

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date: April 30, 2014

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From: Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject: Retroactive Nursing Facility Per Diem Rates

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

	Provider Name	Provider Number	Number of Rate Change Notices
1.	Heartland of Boca Raton FL, LLC	0 011997-00	10
2.	The Groves Center	0 080062-00	1
3.	Miami Jewish Health Systems	0 200506-00	2
4.	Baldomero Lopez State Veterans' Nursing Home	0 214914-00	2
5.	Winter Haven Health and Rehab Center	0 228702-00	1
6.	Alexander Nininger State Veterans' Nursing Home	0 229849-00	2
7.	Avante at Ormond Beach	0 252034-00	1
8.	Clifford Chester Sims State Veterans' Nursing Home	0 264491-00	4
9.	Douglas Jacobson State Veterans Nursing Home	0 269492-00	6
		Total	29

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

TP/ab Attachments



		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
001199700	20090805	208.66	349.01	208.66	208.66	75382-14	NH12-073W
001199700	20100101	210.16	352.08	210.16	210.16	75382-14	NH12-073W
001199700	20100701	211.57	354.91	211.57	211.57	75382-14	NH12-073W
001199700	20110101	215.49	360.35	215.49	215.49	75382-14	NH12-073W
001199700	20110701	206.57	352.77	206.57	206.57	75382-14	NH12-073W
001199700	20120101	209.06	356.67	209.06	209.06	75382-14	NH12-073W
001199700	20120701	215.56	364.77	215.56	215.56	75382-14	NH12-073W
001199700	20130101	212.95	363.76	212.95	212.95	75382-14	NH12-073W
001199700	20130701	218.97	0.00	218.97	218.97	75382-14	NH12-073W
001199700	20140101	215.89	0.00	215.89	215.89	75382-14	NH12-073W
008006200	20140101	185.20	0.00	185.20	185.20	75382-14	
020050600	20090701	224.36	364.71	224.36	224.36	75382-14	NH12-065W
020050600	20100101	225.71	367.63	225.71	225.71	75382-14	NH12-065W
021491400	20100701	220.91	364.25	220.91	220.91	75382-14	NH11-056L
021491400	20110101	223.67	368.53	223.67	223.67	75382-14	NH11-056L
022870200	20130101	183.85	334.66	183.85	183.85	75382-14	
022984900	20100701	220.78	364.12	220.78	220.78	75382-14	NH11-052L
022984900	20110101	224.00	368.86	224.00	224.00	75382-14	NH11-052L
025203400	20130101	220.58	371.39	220.58	220.58	75382-14	
026449100	20100701	212.00	355.34	212.00	212.00	75382-14	NH11-054L
026449100	20110101	215.23	360.09	215.23	215.23	75382-14	NH11-054L
026449100	20120701	221.20	370.41	221.20	221.20	75382-14	NH11-054L
026449100	20130701	228.66	0.00	228.66	228.66	75382-14	NH11-054L
026949200	20100701	228.56	371.90	228.56	228.56	75382-14	NH11-058L
026949200	20110101	232.54	377.40	232.54	232.54	75382-14	NH11-058L
026949200	20120101	214.53	362.14	214.53	214.53	75382-14	NH11-058L
026949200	20130101	225.00	375.81	225.00	225.00	75382-14	NH11-058L
026949200	20130701	229.68	0.00	229.68	229.68	75382-14	NH11-058L
026949200	20140101	229.99	0.00	229.99	229.99	75382-14	NH11-058L



Medicaid Reimbursement Per Diem Rates

Heartland of Boca Rato	n FL, LLC		Provider Number:	0 011997-00		
7225 Boca Del Mar Dri	ve		Date:	4/10/2014		
Boca Raton FL 33433			Fiscal Year End:	12/31/2010		
			Audit Status:	Field Audited [2]		
Provider Type:						
		Current	New	Effective		
Nursing Home	Single Level	Rate	Rate	Date 8/5/2009		
Nursing mome	Single Level	210.57		8/5/2009		
	Level H: Aids	350.92	349.01	8/5/2009		
		·		MAR A & B & CHARLES AND AND A SHORE AND AND A SHORE AND AND A SHORE AND AND A SHORE AND A		
Rate Type :						
X Interim		Prospectiv	ve			
То	tal Interim		Total Prospective			
Int	erim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
X Set	tlement based on costs					
Pri	or Provider Prospective data					
Basis:	i i	Changes:				
Budget	· · · · ·	Licensur	e Rating Change			
Unaudited cos			d Customary Limitatio	n .		
X Field audited	costs		ate limitation change			
	nterim portion	FRVS C	-			
Desk audited			dit NH12-073W FYE	2 12/31/2010		
	nterim Portion Prospective portion		nester Change [2] as of 08/05/2009			
Distribution:	·····		Thomas Parker			
Contract Managem	ent / Fiscal Agent					
Permanent File		Medicaid Cos	t Reimbursement Planr	ning and Finance		
For informat	ion Only					
No Change i						
Home Office:	HCR Manor Care		A 4			
	Julie Yoxtheimer					
	333 North Summit Street					
	Toledo OH 43604		I.			
			· ·			

V7.023.1.2:0SP03 Report Calculated: 4/10/2014 Report Printed: 4/10/2014 Book:0 ID:594680119972009080520140410113626



