

MEMORANDUM

Date:

December 17, 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 of Rate
1.	SPECIALTY CENTER OF PENSACOLA	Number 0 017236-00	Change Notices 10
2.	SUMMER BROOK HEALTH CARE CENTER	0 059783-00	5
3.	SOUTH CAMPUS REHABILITATION & NURSING	0 072048-00	5
	CENTER		
4.	REHABILITATION CENTER OF ST. PETE	0 072054-00	4
5.	GULFPORT REHABILITATION CENTER	0 099366-00	4
6.	ASTORIA HEALTH & REHABILITATION CENTER	0 103165-00	1
7.	FLORIDEAN NURSING HOME, INC	0 200425-00	2
8.	JOHN KNOX VILLAGE MEDICAL CENTER	0 210285-00	2
9.	WEST MELBOURNE HEALTH &	0 217727-00	13
	REHABILITATION CENTER		
10.	CATHEDRAL GERONTOLOGY CENTER	0 226068-00	5
11.	ROCKLEDGE REHAB AND NURSING CENTER	0 227587-00	5
12.	GREENBRIAR REHAB & NURSING CENTER	0 227625-00	5
13.	NEW HORIZON HEALTH & REHAB CENTER	0 227773-00	2
14.	PALMER RANCH HEALTHCARE AND	0 319244-00	16
	REHABILITATION		
		Total	79

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

TP/ab Attachments



D01723800			Single Level	Level H: AIDS	Single Level	Single Level		
D01723800		Format				Skilled (SKD)	_	
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021772700 20110701 196.73 342.93 196.73 196.73 76549-14 NH11-131 021772700 20120101 197.96 345.57 197.96 197.96 76549-14 NH11-131 021772700 20120701 197.71 346.92 197.71 197.71 76549-14 NH11-131 021772700 20130101 199.65 350.46 199.65 199.65 76549-14 NH11-131 021772700 20130701 204.32 0.00 204.32 204.32 76549-14 NH11-131 021772700 20140101 206.06 0.00 206.06 206.06 76549-14 NH11-131 021772700 20140701 212.26 0.00 212.26 212.26 76549-14 NH11-131 022606800 20080101 178.47 312.47 178.47 178.47 76549-14 NH11-100 022606800 20090101 180.05 318.40 180.05 180.05 76549-14 NH11-100								
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021772700 20130701 204.32 0.00 204.32 204.32 76549-14 NH11-131 021772700 20140101 206.06 0.00 206.06 206.06 76549-14 NH11-131 021772700 20140701 212.26 0.00 212.26 212.26 76549-14 NH11-131 022606800 20080101 178.47 312.47 178.47 178.47 76549-14 NH11-100 022606800 20080701 180.19 316.47 180.19 180.19 76549-14 NH11-100 022606800 20090101 180.05 318.40 180.05 180.05 76549-14 NH11-100								
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022606800 20090101 180.05 318.40 180.05 180.05 76549-14 NH11-100								
022606800 20090301 164.96 303.31 164.96 164.96 76549-14 NH11-100	022606800		164.96	303.31	164.96	164.96	76549-14	NH11-100G
								NH11-100G

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
022758700	20080701	177.95	314.23	177.95	177.95	76549-14	NH10-036C
022758700	20090101	176.65	315.00	176.65	176.65	76549-14	NH10-036C
022758700	20090301	161.84	300.19	161.84	161.84	76549-14	NH10-036C
022758700	20090401	200.11	338.46	200.11	200.11	76549-14	NH10-036C
022758700	20090701	209.19	349.54	209.19	209.19	76549-14	NH10-036C
022762500	20080701	189.08	325.36	189.08	189.08	76549-14	NH10-036C
022762500	20090101	187.69	326.04	187.69	187.69	76549-14	NH10-036C
022762500	20090301	171.96	310.31	171.96	171.96	76549-14	NH10-040C
022762500	20090401	211.53	349.88	211.53	211.53	76549-14	NH10-040C
022762500	20090701	217.91	358.26	217.91	217.91	76549-14	NH10-040C
022777300	20080101	177.79	311.79	177.79	177.79	76549-14	NH09-124C
022777300	20130701	241.30	0.00	241.30	241.30	76549-14	NH09-124C
031924400	20080101	206.85	340.85	206.85	206.85	76549-14	NH10-041C
031924400	20080701	209.21	345.49	209.21	209.21	76549-14	NH10-041C
031924400	20090101	210.92	349.27	210.92	210.92	76549-14	NH10-041C
031924400	20090301	193.24	331.59	193.24	193.24	76549-14	NH10-041C
031924400	20090401	236.89	375.24	236.89	236.89	76549-14	NH10-041C
031924400	20090701	231.32	371.67	231.32	231.32	76549-14	NH10-041C
031924400	20100101	244.30	386.22	244.30	244.30	76549-14	NH10-041C
031924400	20100701	247.52	390.86	247.52	247.52	76549-14	NH10-041C
031924400	20110101	252.75	397.61	252.75	252.75	76549-14	NH10-041C
031924400	20110701	243.49	389.69	243.49	243.49	76549-14	NH10-041C
031924400	20120101	245.52	393.13	245.52	245.52	76549-14	NH10-041C
031924400	20120701	256.34	405.55	256.34	256.34	76549-14	NH10-041C
031924400	20130101	245.95	396.76	245.95	245.95	76549-14	NH10-041C
031924400	20130701	249.84	0.00	249.84	249.84	76549-14	NH10-041C
031924400	20140101	258.70	0.00	258.70	258.70	76549-14	NH10-041C
031924400	20140701	269.11	0.00	269.11	269.11	76549-14	NH10-041C



