/31/10
- Rate Semester Change
- On FRV [2] as of 12/01/2009

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

- No Home Office



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

Whitehall Boca Raton
 7300 Del Prado South
 Boca Raton FL 33433

Provider Number: 0 016016-00
 Date: 3/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.10	214.19	1/1/2010
	Level H: AIDS	365.02	356.11	1/1/2010
	Level U: Fragile Under 21	478.90	469.99	1/1/2010

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:

- 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 12/31/10
- Rate Semester Change
- On FRV [2] as of 12/01/2009

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

1 - No Home Office



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

Whitehall Boca Raton
 7300 Del Prado South
 Boca Raton FL 33433

Provider Number: 0 016016-00
 Date: 3/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.21	208.61	7/1/2011
	Level H: AIDS	361.41	354.81	7/1/2011
	Level U: Fragile Under 21	478.74	472.14	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 12/31/10
- Rate Semester Change
- On FRV [2] as of 12/01/2009

Distribution:

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

 Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office:

I - No Home Office



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

Whitehall Boca Raton
 7300 Del Prado South
 Boca Raton FL 33433

Provider Number: 0 016016-00
 Date: 3/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.96	210.34	1/1/2012
	Level H: AIDS	364.57	357.95	1/1/2012
	Level U: Fragile Under 21	483.03	476.41	1/1/2012

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:

- 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 12/31/10
- Rate Semester Change
- On FRV [2] as of 12/01/2009

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

1 - No Home Office



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

Vienna Square
 701 Overlook Drive
 Winter Haven FL 33844

Provider Number: 0 023255-00
 Date: 3/21/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	241.88	228.38	11/4/2010
	Level H: AIDS	385.22	371.72	11/4/2010
	Level U: Fragile Under 21	500.25	486.75	11/4/2010

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 11/04/2010

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

TLC Management
 1800 North Wabash Ave
 Marion IN 46952



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

Vienna Square
 701 Overlook Drive
 Winter Haven FL 33844

Provider Number: 0 023255-00
 Date: 3/21/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	245.07	231.62	1/1/2011
	Level H: AIDS	389.93	376.48	1/1/2011
	Level U: Fragile Under 21	506.18	492.73	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 11/04/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

TLC Management
 1800 North Wabash Ave
 Marion IN 46952



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

Vienna Square
 701 Overlook Drive
 Winter Haven FL 33844

Provider Number: 0 023255-00
 Date: 3/21/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	243.11	231.62	6/3/2011
	Level H: AIDS	387.97	376.48	6/3/2011
	Level U: Fragile Under 21	504.22	492.73	6/3/2011

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 11/04/2010

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

TLC Management

1800 North Wabash Ave
 Marion IN 46952

SR Stephen Russell

Medicaid Cost Reimbursement Analysis



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

Vienna Square
 701 Overlook Drive
 Winter Haven FL 33844

Provider Number: 0 023255-00
 Date: 3/21/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	233.65	221.87	7/1/2011
	Level H: AIDS	379.85	368.07	7/1/2011
	Level U: Fragile Under 21	497.18	485.40	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 11/04/2010

Distribution:

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

SR Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

TLC Management
 1800 North Wabash Ave
 Marion IN 46952



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

Vienna Square
 701 Overlook Drive
 Winter Haven FL 33844

Provider Number: 0 023255-00
 Date: 3/21/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	233.65	220.02	11/4/2011
	Level H: AIDS	379.85	366.22	11/4/2011
	Level U: Fragile Under 21	497.18	483.55	11/4/2011

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 11/04/2010

Distribution:

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

 Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: TLC Management
 1800 North Wabash Ave
 Marion IN 46952



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

Vienna Square
 701 Overlook Drive
 Winter Haven FL 33844

Provider Number: 0 023255-00
 Date: 3/21/2012
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>235.39</u>	<u>221.83</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>383.00</u>	<u>369.44</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>501.46</u>	<u>487.90</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:
<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 6/30/2011
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 11/04/2010

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

TLC Management
 1800 North Wabash Ave
 Marion IN 46952



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

The Palms at Maitland, Inc.
 1301 West Maitland Blvd.
 Maitland FL 32751

Provider Number: 0 263117-00
 Date: 3/5/2012
 Fiscal Year End: 2/28/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.51	165.39	7/1/2005
	Level H: AIDS	292.79	288.67	7/1/2005
	Level U: Fragile Under 21	391.70	387.58	7/1/2005