Heartland of Boca Raton FL, LLC				Provider Number:	0 011997-00
7225 Boca Del Mar Drive				Date:	4/10/2014
Boca Raton FL 33433				Fiscal Year End:	12/31/2010
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Single Leve	el		212.09	210.16	1/1/2010
Level H: Aids		_	354.01	352.08	1/1/2010
Rate Type :					
X Interim			Prospectiv	e	
Total Interim			-	Cotal Prospective	
Interim Compone	nt			Prospective Adjusted	for New Costs
X Settlement based	on costs			Total Prospective with	Interim Component
Prior Provider Pro	ospective data				
Basis:		Changes:		· · · · · · · · · · · · · · · · · · ·	
Budget	:		Licensure	Rating Change	
Unaudited costs				l Customary Limitatio	n
X Field audited costs			-	te limitation change	
Field audit - interim portion	1		FRVS Ch	0	
Desk audited costs Desk audit - Interim Portion		<u> </u>		lit NH12-073W FYE ester Change	12/31/2010
Desk Audit - Prospective por	rtion			[2] as of 08/05/2009	
Distribution:	·	-	R	Thomas Parker	
Contract Management / Fiscal Ag	ent	Med	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File					5
For information Only					
No Change in Rate					
Home Office: HCR Ma	nor Care				
Julie Yox 333 North	Summit Street				
Toledo Ol					



artland of Boca Raton FL, LLC		Provider Number:	0 011997-00	
25 Boca Del Mar Drive		Date:	4/10/2014	
ca Raton FL 33433		Fiscal Year End:	12/31/2010	
		Audit Status:	Field Audited [2]	
ovider Type:				
	Current Rate	New Rate	Effective Date	
rsing Home Single Level	213.60	211.57	7/1/2010	
Level H: Aids	356.94	354.91	7/1/2010	
Rate Type : X Interim	Prospectiv	a		
Total Interim		e Total Prospective		
Interim Component	and the second	Prospective Adjusted	for New Costs	
X Settlement based on costs	<i>,</i>	Total Prospective with	n Interim Component	
Prior Provider Prospective data				
Basis:	hanges:	<u></u>		
Budget	Licensure	e Rating Change		
Unaudited costs		l Customary Limitatio	n	
X Field audited costs		te limitation change		
Field audit - interim portion	FRVS Ch	-	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Desk audited costs Desk audit - Interim Portion		dit NH12-073W FYE ester Change	2 12/31/2010	
Desk Audit - Prospective portion		[2] as of 08/05/2009		
Distribution:	77	Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File				
For information Only				
No Change in Rate				
Home Office: HCR Manor Care				
Julie Yoxtheimer 333 North Summit Street		1		



Medicaid Reimbursement Per Diem Rates

artland of Boca Raton FL, LLC	I	Provider Number:	0 011997-00
25 Boca Del Mar Drive		Date:	4/10/2014
ca Raton FL 33433		Fiscal Year End:	12/31/2010
		Audit Status:	Field Audited [2]
ovider Type:			
	Current Rate	New Rate	Effective Date
rsing Home Single Level	217.54	215.49	1/1/2011
Level H: Aids	362.40	360.35	1/1/2011
Level II. Mas			1/1/2011
Rate Type :			
Interim	X Prospective		
Total Interim	To	tal Prospective	
Interim Component	Pro	spective Adjusted	for New Costs
X Settlement based on costs	Tot	al Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:	<u>an an a</u>	
Budget	Licensure R	ating Change	
Unaudited costs		ustomary Limitatio	n
X Field audited costs		limitation change	
Field audit - interim portion	FRVS Chan	-	
Desk audited costs			12/31/2010
Desk audit - Interim Portion	Rate Semest		
Desk Audit - Prospective portion		as of 08/05/2009	A 1111
Distribution:	TK :	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Re	eimbursement Plan	ning and Finance
Permanent File			-
For information Only			
No Change in Rate			
Home Office: HCR Manor Care			
Julie Yoxtheimer			
333 North Summit Street			
Toledo OH 43604		. 4	

Report Calculated: 4/10/2014 Report Printed: 4/10/2014 Book:0 ID:594680119972011010120140410113642



artland of Boca Raton FL, LLC		Provider Number:	0 011997-00
25 Boca Del Mar Drive		Date:	4/10/2014
ca Raton FL 33433		Fiscal Year End:	12/31/2010
		Audit Status:	Field Audited [2]
ovider Type:			
	Current Rate	New Rate	Effective Date
Irsing Home Single Level	208.49	<u>206.57</u>	7/1/2011
Level H: Aids	354.69	352.77	7/1/2011
			· ·
Rate Type :			
Interim	X Prospective		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
X Settlement based on costs	,	Fotal Prospective with	Interim Component
Prior Provider Prospective data		ar wale and 197000. To 197000	
Basis:	Changes:		
Budget	Licensure	Rating Change	
Unaudited costs		Customary Limitatio	n -
X Field audited costs		te limitation change	
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs	X Field Aud	lit NH12-073W FYE	12/31/2010
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion	On FRV [2] as of 08/05/2009	· ·
Distribution:	-78	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Planr	ing and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: HCR Manor Care	·		
Julie Yoxtheimer			
333 North Summit Street			
Toledo OH 43604			