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SPECIALTY	CENTER OF P	ENSACOLA	F	rovider Number:		0 017236	5-00
6984 PINE FO	DREST ROAD		I	Date:		11/17/20)14
PENSACOLA	, FL 32526		F	iscal Year End:		6/30/20	10
				Audit Status:		Revised Fiel	d Audit
Provider T	vne:						
	y I				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	le Level			<u>214.69</u>	<u>214.00</u>	1/1/2010
	Leve	l H: Aids			<u>356.61</u>	355.92	1/1/2010
					,	*	
Rate	е Туре:						
X	Interim			Prospective	÷		
		Total Interim		Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
	X	Settlement based on cost	-				
		Prior Provider Prospective data					
T		•	(C)				
Basis:			Chang				
	Budget	•	X	Rate Semes	_	C FYE 06/30/2	2010
	Unaudited c	oete	A_	TA & KI'A	#INI112-055C	, r 115 00/30//	
X	Field audited					4	
	Desk audited						

	·			_ ^			
Distribution	1:			// TI	iomas Parke	r	
	gement / Fiscal	Agent	Me	edicaid Cost Reim			nance
Permanent File	_						
For Inf	formation Only						
	nge in Rate						
Ног	me Office:	Pensacola Administrative Services	s, LLC				
		2 North Palafox Street					
		Pensacola, Fl. 32502					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SPECIALTY CENTER OF PENSACOLA		-	Provider Number:		0 017236	5-00		
6984 PINE F	OREST ROAD)		Date:		11/17/2014		
PENSACOLA	A, FL 32526			Fiscal Year End:		6/30/20	10	
			*	Audit Status:		Revised Fiel	d Audit	
Provider T	vpe:							
	V K				Current	New	Effective	
					Rate	Rate	Date	
Nursing H	ome Sin	gle Level			<u>218.13</u>	217.44	7/1/2010	
	Lev	vel H: Aids			361.47	360.78	7/1/2010	
				•				
							•	
Rat	e Type:		*					
	Interim		X	Prospective				
		Total Interim		Tota	ıl Prospective			
		Interim Component		Tota	ıl Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Char	nae.				
D4313.			Char	Rate Semes	ter Change			
•	Budget					C FYE 06/30/	2010	
	Unaudited	costs	-	-				
X	Field audit	ted costs						
	Desk audit	ted costs						
	,					•		
			and the same of th	~ /2				
<u>Distributio</u>	<u>n:</u>		-	17 TI	homas Parke	r		
Contract Mana	agement / Fisca	al Agent	<u>N</u>	Medicaid Cost Reim			nance	
Permanent File	e							
For In	formation Only	y						
No Cha	ange in Rate							
Но	me Office:	Pensacola Administrative Services,	, LLC					
		2 North Palafox Street						
		Pensacola Fl 32502						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SPECIALTY CENTER OF PENSACOLA		Provider Number		0 017236-00		
6984 PINE FOREST RO	AD	Date:	-	11/17/2014 6/30/2010		
PENSACOLA, FL 3252	6	Fiscal Year End:				
	,	Audit Status:		Revised Fiel	d Audit	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home S	lingle Level	•	<u>221.42</u>	<u>220.71</u>	1/1/2011	
L	evel H: Aids		366.28	<u>365.57</u>	1/1/2011	
		•				
Rate Type:				•		
Interim		X Prospective				
	Total Interim		al Prospective	.		
	Interim Component	Aller and the second se	al Prospective		Component	
X	Settlement based on cost			•		
	Prior Provider Prospective data					
		GI .				
Basis:		Changes:	. 61			
Budget			ster Change . #NH12-0550	T FVF 06/30/	2010	
	ted costs	A	ι πιαπτ2-035¢	. F 11; 00/50/.	2010	
	idited costs					
	udited costs					
		_ 0				
Distribution:			homas Parke	.	1. "	
Contract Management / Fi	scal Agent	Medicaid Cost Rein			nance	
Permanent File	-	manual Controls		anning unu 1 i	nunco	
For Information O	nlv					
No Change in Rate						
Home Office:	Pensacola Administrative Services, L	LC				
	2 North Palafox Street					
	Pensacola, Fl 32502					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SPECIALTY CENTER OF PE	NSACOLA		Provider Number:		0 017236	5-00		
6984 PINE FOREST ROAD			Date:		11/17/2014			
PENSACOLA, FL 32526			Fiscal Year End:		10			
			Audit Status:		Revised Fiel	d Audit		
Provider Type:				, , , , , , , , , , , , , , , , , , , ,				
				Current	New	Effective		
				Rate	Rate	<u>Date</u>		
Nursing Home Single	e Level	•		<u>213.10</u>	212.43	7/1/2011		
Level	H: Aids			359.30	<u>358.63</u>	7/1/2011		
Rate Type:	7.							
*	_	**						
Interim	The seal Trade of the	<u>X</u>	Prospective	I D				
	Total Interim			Prospective		Commonant		
X	Interim Component Settlement based on cost		Total	Prospective	with Interim	Component		
Α	Prior Provider Prospective data			٠.,				
Basis:		Cha	nges:					
		<u> </u>	Rate Semest	er Change				
Budget				_	FYE 06/30/2	2010		
Unaudited co	sts			-				
X Field audited	costs							
Desk audited	costs							
•								
Distribution:				omas Parke	-			
Contract Management / Fiscal A	gent]	Medicaid Cost Reimbursement Planning and Finance					
Permanent File								
For Information Only								
No Change in Rate								
	Pensacola Administrative Services 2 North Palafox Street	, LLC						
	Pencacola FI 32502							