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 # NH07-120C FYE 2/28/05

Rate Semester Change

On FRV [2] as of 06/16/1995

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: I - No Home Office



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

Chautauqua Rehabilitation and Nursing Center
 785 South 2nd Street
 Defuniak Springs FL 32435

Provider Number: 0 324361-00
 Date: 3/9/2012
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.32	194.76	1/1/2012
	Level H: AIDS	332.93	342.37	1/1/2012
	Level U: Fragile Under 21	451.39	460.83	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
- Retro for 1/12 Rate Semester
- Rate Semester Change
- On FRV [2] as of 03/01/1989

Distribution:

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

SR Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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

Signature HealthCARE of Gainesville
 4000 South West 20th Avenue
 Gainesville FL 32607

Provider Number: 0 324388-00
 Date: 3/8/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	187.64	192.08	1/1/2012
	Level H: AIDS	335.25	339.69	1/1/2012
	Level U: Fragile Under 21	453.71	458.15	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:	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"/> Retro for 01/2012 RS using 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 03/08/2004

Distribution:

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

SR Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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

Signature HealthCARE Center of Waterford
 8333 W. Okeechobee Road
 Hialeah Gardens FL 33016

Provider Number: 0 324400-00
 Date: 3/8/2012
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>185.46</u>	<u>190.35</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>333.07</u>	<u>337.96</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>451.53</u>	<u>456.42</u>	<u>1/1/2012</u>

Rate Type : <input type="checkbox"/> Interim <input 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 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"/> Retro for 1/12 using FYE 7/31/11 C/R <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 01/01/2001

Distribution:

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

SR Stephen Russell
 Medicaid Cost Reimbursement Analysis

Home Office: Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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

Signature Healthcare at the Courtyard
 2600 Forest Glen Trail
 Marianna FL 32446

Provider Number: 0 324426-00
 Date: 3/9/2012
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.15	189.44	1/1/2012
	Level H: AIDS	335.76	337.05	1/1/2012
	Level U: Fragile Under 21	454.22	455.51	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
 Retro for 1/12 using FYE 7/31/2011 cost report
 Rate Semester Change
 On FRV [2] as of 08/27/1997

Distribution:

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

SR Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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

Signature Healthcare of Orange Park
 2029 Professional Center Drive
 Orange Park FL 32073

Provider Number: 0 324434-00
 Date: 3/14/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.28	202.51	1/1/2012
	Level H: AIDS	347.89	350.12	1/1/2012
	Level U: Fragile Under 21	466.35	468.58	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
- Retro for 1/12 using FYE 9/30/2011 cost report
- Rate Semester Change
- On FRV [2] as of 09/01/1994

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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

Signature Healthcare of Ormond
 103 N. Clyde Morris Blvd
 Ormond Beach FL 32074

Provider Number: 0 324442-00
 Date: 3/14/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.00	210.70	1/1/2012
	Level H: AIDS	354.61	358.31	1/1/2012
	Level U: Fragile Under 21	473.07	476.77	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
- Retro for 01/2012 Rate Semester
- Rate Semester Change
- On FRV [2] as of 05/20/1988

Distribution:

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

SR Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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

Anchor Care & Rehabilitation Center
 1515 Port Malabar Blvd. NE
 Palm Bay FL 32905

Provider Number: 0 324451-00
 Date: 3/14/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.55	193.30	1/1/2012
	Level H: AIDS	340.16	340.91	1/1/2012
	Level U: Fragile Under 21	458.62	459.37	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:	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"/> Retro for 1/12 Rate Semester
<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 08/31/1994

Distribution:

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

Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299



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

Winter Park Care and Rehabilitation Center
 2970 Scarlet Road
 Winter Park FL 32792

Provider Number: 0 324515-00
 Date: 3/19/2012
 Fiscal Year End: 9/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.98	200.48	1/1/2012
	Level H: AIDS	343.59	348.09	1/1/2012
	Level U: Fragile Under 21	462.05	466.55	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
 Retro for 1/12 rate semester
 Rate Semester Change
 On FRV [2] as of 08/31/1994

Distribution:

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

SR Stephen Russell

Medicaid Cost Reimbursement Analysis

Home Office:

Signature Healthcare LLC
 Julie Kleiser
 12201 Bluegrass Parkway
 Louisville KY 40299