artland of Boca Rate			Provider Number:	0 011997-00
25 Boca Del Mar Dr	ive		Date:	4/10/2014
ca Raton FL 33433			Fiscal Year End:	12/31/2010
			Audit Status:	Field Audited [2]
ovider Type:		~		
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	210.88	209.06	1/1/2012
	Level H: Aids	358.49	356.67	1/1/2012
Rate Type :				
Interim		X Prospectiv		
	otal Interim		Total Prospective	
	terim Component ttlement based on costs		Prospective Adjusted Total Prospective with	
***	ior Provider Prospective data		Total Prospective with	r interim Component
Basis:		Changes:		
Budget		Licensure	e Rating Change	
Unaudited co	sts	Usual and	d Customary Limitatio	n
X Field audited	costs		ate limitation change	
	interim portion	FRVS CI	0	
Desk audited	costs Interim Portion		dit NH12-073W FYE	2 12/31/2010
	Prospective portion		ester Change [2] as of 08/05/2009	
Distribution:		A) Thomas Parker	73 2 04 52
Contract Managem	nent / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File				_
For informat	-			
No Change	in Rate			
Home Office:	HCR Manor Care		41 · <i>a</i> annananan	
	Julie Yoxtheimer			
	333 North Summit Street Toledo OH 43604			



artland of Boca Raton FL, LLC		Provider Number:	0 011997-00
5 Boca Del Mar Drive		Date:	4/10/2014
ca Raton FL 33433		Fiscal Year End:	12/31/2010
		Audit Status:	Field Audited [2]
ovider Type:			
	Current Rate	New Rate	Effective Date
rsing Home Single Level	217.54	215.56	7/1/2012
Level H: Aids		2/1 77	7/1/2012
Level H: Alds	366.75	364.77	7/1/2012
	2.000 000000100 21 10 2		
Rate Type :			
Interim	X Prospective		
Total Interim		otal Prospective	
Interim Component	*********************	ospective Adjusted	
X Settlement based on costs	I (otal Prospective with	a Interim Component
Prior Provider Prospective data	· · · · · · · · · · · · · · · · · · ·		
Basis:	hanges:		
Budget	Licensure I	Rating Change	
Unaudited costs	Usual and (Customary Limitatio	n
X Field audited costs	Target Rate	e limitation change	
Field audit - interim portion	FRVS Cha	nge	
Desk audited costs		t NH12-073W FYE	2 12/31/2010
Desk audit - Interim Portion	Rate Semes		
Desk Audit - Prospective portion	On FRV [2] as of 08/05/2009	<u></u>
Contract Management / Fiscal Agent	- 10	Thomas Parker	
	Medicaid Cost R	Reimbursement Plan	ning and Finance
Permanent File For information Only			
No Change in Rate			
Home Office: HCR Manor Care			
Julie Yoxtheimer			
333 North Summit Street			



artland of Boca Raton FL, LLC		Provider Number:	0 011997-00
25 Boca Del Mar Drive		Date	4/10/2014
ca Raton FL 33433		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
ovider Type:			
	Curren Rate	t New Rate	Effective Date
Irsing Home Single Level	213.24		1/1/2013
6 6			
Level H: Aids	364.05	5 363.76	1/1/2013

Rate Type :			
Interim	X Prospe	ctive	
Total Interim		Total Prospective	
Interim Component	And in the second se	Prospective Adjuster	d for New Costs
Settlement based on costs			ith Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licen	sure Rating Change	
X Unaudited costs		and Customary Limitat	
Field audited costs		t Rate limitation change	
Field audit - interim portion		S Change	111 7111 A.A. (A.A. (A.A.
Desk audited costs Desk audit - Interim Portion		ts of FA NH12-073W F Semester Change	YE 12/31/10
Desk Audit - Prospective portion		X_{2} as of 08/05/2009	
Distribution:	A-	Thomas Parker	
Contract Management / Fiscal Agent	Madicaid	Cost Reimbursement Pla	nning and Finance
Permanent File	Meulealu	2050 Rombulschicht Fla	ming and i manue
For information Only			
No Change in Rate			
Home Office: HCR Manor Care	<u> </u>	. ,	
Julie Yoxtheimer			
333 North Summit Street			
Toledo OH 43604			



Medicaid Reimbursement Per Diem Rates

Heartland of Boca Raton FL, LLC		Provider Number:	0 011997-00
7225 Boca Del Mar Drive		Date:	4/10/2014
Boca Raton FL 33433		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	219.26	218.97	7/1/2013

Interim		Х	Prospective
Total	Interim		X Total Prospective
Inter	m Component		Prospective Adjusted for New Costs
Settle	ment based on costs		Total Prospective with Interim Component
Prior	Provider Prospective data		
Basis:		Changes:	
Budget		ſ	Licensure Rating Change
X Unaudited costs		:	Usual and Customary Limitation
Field audited co	sts		Target Rate limitation change
Field audit - int	-	·	FRVS Change
Desk audited co		<u> </u>	Effects of FA NH12-073W FYE 12/31/10
Desk audit - Inte	erim Portion	******	Rate Semester Change On FRV [2] as of 08/05/2009
Distribution:			Thomas Parker
Contract Managemen	t / Fiscal Agent	/	0
Permanent File		Med	dicaid Cost Reimbursement Planning and Finance
For information	n Only		
No Change in [Rate		
Home Office:	HCR Manor Care		
	Julie Yoxtheimer		
	333 North Summit Street		

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Medicaid Reimbursement Per Diem Rates