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPECIALTY CENTER OF PENSACOLA		Provider Number:		0 017236-00			
6984 PINE FOREST ROAD		Date:	11/17/2014				
PENSACOLA, FL 32526		Fiscal Year End:		6/30/2010			
		Audit Status:		Revised Field Audit			
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Single Leve	el		<u>214.65</u>	213,97	1/1/2012		
Level H: A	ids		<u>362.26</u>	<u>361.58</u>	1/1/2012		
Rate Type:							
	Interim		Prospective				
X Settle	im Component ement based on cost Provider Prospective data	Total	Prospective	with Interim	Component		
Budget Unaudited costs	_ _	Changes: Rate Semeste X FA & RFA	-	C FYE 06/30/2	2010		
X Field audited costs Desk audited costs							
Distribution:		The The	omas Parke	r			
Contract Management / Fiscal Agent	•	Medicaid Cost Reimb	oursement Pla	nning and Fi	nance		
Permanent File							
For Information Only							
No Change in Rate							
2 Nort	cola Administrative Services, L. th Palafox Street cola, FI 32502	LC .	•				

Report Calculated: 11/17/2014 11:22:09 AM Report Printed: 11/17/2014 ID: 017236063020100101201008042011125143



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPECIALTY CENTER OF PENSACOLA	Provider Number:		0 017236-00 11/17/2014				
6984 PINE FOREST ROAD	Date:	# - 15******					
PENSACOLA, FL 32526	Fiscal Year End:		6/30/20	10			
	Audit Status:		Revised Fiel	d Audit			
Provider Type:							
		Current Rate	New <u>Rate</u>	Effective <u>Date</u>			
Nursing Home Single Level		221.98	221.28	7/1/2012			
Level H: Aids		<u>371.19</u>	<u>370.49</u>	7/1/2012			
•							
Rate Type:				•			
Interim	X Prospective						
Total Interim		al Prospective					
Interim Component	Tota	ıl Prospective	with Interim	Component			
X Settlement based on cost							
Prior Provider Prospective data	•						
Basis:	Changes:						
Dasis.	Rate Semes	tar Changa					
Budget	A STATE OF THE PARTY OF THE PAR	#NH12-0550	FYE 06/30/	2010			
Unaudited costs	A	WINITE 0550	J 1 1 12 00/30/	5010			
X Field audited costs							
Desk audited costs	•						
Military Military Administration							
	7-1						
Distribution:		samas Parka	,	,			
Contract Management / Fiscal Agent		Thomas Parker Medicaid Cost Reimbursement Planning and Finance					
Permanent File	· · · · · · · · · · · · · · · · · · ·						
For Information Only							
No Change in Rate							
	HC						
	g memory						
Home Office: Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	, LLC						

KFT7F



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SPECIALTY CENTER OF PENSACOLA		Provider Number:			0 017236-00			
6984 PINE F	OREST ROAD			Date:	-	11/17/2014 12/31/2011		
PENSACOLA	A, FL 32526			Fiscal Year End:				
				Audit Status:	and the same of th	Unaudi	ted	
Provider T	ype:							
					Current	New	Effective	
				•	Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level		4	216.81	<u>216.78</u>	<u>1/1/2013</u>	
	Leve	el H: Aids			367.62	<u>367.59</u>	1/1/2013	
P				,·			,	
Rat	е Туре:							
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Total	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Char	nges:	•			
Dasis.			Citai	Rate Semest	er Change			
	Budget				-	H12-055C F	YE	
X	Unaudited of	costs		06/30/2010				
	Field audite	ed costs						
	Desk audite	ed costs						
Distribution	<u>n:</u>		. •	7/ /Th	omas Parke	r	*	
Contract Mana	igement / Fiscal	Agent	<u> </u>	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance	
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Pensacola Administrative Services	, LLC					
,		2 North Palafox Street						
		Pensacola, Fl 32502						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SPECIALTY CENTER OF PENSACOLA		Provider Number: 0 01723			236-00					
6984 PINE FORE	ST ROAD		Date:				11/17/2014			
PENSACOLA, FL	. 32526			Fisca	ıl Year E	ind:		12/31/2011		
				Audi	t Status:			Unaudi	ted	
Provider Type	:									
*1							Current	New	Effective	
							Rate	Rate	Date	
Nursing Home	Sing	le Level					221.84	221.82	7/1/2013	
									-	
					•					
Rate Ty	pe:									
T			v	D						
1111	terim	Total Interim	<u>X</u>	FIOS	pective X	Total	Prospective			
*****		Interim Component			^	-	=	with Interim	Component	
		Settlement based on cost	-	i		. 10001	1 Tospocure	whili illouini	Component	
		Prior Provider Prospective data								
										
Basis:		,	Cha	nges:	7					
					Rate S	emeste	er Change			
	Budget			X			A & RFA #N	H12-055C F	YE	
	Jnaudited c				06/30/	2010				
	ield audite									
I	Desk audite	d costs								
-										
)				
Distribution:	•				1)-	The	omas Parke			
Contract Management / Fiscal Agent]	Medica	id Cost	Reimb	ursement Pla	nning and Fi	nance	
Permanent File										
For Information	ation Only		4							
No Change	in Rate									
Home C	Office:	Pensacola Administrative Services	LLC							
2101110		2 North Palafox Street	,							
		Pensacola, Fl 32502								



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SPECIALTY CENTER OF PENSACOLA		Provider Number: 0 01			0 017236	17236-00	
6984 PINE FOREST ROA	AD	Date:	-	11/17/2014 12/31/2012			
PENSACOLA, FL 32526		Fisca					
		Audit	t Status:		Unaudit	ted .	
Provider Type:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Si	ngle Level			217.08	217.06	1/1/2014	
	·						
Data Terras							
Rate Type:							
Interim		X Pros	pective				
	Total Interim	· · · · · · · · · · · · · · · · · · ·	X Total	Prospective			
	Interim Component		Total	Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Changes:	7				
		<u> </u>	ر Rate Semest	er Change			
Budget		X	Effects of F.		H12-055C F	YE	
X Unaudite	ed costs		06/30/2010				
Field aud	lited costs						
Desk auc	lited costs						
			_				
Distuibutions			Z) -				
Distribution:	col A cont			omas Parkei			
Contract Management / Fis Permanent File	cai Agent	Medica	id Cost Reimb	ursement Pla	inning and Fi	nance	
For Information On	dy						
No Change in Rate	uy						
_	m 1 44 114 11 11 11 11 11 11 11 11 11 11				•		
Home Office:	Pensacola Administrative Services 2 North Palafox Street	s, LLC					
	Pensacola, Fl 32502						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SPECIALTY	CENTER OF	PENSACOLA	Provider Number:			0 017236-00		
6984 PINE FO	DREST ROAD)		Date:	an way day large, 1885 as	11/17/2014		
PENSACOLA	, FL 32526			Fiscal Year End:		12/31/20	013	
				Audit Status:		Unaudi	ted	
Provider T	vpe:	•						
•	v 1.				Current	New	Effective	
			•		Rate	Rate	<u>Date</u>	
Nursing Ho	me Sin	gle Level			226.42	<u>226.39</u>	7/1/2014	
		·						
	/rt							
Rate	Type:							
	Interim		X	Prospective				
	Incini	Total Interim	A	-	al Prospective			
		Interim Component		The state of the s	al Prospective		Component	
		Settlement based on cost						
		Prior Provider Prospective data						
			-					
Basis:			Chan	ges:				
					ster Change			
	Budget		X	Effects of 06/30/2010	FA & RFA #N	H12-055C F	YE	
<u>X</u>	Unaudited		*	00/30/2010	,			
	Field audit							
	Desk audit	ed costs			•			
			>					
D!=49 . 4!			~					
Distribution					homas Parke			
Contract Mana	_	i Agent	M	ledicaid Cost Rein	bursement Pla	anning and Fi	nance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate						*	
Hor	ne Office:	Pensacola Administrative Services	, LLC					
		2 North Palafox Street						
		Pensacola Fl 32502		,				