Heartland of Boca Raton FL, LLC		Provider Number:	0 011997-00
7225 Boca Del Mar Drive		Date:	4/10/2014
Boca Raton FL 33433		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	216.19	215.89	1/1/2014

Interim		Х	Prospective	
	otal Interim		X Total Prospective	
	terim Component	Prospective Adjusted for New Costs		
	ttlement based on costs	Total Prospective with Interim Component		
	ior Provider Prospective data			
Basis:		Changes:		
Budget		!	Licensure Rating Change	
X Unaudited co	sts		Usual and Customary Limitation	
Field audited			Target Rate limitation change	
Field audit -	interim portion	·	FRVS Change	
 Desk audited	•	· X	Effects of FA NH12-073W FYE 12/31/10	
Desk audit - Interim Portion			Rate Semester Change	
Desk Audit -	Prospective portion	On FRV [2] as of 08/05/2009		
Distribution:	······································	<	Thomas Parker	
Contract Managen	nent / Fiscal Agent	Me	dicaid Cost Reimbursement Planning and Finance	
Permanent File			and the cost remnoursement r famming and r manee	
For informa	tion Only			
No Change	in Rate			
Home Office:	HCR Manor Care			
	Julie Yoxtheimer 333 North Summit Street		3	
	Toledo OH 43604			

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The Groves Center			Provider Number:	0 080062-00
512 South 11th Street			Date:	4/18/2014
Lake Wales FL 33853			Fiscal Year End:	8/31/2013
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.21	185.20	1/1/2014

Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X Amended Cost Report FYE 8/31/13
Desk audit - Interim Portion	Rate Semester Change On FRV [2] as of 10/01/1985
Desk Audit - Prospective portion	On PRV [2] as of 10/01/1985
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	
For information Only	
No Change in Rate	
Home Office: 1 - No Home Office	
	· · · · · · · · · · · · · · · · · · ·



Miami Jewish Health Systems		Provider Number: 0 200506		
200 N.E. 2nd Avenue		Date:	2/10/2014	
Aiami FL 33137		Fiscal Year End:	6/30/2008	
		Audit Status:	Field Audited [2]	
rovider Type:				
	Current Rate		Effective Date	
Single Level	225.11	Rate	7/1/2009	
	and the second sec		······································	
Level H: Aids	365.46	364.71	7/1/2009	
Rate Type :				
Interim	X Prospective			
Total Interim	X Total Prospective Prospective Adjusted for New Costs			
Interim Component Settlement based on costs	and a second	ospective Adjusted f		
Prior Provider Prospective data		otari i rospective with	i internir Component	
	Changes			
Dasis.	Changes:			
Budget	Licensure	Rating Change		
Unaudited costs	Usual and Customary Limitation			
X Field audited costs	the second s	e limitation change		
Field audit - interim portion	FRVS Change			
Desk audited costs	X Field Audit #NH12-065W FYE 6/30/2008 Rate Semester Change			
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Seme	ster Change		
Distribution:	M	Thomas Parker	an an an an an an ann an ann an ann a' ann an an an an an	
Contract Management / Fiscal Agent	Medicaid Cost 1	Reimbursement Planr	ning and Finance	
Permanent File			-	
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office		Ver Needer		
1				
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ami Jewish Health Systems	Provider	Number: 0 200506-00
00 N.E. 2nd Avenue		Date: 2/10/2014
ami FL 33137	Fiscal Y	ear End: 6/30/2008
	Aud	lit Status: Field Audited [2]
ovider Type:		
	Current Ne Rate Rat	
Irsing Home Single Level	226.45 225	
Level H: Aids		(2) 1/1/2010
Level H. Alds	368.37 367.	.63 1/1/2010
Rate Type :		ан аралан ал ан аралара аран ар ан аналан ал ар ан ан ан ар ан ан ан ар ан ан ар ан ан ар ан ан ан ан ан ан ан
Interim	X Prospective	
Total Interim	X Total Prosp	ective
Interim Component	Prospective	Adjusted for New Costs
Settlement based on costs	Total Prosp	ective with Interim Component
Prior Provider Prospective data		
Basis:	hanges:	
Budget	Licensure Rating Cha	ange
Unaudited costs	Usual and Customary	/ Limitation
X Field audited costs	Target Rate limitation	n change
Field audit - interim portion	FRVS Change	
Desk audited costs		065W FYE 6/30/2008
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Chang	ge
Distribution:	Thomas	Darkar
Contract Management / Fiscal Agent		
Permanent File	Medicaid Cost Reimburse	ment Planning and Finance
For information Only		
No Change in Rate		
Home Office: 1 - No Home Office	. 1.000	
:		1



aldomero Lopez State Veterans' Nursing Home		Provider Number:	0 214914-00
919 Parkway Blvd.		Date:	2/11/2014
and O Lakes FL 34639		Fiscal Year End:	6/30/2009
		Audit Status:	Field Audited [2]
rovider Type:			
	Current Rate	New Rate	Effective Date
ursing Home Single Level	223.99		7/1/2010
Level H: Aids	367.33	364.25	7/1/2010
	×*·		
Rate Type :			
Interim	X Prospectiv		
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data		Total Prospective with	i interim Component
Basis: Cha	nges:		
Budget	Licensure	e Rating Change	
Unaudited costs		l Customary Limitatio	n
X Field audited costs	Target Ra	ate limitation change	
Field audit - interim portion	FRVS Ch	-	
		dit NH11-056L FYE	6/30/2009
Desk audit - Interim Portion Desk Audit - Prospective portion		ester Change [2] as of 05/07/1999	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent -	Medicard Cost	Reimbursement Plan	ning and Finance
Permanent File	Medicalu Cost	i iveninour sennent Fläht	ning and rinkaller
For information Only			
No Change in Rate			
Home Office: Florida Dept. of Veterans Affairs			
Walter Gilchrist			
11351 Ulmerton Road, Room 332-I			
Largo Fl 33778-1630			