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Tallahassee, Florida 32308

SUMMER BR	COOK HEALTH	CARE CENTER	Provider Numb	er:	0 059783-00		
5377 MONCR	IEF ROAD		Date:		11/14/20)14	
JACKSONVII	LLE , FL 322	209	Fiscal Year End	d:	6/30/20	13	
			Audit Status:		Unaudi	ted	
Provider Ty	vpe:						
	, 1			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Single	Level		<u>188.04</u>	<u>174.62</u>	<u>7/1/2012</u>	
	Level	H: Aids		337.25	323.83	7/1/2012	
Rate	е Туре:]					
X	Interim		Prospective				
		Total Interim		Total Prospective	:		
	***************************************	Interim Component	7	Fotal Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
				mester Change			
	Budget		X Cost Se	ettlement FYE 6/3	30/2013		
X	Unaudited co		# 1				
*************************************	Field audited						
	Desk audited	costs	•				
<u>Distribution</u>			78	Thomas Parke	er		
Contract Mana	agement / Fiscal A	Agent	Medicaid Cost R	eimbursement P	lanning and F	inance	
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUMMER BR	OOK HEALTH	CARE CENTER	Provider Number	r:	0 059783	-00	
5377 MONCR	IEF ROAD		Date:		11/14/2014		
JACKSONVII	LLE , FL 32:	209	Fiscal Year End:		6/30/20	13	
			Audit Status:		Unaudit	ted	
Provider Ty	ype:						
a de la companya de	, 1			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	Level		189.42	<u>174.73</u>	1/1/2013	
	Level	H: Aids		340.23	<u>325.54</u>	1/1/2013	
,							
Rate	Type:						
X	Interim		Prospective				
		_ Total Interim	Tc	otal Prospective			
		Interim Component	To	otal Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:		,	Changes:				
			Rate Sem	ester Change			
	Budget		X Cost Sett	lement FYE 6/3	30/2013		
X	Unaudited co						
	Field audited		,				
	Desk audited	costs					
TN* . 4 *I 4 *							
Distribution				Thomas Parke			
	gement / Fiscal A	Agent	Medicaid Cost Rei	mbursement P	anning and F	inance	
Permanent File							
	formation Only						
No Cha	inge in Rate						
Цо	ma Offica:	No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER			Provider Number:		0 059783-00			
5377 MONCRI	IEF ROAD			Date:		11/14/2014		
JACKSONVIL	LE , FL 32	209		Fiscal Year End:		6/30/20	13	
				Audit Status:		Unaudi	ted	
Provider Ty	pe:				Current <u>Rate</u>	New Rate	Effective <u>Date</u>	
Nursing Ho	me Single	Level			<u>193.71</u>	<u>183.77</u>	7/1/2013	
Rate	Туре:							
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
•	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
				Rate Semes	ter Change			
	Budget			X Cost Settler	ment FYE 6/3	30/2013	,	
X	Unaudited co	sts						
	Field audited							
	Desk audited	costs						
Distribution	<u>ı:</u>			7-17 TI	homas Parke	r		
Contract Manag	gement / Fiscal A	Agent	***************************************	Medicaid Cost Reim			inance	
Permanent File						~		
For Infe	ormation Only							
	nge in Rate							
	ne Office:	No Home Office						



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Tallahassee, Florida 32308

SUMMER BR	OOK HEALTH CA	ARE CENTER		Provider Number:		0 059783	-00
5377 MONCR	IEF ROAD			Date: 11/14/20			14
JACKSONVII	LLE , FL 3220	9		Fiscal Year End:		6/30/20	13
				Audit Status:		Unaudit	ed
Provider Ty	ype:						
•					Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single I	Level			<u>196.90</u>	<u>187.36</u>	1/1/2014
Pate	Type:						
Rate	Type.						
	Interim		X	Prospective			
	••••	Total Interim			l Prospective		
•]	Interim Component		Tota	l Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
			C				
Basis:			Cha	nges:			
	TD1			Rate Semes	ter Change ment FYE 6/3	0.0/2012	
X	Budget Unaudited costs			X Cost Settler	ment F i E 0/3	50/2013	
<u> </u>	Field audited costs						
M	Desk audited co						
		7010					
				$\overline{}$			
Distribution	ı•						
	gement / Fiscal Ag	ent			homas Parke		
Permanent File	_	unt		Medicaid Cost Reim	bursement Pi	anning and Fi	inance
	formation Only						
No Cha	inge in Rate						
Hor	me Office: N	Io Home Office		,			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUMMER BR	OOK HEALTH	CARE CENTER		Provider Number:		0 059783-00		
5377 MONCR	IEF ROAD			Date:	11/14/2014			
JACKSONVII	LLE , FL 32	2209		Fiscal Year End:	6/30/2013			
				Audit Status:		Unaudited		
Provider Ty	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Singl	e Level			204.60	195.35	7/1/2014	
11445416							-	
	,							
Data	Tunas							
Rate	e Type:						•	
	Interim		X	Prospective				
·····		Total Interim			ıl Prospective			
		Interim Component		Tota	ıl Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:	-			
				Rate Semes	ter Change			
	Budget				ment FYE 6/3	30/2013		
X	Unaudited c	osts						
	Field audite							
-	Desk audite	d costs						

Distribution					homas Parke			
	agement / Fiscal	Agent		Medicaid Cost Rein	ibursement Pl	anning and F	inance	
Permanent File								
	formation Only				•			
No Cha	ange in Rate							
Но	me Office:	No Home Office			v		•	

Report Calculated: 11/14/2014 9:45:04 AM



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SOUTH CAMPUS REHABILITATION & NURSING CENTER		LITATION & NURSING CENTER	Provider Number:		0 072048-00		
715 E DIXIE	AVE		Date:		12/5/20)14	
LEESBURG,	FL 34748		Fiscal Year End:		6/30/20	013	
			Audit Status:		Unaudi	ted	
Provider T	ype:						
	• •			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level		221.34	<u>217.20</u>	12/28/2012	
	Leve	el H: Aids		<u>370.55</u>	<u>366.41</u>	12/28/2012	
Rat	е Туре:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	_			
	Budget	_	X Cost Settler	ment using F	YE 6/30/201:	3 C/R	
X	Unaudited						
	Field auditors Desk auditors						
	Desk audio	ed costs					
Distributio	n·						
	agement / Físca	l Agent	Medicaid Cost Reim	homas Parke		Zinanaa	
Permanent Fil	-		Medicald Cost Reili	oursement Fi	aminig and i	mance	
For In	formation Only	,					
	ange in Rate						
Но	ome Office:	Hallmark Accounting			-		
		368 New Hempstead Road #309					
		New City, NY 10956					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SOUTH CAMPUS REHABILITATION & NURSING CENTER	ITATION & NURSING CENTER	Provider Number	:	0 072048-00			
715 E DIXIE <i>I</i>	AVE		Date:		12/5/2014		
LEESBURG,	FL 34748		Fiscal Year End:		6/30/2013		
			Audit Status:		Unaudi	ed	
Provider Ty	vpe:						
•	v .a.			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	le Level		223.23	<u>219.53</u> <u>370.34</u>	1/1/2013 1/1/2013	
	Leve	l H: Aids		<u>374.04</u>			
Rate	e Type:						
X	Interim	•	Prospective				
		Total Interim		tal Prospective			
		Interim Component	To	tal Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
			·	ester Change			
	Budget			ement using F	YE 6/30/2013	C/R	
X	Unaudited o	eosts				•	
	Field audite						
	Desk audite	d costs					
Distribution	<u>n:</u>			Thomas Parke	r	•	
Contract Mana	ngement / Fiscal	Agent	Medicaid Cost Rei			inance	
Permanent File	e				Č		
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Hallmark Accounting 368 New Hempstead Road #309 New City, NY, 10956					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SOUTH CAMPUS REHABILITATION & NURSING CENTER				Provider Number:		0 072048	3-00	
715 E DIXIE	AVE			Date:	***************************************	12/5/2014		
LEESBURG,	FL 34748			Fiscal Year End:	6/30/2013			
			-	Audit Status:		Unaudi	ted	
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level			<u>228.90</u>	<u>228.71</u>	<u>7/1/2013</u>	
Rate	е Туре:							
·								
	Interim		X	Prospective				
		Total Interim			al Prospective			
		Interim Component		Tot	al Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
	J				ster Change			
•	Budget				ement using F	YE 6/30/2013	C/R	
X	Unaudited c	osts						
	Field audited	d costs						
	Desk audited	d costs						
			•					
Distributio				/ D 1	homas Parke	er		
Contract Mana	agement / Fiscal	Agent	<u> </u>	Medicaid Cost Rein	nbursement Pl	anning and F	inance	
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Hallmark Accounting			-			
		368 New Hempstead Road #309						
		New City, NY 10956			*			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SOUTH CAM	PUS REHABIL	ITATION & NURSING CENTER	Provider Number:			0 072048-00		
715 E DIXIE A	AVE			Date:		12/5/2014		
LEESBURG, F	FL 34748			Fiscal Year End:		6/30/20	13	
				Audit Status:		Unaudit	ted	
Provider Ty	pe:							
-		,			Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Singl	le Level			<u>230.63</u>	<u>234.03</u>	<u>1/1/2014</u>	
		·						
Rate	Type:			•				
11000	<u> 13po.</u>							
	Interim		X	Prospective				
		Total Interim		Tota	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
D			Cha				-	
Basis:			Cha	Rate Semes	tar Changa			
	Budget				_	YE 6/30/2013	C/R	
X	Unaudited c	costs		13				
	Field audite							
	Desk audite	d costs						
				\bigcirc				
Distribution	<u>1:</u>		•	T	homas Parke	er		
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein	bursement P	anning and F	inance	
Permanent File)							
For Inf	formation Only							
	inge in Rate							
	me Office:	Hallmark Accounting						
110	me Ome.	368 New Hempstead Road #309						
		New City, NY 10956						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SOUTH CAM	PUS REHABIL	ITATION & NURSING CENTER		Provider Number	•	0 072048	-00	
715 E DIXIE A	AVE			Date:		12/5/2014 6/30/2013		
LEESBURG, I	FL 34748			Fiscal Year End:				
				Audit Status:		Unaudit	ted	
Provider Ty	pe:							
•	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Singl	e Level			<u>240.25</u>	<u>243.28</u>	<u>7/1/2014</u>	
Data	Temat							
Kate	Туре:							
	Interim		X	Prospective				
		Total Interim			tal Prospective			
		Interim Component			tal Prospective		Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
	m 1	•			ester Change	VE 7/20/2012	· · · ·	
37	Budget			X Cost Sett	lement using F	YE 6/30/2013	C/R	
X	Unaudited c Field audited							
	Desk audited							
		4 0000						
						•		
Distribution	a•			フイノ.	Tl			
	gement / Fiscal	Agent		Medicaid Cost Rei	Thomas Parke		inanaa	
Permanent File	_			Medicaid Cost Rei	moursement r	aming and r	mance	
	formation Only							
No Cha	inge in Rate							
Но	me Office:	Hallmark Accounting						
		368 New Hempstead Road #309						
		New City, NY 10956						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

REHABILITA	REHABILITATION CENTER OF ST. PETE		Provider Number	· ·	0 072054-00		
435 42ND AV	E S		Date:	***************************************	12/8/2014		
SAINT PETER	RSBURG, FL 3	3705	Fiscal Year End:		6/30/20	13	
			Audit Status:		Unaudi	ted	
Provider T	ype:						
•	v 1			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level		235.40 386.21	<u>229.49</u>	1/1/2013	
	Level	H: Aids			380.30	1/1/2013	
Rate	e Type:					•	
X	Interim		Prospective				
Total Interim			То	tal Prospective	;		
		Interim Component	То	tal Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
				ester Change			
	Budget			ement FYE 6/3	30/2013		
X	Unaudited c	osts					
	Field audited						
	Desk audited	d costs					
Distribution	n•		-				
	agement / Fiscal	Agent		Thomas Parke		inonaa	
Permanent File	_		Medicaid Cost Rei	induisement F	iaming and r	mance	
For In	formation Only						
	ange in Rate						
Но	me Office:	Hallmark Accounting					
		368 New Hempstead Road #309					
		New City, NY 10956					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