Idomero Lopez State Veterans' Nursing Home		Provider Number:	0 214914-00
19 Parkway Blvd.		Date:	2/11/2014
nd O Lakes FL 34639		Fiscal Year End:	6/30/2009
		Audit Status:	Field Audited [2]
ovider Type:			
	Current	New	Effective Date
rsing Home Single Level	Rate 227.10	Rate	1/1/2011
Irsing nome Single Level	227.10		1/1/2011
Level H: Aids	371.96	368.53	1/1/2011
Rate Type :		e Total Prospective Prospective Adjusted Total Prospective with	
Budget	Licensure	e Rating Change	
Unaudited costs		d Customary Limitatio	n
X Field audited costs		ate limitation change	
Field audit - interim portion	FRVS Cl	•	
Desk audited costs X Desk audit - Interim Portion		dit NH11-056L FYE ester Change	6/30/2009
Desk Audit - Prospective portion		[2] as of 05/07/1999	
Distribution:	N)	
Contract Management / Fiscal Agent	<u>/ ()</u> Medicaid Cost	Reimbursement Plan	ung and Finance
Permanent File			ing and i manee
For information Only			
No Change in Rate			
Home Office: Florida Dept. of Veterans Affairs Walter Gilchrist 11351 Ulmerton Road, Room 332-I Largo Fl 33778-1630			



inter Haven Health and Rehab Center		Provider Number:	0 228702-00	
2 Avenue O North East		Date:	4/16/2014	
inter Haven FL 33881		Fiscal Year End:	6/30/2011	
		Audit Status:	Unaudited [3]	
ovider Type:			· · · · · ·	
	Current Rate	New Rate	Effective Date	
ursing Home Single Level	183.87	<u>183.85</u>	1/1/2013	
T			1/1/2014	
Level H: Aids	334.68	334.66	1/1/2013	
			·	
Rate Type :				
Interim	X Prospective	:		
Total Interim	X Total Prospective			
Interim Component	Prospective Adjusted for New Costs			
Settlement based on costs	T	otal Prospective with	Interim Component	
Prior Provider Prospective data				
Basis:	Changes:			
Budget	Licensure	Rating Change		
X Unaudited costs		Customary Limitatio	n	
Field audited costs		e limitation change	**	
Field audit - interim portion	FRVS Cha	ange		
Desk audited costs	X Ratings D	ays Correction		
Desk audit - Interim Portion		ster Change		
Desk Audit - Prospective portion	On FRV [2	2] as of 01/01/2001		
Distribution:	- A	Thomas Parker	· · · · · · · · · · · · · · · · · · ·	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ing and Finance	
Permanent File	modifuld Cost:		ing und i munee	
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office	• AN ··· ·	、		



exander Nininger St	ate Veterans' Nursing Home		Provider Number:	0 229849-00
1 West Cypress Dr			Date:	2/6/2014
nbroke Pines F1 33()25		Fiscal Year End:	6/30/2009
			Audit Status:	Field Audited [2]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	227.45		7/1/2010
	Level H: Aids	370.79	364.12	7/1/2010
Rate Type :				
Interim	2	C Prospectiv	e	
	otal Interim	X	Total Prospective	
	terim Component	with a second second second second	Prospective Adjusted	
	ettlement based on costs	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total Prospective with	n Interim Component
Pr	ior Provider Prospective data			
Basis:	Cha	nges:		
Dudaat		Licensure	e Rating Change	
Budget Unaudited co			l Customary Limitatio	n
X Field audited			ate limitation change	
	interim portion	FRVS Ch	-	
Desk audited			dit #NH11-052L FYI	E 6/30/2009
	Interim Portion		ester Change	
Desk Audit -	Prospective portion	On FRV	[2] as of 09/06/2001	
Distribution:		DO	Thomas Parker	
-	ment / Fiscal Agent —	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File				
For informa	-			
No Change	in Rate			
Home Office:	Florida Dept. of Veterans Affairs		·	
	Walter Gilchrist		:	
	11351 Ulmerton Road, Room 332-I		ê P	
	Largo Fl 33778-1630			



exander Nininger State Veterans' Nursing Home		Provider Number:	0 229849-00
01 West Cypress Drive		Date:	2/6/2014
mbroke Pines Fl 33025		Fiscal Year End:	6/30/2009
		Audit Status:	Field Audited [2]
rovider Type:			
	Current Rate	New Rate	Effective Date
ursing Home Single Level	231.30	<u> </u>	1/1/2011
arsing frome Single Dever	231.50		1/1/2011
Level H: Aids	376.16	368.86	1/1/2011
Rate Type :	V Duranti		
Interim Total Interim	X Prospectiv	e Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
Settlement based on costs		Total Prospective with	
Prior Provider Prospective data		L	L
Basis:	Changes:		
	changest		
Budget	Licensure	e Rating Change	
Unaudited costs		d Customary Limitatio	n
X Field audited costs		ate limitation change	
Field audit - interim portion	FRVS CI	-	
Desk audited costs		dit #NH11-052L FYE	E 6/30/2009
Desk audit - Interim Portion Desk Audit - Prospective portion		lester Change [2] as of 09/06/2001	
Distribution:	R	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: Florida Dept. of Veterans Affair	<u>s</u>		
Walter Gilchrist		i	
11351 Ulmerton Road, Room 33	2-I	:	
Largo Fl 33778-1630			