REHABILITATION CENTER OF ST. PETE			,	Provider Number:		0 072054-00		
435 42ND AV	ES			Date:		12/8/2014		
SAINT PETER	RSBURG, FL 3	33705		Fiscal Year End:		6/30/20	13	
				Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level					Current Rate 241.60	New <u>Rate</u> 240.66	Effective <u>Date</u> 7/1/2013	
Rate	е Туре:							
	Interim	•	X	Prospective				
		Total Interim		***************************************	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
			<u></u>	Rate Semes	ter Change			
	Budget			X Cost Settle	ment FYE 6/3	30/2013		
X	Unaudited c	costs						
	Field audite							
	Desk audite	d costs						
TS1 - 11 - 11	4		-	ラ く)				
Distribution		•			homas Parke			
	agement / Fiscal	Agent		Medicaid Cost Reim	ibursement Pl	anning and F	inance	
Permanent File								
	formation Only							
No Ch	ange in Rate							
Но	me Office:	Hallmark Accounting						
		368 New Hempstead Road #309						
		New City, NY 10956						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

REHABILITATION CENTER OF ST. PETE			Provider Number:		0 072054-00		
435 42ND AVE S	у		Date:		12/8/2014		
SAINT PETERSBURG, FL 3	33705		Fiscal Year End:		6/30/20	13	
			Audit Status:		Unaudit	ted	
Provider Type:							
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Single	le Level			<u>241.25</u>	<u>244.99</u>	1/1/2014	
	ı						
Rate Type:			•				
Interim		X	Prospective				
	Total Interim			l Prospective			
X	Interim Component Settlement based on cost		lota	1 Prospective	with Interim	Component	
<u> </u>	Prior Provider Prospective data						
	Thoi i foraci i fospective data						
Basis:		Cha	nges:				
			Rate Semes	ter Change			
Budget			X Cost Settler	ment FYE 6/3	30/2013		
X Unaudited of							
Field audite Desk audite							
Desk addite	u cosis						
			_ 0				
Distribution:				Dl			
Contract Management / Fiscal	Agent	-	Medicaid Cost Reim	omas Parke		inance	
Permanent File		•	wiedicald Cost Kelli	oursement i	ammig and i	manec	
For Information Only							
No Change in Rate							
_	** **						
Home Office:	Hallmark Accounting						
	368 New Hempstead Road #309 New City, NY, 10956						



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Tallahassee, Florida 32308

REHABILITA	REHABILITATION CENTER OF ST. PETE			Provider Number	:	0 072054	-00	
435 42ND AV	35 42ND AVE S			Date:		12/8/2014		
SAINT PETERSBURG, FL 33705			Fiscal Year End:		6/30/2013			
				Audit Status:		Unaudit	ed	
Provider Ty	ype:							
•	· .				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Singl	e Level			<u>251.58</u>	<u>256.38</u>	<u>7/1/2014</u>	
		_						
Rate	Туре:							
	Total '		37	D				
	_Interim	Total Interim	X	_Prospective	tal Dua ana atiana			
		Interim Component			tal Prospective tal Prospective		Commonant	
	X	Settlement based on cost		10	iai riospective	with interim	Component	
		Prior Provider Prospective data						
Basis:			Cha	nges:				
			-		ester Change			
	Budget			Cost Settl	ement FYE 6/3	30/2013		
X	Unaudited c	osts						
	Field audited	d costs						
	Desk audited	d costs						
				\sim				
Distribution	<u>1:</u>				Thomas Parke	r		
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rei	mbursement Pl	anning and Fi	inance	
Permanent File								
For Inf	formation Only							
	inge in Rate							
	me Office:	Hallmark Accounting						
по	me Office:	· •						
		368 New Hempstead Road #309 New City, NY 10956						
		THEW CITY, IN I TUYOU						



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULFPORT REHABILITATION CENTER		ION CENTER	Provider Number:		0 099366	5-00
1430 PASADE	ENA AVE S		Date:	-	12/5/20	14
SOUTH PASADENA, FL 33707		Fiscal Year End:		7/31/2014		
			Audit Status:		Unaudi	ted
Provider Ty	vne:					
	, p			Current	New	Effective
				Rate	Rate	Date
Nursing Ho	me Singl	le Level		<u>208.43</u>	<u>214.08</u>	11/24/2013
Pate	Type:	\neg				
Natt	Type.					
X	Interim		Prospective			
-		Total Interim	Total	al Prospective	:	
		Interim Component	Tota	al Prospective	with Interim	Component
	X	Settlement based on cost				
		Prior Provider Prospective data				
Basis:			Changes:			
	Dudoot			ster Change ement FYE 7/3	31/2014	
<u>X</u>	Budget Unaudited c	onete	Cost Scure	anent i L. //,	01/2014	
Λ	Field audite					
	Desk audite					
			•			
Distribution	n:		~ /// T	homas Parke	er.	
	gement / Fiscal	Agent	Medicaid Cost Rein			inance
Permanent File	2				0	
For Int	formation Only					
	inge in Rate					
	_	Cimaton Haddan H.C				
Но	me Office:	Signature Healthcare LLC				
		12201 Bluegrass Parkway Louisville, KV, 40299				
		LOUISVOIR N. L. 40799				