Current Rate 221.12 371.93	Date: Fiscal Year End: Audit Status: New Rate 220.58	4/16/2014 5/31/2012 Unaudited [3] Effective Date
Rate 221.12	Audit Status: New Rate	Unaudited [3] Effective Date
Rate 221.12	New Rate	Effective Date
Rate 221.12	Rate	Date
Rate 221.12	Rate	Date
221.12		
		1/1/2013
371.93		
	371.39	1/1/2013
Prospectiv	70	
•	C Total Prospective	
	Prospective Adjusted	for New Costs
	Total Prospective with	Interim Component
		· · · · · · · · · · · · · · · · · · ·
Licensure	e Rating Change	
Usual and	l Customary Limitatio	n
Target Ra	ite limitation change	
	-	
		'13
\mathcal{A}	Thomas Parker	
licaid Cost	Reimbursement Plant	ung and Finance
areata cust	a connour somether rath	
	Licensure Usual and Target Ra FRVS Ch Rating D Rate Sem On FRV	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Rating Days Correction for 1 / Rate Semester Change On FRV [2] as of 04/01/1992



fford Chester Sims State Veterans' Nursing Home		Provider Number:	0 264491-00		
19 Tram Road		Date:	2/11/2014		
ringfield FL 32404		Fiscal Year End:	6/30/2009		
		Audit Status:	Field Audited [2]		
ovider Type:					
	Current Rate	New Rate	Effective Date		
rsing Home Single Level	212.33	212.00	7/1/2010		
Level H: Aids	355.67	355.34	7/1/2010		
Rate Type :					
Interim	X Prospective	9			
Total Interim		Total Prospective			
Interim Component	Prospective Adjusted for New Costs				
Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data		1	· · · · · · · · · · · · · · · · · · ·		
Basis:	Changes:				
Budget	Licensure	Rating Change			
Unaudited costs		Customary Limitatio	n		
X Field audited costs		te limitation change			
Field audit - interim portion	FRVS Ch	-			
Desk audited costs		lit NH11-054L FYE	6/30/09		
Desk audit - Interim Portion Desk Audit - Prospective portion		ester Change 2] as of 11/05/2003			
Distribution:					
	- 10	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance		
Permanent File For information Only					
No Change in Rate					
		 Account of opportunities as a set account and case, moreover, 			
Home Office: Florida Dept. of Veterans Affairs	• • • • • •				
Walter Gilchrist			•		
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fford Chester Sims State Veterans' N	ursing Home		Provider Number:	0 264491-00
9 Tram Road			Date:	2/11/2014
ringfield FL 32404			Fiscal Year End:	6/30/2009
			Audit Status:	Field Audited [2]
ovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home Single Level	l	215.92	215.23	1/1/2011
Level H: Aids		360.78	360.09	1/1/2011
Rate Type :				
Interim	X	1		
Total Interim			Total Prospective	
Interim Component Settlement based or			Prospective Adjusted Total Prospective with	
Prior Provider Pros		<u> </u>	Total Trospective with	r mernin Component
Basis:	Chan			<u> </u>
Dasis.	Chan	ges.		
Budget		Licensure	e Rating Change	
Unaudited costs			l Customary Limitatio	n
X Field audited costs			ate limitation change	
Field audit - interim portion	· · · · · · · · · · · · · · · · · · ·	FRVS Ch	•	
Desk audited costs Desk audit - Interim Portion	X		dit NH11-054L FYE ester Change	6/30/09
Desk Audit - Prospective porti	ion		[2] as of 11/05/2003	
Distribution:		R	Thomas Parker	
Contract Management / Fiscal Ager	nt —	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Florida De	pt. of Veterans Affairs	-	·	
Walter Gilc	erton Road, Room 332-I			



ifford Chester Sims State Veterans' Nursing Home		Provider Number:	0 264491-00
19 Tram Road		Date:	2/11/2014
ringfield FL 32404		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
ovider Type:			
	Current Rate	New Rate	Effective Date
ursing Home Single Level	<u>221.19</u>	<u> </u>	7/1/2012
Level H: Aids	370.40	370.41	7/1/2012
Rate Type :	/ •••		
Interim	X Prospectiv		
Total Interim Interim Component	with the second s	Fotal ProspectiveProspective Adjusted	for New Costs
Settlement based on costs		Fospective Adjusted	
Prior Provider Prospective data			i internir component
	-		
Basis:	hanges:		
Budget	Licensure	Rating Change	
X Unaudited costs		Customary Limitatio	n
Field audited costs		te limitation change	
Field audit - interim portion	FRVS Ch	ange	
Desk audited costs	X Effects of	f Field Audit NH11-(54L FYE 6/30/09
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion		2] as of 11/05/2003	ит четатала, наликанала и читана бана ку "
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File		*	C
For information Only			
No Change in Rate			
Home Office: Florida Dept. of Veterans Affairs	,		
Walter Gilchrist			
11351 Ulmerton Road, Room 332-I		1	
Largo Fl 33778-1630			



Clifford Chester Sims State Veterans' Nursing Home		Provider Number:	0 264491-00
4419 Tram Road		Date:	2/11/2014
Springfield FL 32404		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:			·
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	228.65	228.66	7/1/2013

Interim		X	Prospective	e
T	otal Interim		<u> </u>	Total Prospective
In	terim Component		I	Prospective Adjusted for New Costs
Se	ettlement based on costs			Fotal Prospective with Interim Component
Pr	ior Provider Prospective data			
Basis:		Changes:		
Budget			Licensure	Rating Change
X Unaudited co				Customary Limitation
Field audited	l costs		-	te limitation change
Field audit -	interim portion		FRVS Ch	ange
Desk audited		<u> </u>		f Field Audit NH11-054L FYE 6/30/09
	Interim Portion			ester Change
Desk Audit -	Prospective portion		On FRV [2] as of 11/05/2003
Distribution:			H	Thomas Parker
Contract Manager	nent / Fiscal Agent	/	liquid Cost	Reimbursement Planning and Finance
Permanent File		MC	nealu Cost	Remoursement Flamming and Finance
For informa	tion Only			
No Change	in Rate			
Home Office:	Florida Dept. of Veterans Affair	ŝ		···.
	Walter Gilchrist 11351 Ulmerton Road, Room 33 Largo Fl 33778-1630	2-I		

Report Calculated: 2/11/2014 Report Printed: 2/11/2014 Book:0 ID:482032644912013070120140211162542



uglas Jacobson State Veterans Nursing Home	Provider Number: 0 269492-00
281 Grayton Terrance	Date:2/11/2014
t Charlotte FL 33954	- Fiscal Year End: 6/30/2009
	Audit Status: Field Audited [2]
ovider Type:	
	Current New Effective Rate Rate Date
rsing Home Single Level	$\frac{1}{228.40} \qquad \frac{1}{228.56} \qquad \frac{1}{7/1/2010}$
Level H: Aids	371.74 371.90 7/1/2010
Rate Type :	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
. Unaudited costs	Usual and Customary Limitation
X Field audited costs	Target Rate limitation change
	FRVS Change
Field audit - interim portion	
Desk audited costs	X Field Audit #NH11- 058L FYE 6/30/2009
Desk audited costs Desk audit - Interim Portion	X Field Audit #NH11- 058L FYE 6/30/2009 Rate Semester Change
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Field Audit #NH11- 058L FYE 6/30/2009 Rate Semester Change On FRV [2] as of 06/07/2004
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	X Field Audit #NH11- 058L FYE 6/30/2009 Rate Semester Change On FRV [2] as of 06/07/2004 Thomas Parker
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	X Field Audit #NH11- 058L FYE 6/30/2009 Rate Semester Change On FRV [2] as of 06/07/2004
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File	X Field Audit #NH11- 058L FYE 6/30/2009 Rate Semester Change On FRV [2] as of 06/07/2004 Thomas Parker
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	X Field Audit #NH11- 058L FYE 6/30/2009 Rate Semester Change On FRV [2] as of 06/07/2004 Thomas Parker
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	X Field Audit #NH11- 058L FYE 6/30/2009 Rate Semester Change On FRV [2] as of 06/07/2004 D Thomas Parker Medicaid Cost Reimbursement Planning and Finance
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Florida Dept. of Veterans A	X Field Audit #NH11- 058L FYE 6/30/2009 Rate Semester Change On FRV [2] as of 06/07/2004 D Thomas Parker Medicaid Cost Reimbursement Planning and Finance
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	X Field Audit #NH11- 058L FYE 6/30/2009 Rate Semester Change On FRV [2] as of 06/07/2004 On FRV [2] as of 06/07/2004 Thomas Parker Medicaid Cost Reimbursement Planning and Finance



Medicaid Reimbursement Per Diem Rates

uglas Jacobson State Veterans Nursing Home		Provider Number:	0 269492-00
281 Grayton Terrance		Date:	2/11/2014
t Charlotte FL 33954		Fiscal Year End:	6/30/2009
		Audit Status:	Field Audited [2]
ovider Type:			
	Current Rate	New Rate	Effective Date
rsing Home Single Level	232.77	232.54	1/1/2011
Level H: Aids	377.63	377.40	1/1/2011
Rate Type :	= 3 .010 ADDADD11111		
Interim X	Prospectiv	e	
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: Chang	ges:	<u>, , , , , , , , , , , , , , , , , , , </u>	
Budget	Licensure	Rating Change	
Unaudited costs		l Customary Limitatio	n
X Field audited costs		te limitation change	
Field audit - interim portion	FRVS Ch	•	T (198 18860
Desk audited costs X Desk audit - Interim Portion		dit #NH11- 058L FY ester Change	Е б/30/2009
Desk Audit - Prospective portion		[2] as of 06/07/2004	
Distribution:	77	Thomas Parker	19.5 WWW
Contract Management / Fiscal Agent	Medicoid Cost		aing and Finance
Permanent File	medicald Cost	Reimbursement Plan	ing and rinance
For information Only			
No Change in Rate			
Home Office: Florida Dept. of Veterans Affairs	• •		
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uglas Jacobson State Veterans Nursing Home		Provider Number:	0 269492-00
281 Grayton Terrance		Date:	2/11/2014
rt Charlotte FL 33954		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
ovider Type:			
	Current	New	Effective
wing Home Single Level	Rate	Rate	Date
Irsing Home Single Level	214.52	214.53	1/1/2012
Level H: Aids	362.13	362.14	1/1/2012
	-		
Rate Type :			
Interim X	Prospective		
Total Interim	<u>X</u> T	otal Prospective	
Interim Component		cospective Adjusted	
Settlement based on costs	T	otal Prospective with	n Interim Component
Prior Provider Prospective data			
Basis:	nges:	anna da ante ante ante ante ante ante ante ant	
Budget	Licensure	Rating Change	
X Unaudited costs		Customary Limitatio	n
Field audited costs	Target Rat	e limitation change	
Field audit - interim portion	FRVS Cha	nge	
			- 058L FYE 6/30/2009
Desk audit - Interim Portion		ster Change	
Desk Audit - Prospective portion] as of 06/07/2004	
Distribution:	K	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost I	Reimbursement Plan	ning and Finance
Permanent File			-
For information Only			
No Change in Rate			
Home Office: Florida Dept. of Veterans Affairs			
Walter Gilchrist		i	
11351 Ulmerton Road, Room 332-I			
Largo Fl 33778-1630			



Douglas Jacobson State Veterans Nursing Home			Provider Number:	0 269492-00
1281 Grayton Terrance			Date:	2/11/2014
Port Charlotte FL 33954			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Sursing Home Single Level		224.99	225.00	1/1/2013
Level H: Aids		375.80	375.81	1/1/2013
Rate Type :				
Interim	х	Prospectiv	.re	
Total Interim			Total Prospective	
Interim Component		*******	Prospective Adjusted	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				
Basis:	Change	es:	аналананан (, , , , , , , , , , , , , , , , , ,	
		Licensur	e Rating Change	
Budget X Unaudited costs	í 2		d Customary Limitatic	'n
Field audited costs			ate limitation change	
Field audit - interim portion		FRVS C	-	
Desk audited costs	X	Effects o	of Field Audit #NH11	- 058L FYE 6/30/2009
Desk audit - Interim Portion			nester Change	
Desk Audit - Prospective portion	`	- On FRV	[2] as of 06/07/2004	
Distribution:		15	Thomas Parker	
Contract Management / Fiscal Agent	N	Aedicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		•		
For information Only				
No Change in Rate				
Home Office: Florida Dept. of Veterans Affair	ŕs	1 1 8 AL	• • • • • • • • • • • • • • • • • • •	
Walter Gilchrist 11351 Ulmerton Road, Room 33 Largo Fl 33778-1630	32-I		- - -	
Largo Fl 33778-1630				



Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veterans Nursing Home		Provider Number:	0 269492-00
21281 Grayton Terrance		Date:	2/11/2014
Port Charlotte FL 33954		Fiscal Year End:	6/30/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	229.67	229.68	7/1/2013

Interim	_	X	Prospective		
To	otal Interim		X Total Prospective		
In	terim Component		Prospective Adjusted for New Costs		
Se	ttlement based on costs		Total Prospective with Interim Component		
Pr	ior Provider Prospective data				
Basis:	C	Changes			
Budget			Licensure Rating Change		
	X Unaudited costs		Usual and Customary Limitation		
Field audited	costs		Target Rate limitation change		
Field audit -	interim portion		FRVS Change		
Desk audited		X	Effects of Field Audit #NH11- 058L FYE 6/30/2009		
	Interim Portion		Rate Semester Change		
	Prospective portion		On FRV [2] as of 06/07/2004		
Distribution:			Thomas Parker		
Contract Managen	nent / Fiscal Agent	Me	edicaid Cost Reimbursement Planning and Finance		
Permanent File			, Č		
For informa	tion Only				
No Change	in Rate				
Home Office:	Florida Dept. of Veterans Affairs				
	Walter Gilchrist 11351 Ulmerton Road, Room 332-1	I			
	Largo F1 33778-1630				

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Medicaid Reimbursement Per Diem Rates

	Provider Number:	0 269492-00
	Date:	2/11/2014
	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited [3]
Current	New	Effective
Rate	Rate	Date
229.98	229.99	1/1/2014
	Rate	Date: Fiscal Year End: Audit Status: Current New Rate Rate

Interim	_	X Prospective
Total Interim		X Total Prospective
In	terim Component	Prospective Adjusted for New Costs
Se	ttlement based on costs	Total Prospective with Interim Component
Pr	ior Provider Prospective data	
Basis:		Changes:
Budget		Licensure Rating Change
X Unaudited costs		Usual and Customary Limitation
Field audited costs		Target Rate limitation change
Field audit - interim portion		FRVS Change
Desk audited costs		X Effects of Field Audit #NH11- 058L FYE 6/30/2009
Desk audit - Interim Portion		Rate Semester Change
Desk Audit -	Prospective portion	On FRV [2] as of 06/07/2004
Distribution:		Thomas Parker
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance
Permanent File		Medicald Cost Remidulsement I laming and I manee
For information	tion Only	
No Change	in Rate	
Home Office:	Florida Dept. of Veterans Affairs	
	Walter Gilchrist	
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	Largo Fl 33778-1630	

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