Report Printed: 12/5/2014 ID: 099366073120141124201310292014125729

Report Calculated: 12/5/2014 9:54:24 AM



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Tallahassee, Florida 32308

GULFPORT REHABILITATION CENTER		ION CENTER	Provider Number:		0 099366-00		
1430 PASAD	ENA AVE S		Date:		12/5/2014		
Provider Type: Nursing Home Single Level		707	Fiscal Year End:		7/31/20	14	
			Audit Status:		Unaudit	ed	
Provider T	`ype:						
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	ome Singl	le Level		<u>212.10</u>	<u>225.87</u>	<u>1/1/2014</u>	
B./	T						
Rat	e Type:						
x	Interim		Prospective				
	1110011111	Total Interim		al Prospective			
				al Prospective		Component	
	X			•		•	
		Prior Provider Prospective data				,	
			,				
Basis:			Changes:				
	.			ster Change	21/2014		
	Budget		X Cost Settle	ment FYE 7/3	31/2014		
X	Unaudited c						
	Desk audite						
							
Distributio	m:			homas Parke	18 ⁴		
	agement / Fiscal	Agent	Medicaid Cost Rein			inance	
Permanent Fi	_		Modicula Cost Rein	ioursement i	ammig and I		
	nformation Only						
	-						
	nange in Rate			, .			
Н	ome Office:	Signature Healthcare LLC					
		12201 Bluegrass Parkway					
		Louisville KV 40299					



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Tallahassee, Florida 32308

GULFPORT REHABILITATION CENTER		Provider Number:		0 099366-00		
GULFPORT REHABILITATION CENTER 1430 PASADENA, FL 33707 Provider Type: Nursing Home Single Level Rate Type: X Interim Total Interim Component		Date:		12/5/2014		
SOUTH PASA	ADENA, FL 33	707	Fiscal Year End:		7/31/20	14
	,		Audit Status:		Unaudit	ed
Provider T	ype:					
	• •			Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level		211.74	<u>225.92</u>	<u>7/1/2014</u>
	,					
	·					
Dat	o Tymos					
Kat	e rype:					
X	Interim		Prospective			
		Total Interim		al Prospective		
				al Prospective		Component
	X	Settlement based on cost		-		
		Prior Provider Prospective data				
Basis:			Changes:			
	70. 1	-		ster Change	1/2014	
	Budget		X Cost Settle	ment FYE 7/3	1/2014	
<u>X</u>	Unaudited of Field audite					
	Desk audite					
<u>Distributio</u>	n·					
	agement / Fiscal	Agent	Medicaid Cost Rein	homas Parke		
Permanent Fil	-	. Agom	Wedicald Cost Rein	ioursement Pi	anning and ri	mance
	iformation Only					
No Ch	ange in Rate		_			
Но	ome Office:	Signature Healthcare LLC				
		12201 Bluegrass Parkway				
		Louisville KV 40299				



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Tallahassee, Florida 32308

GULFPORT REHABILITATION CENTER		Provider Number:	0 099366-00		
1430 PASADENA AVE S		Date:	12/5/2014		
SOUTH PASADENA, FL 33707		Fiscal Year End:	7/31/2014		
		Audit Status:		Unaudit	ed
Provider Type:					
			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home Single Level			<u>211.74</u>	<u>226.67</u>	<u>8/1/2014</u>
Rate Type:					
Kate Type.					
Interim		X Prospective			
Total Inte		······································	Prospective		
Interim Co			-	with Interim	Component
X Settlemen	t based on cost				
Prior Prov	rider Prospective data				
	Г				
Basis:		Changes:			
D. 1.		Rate Semest	_	21/2014	
Budget		X Cost Settler	nent FYE 7/3	31/2014	
X Unaudited costs Field audited costs					
Desk audited costs					
				,	
Distribution:			amas Daulis		
Contract Management / Fiscal Agent	-	Medicaid Cost Reim	omas Parke		inance
Permanent File		Medicaid Cost Reini	oursement i	ammig and 1	mance
For Information Only					
No Change in Rate					
· · · · · · · · · · · · · · · · · · ·	Healthcare LLC				
	egrass Parkway				
Louisville.	KY 40299				



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Tallahassee, Florida 32308

ASTORIA HE	ALTH & REH.	ABILITATION CENTER		Provider Number:		0 103165	-00
ASTORIA HEALTH & REHABILITATION CENTER 701 OVERLOOK DR SE WINTER HAVEN, FL 33884-1671 Provider Type: Nursing Home Single Level		Date:		12/3/20	14		
WINTER HAV	/EN, FL 33884	4-1671		Fiscal Year End:		6/30/20	13
				Audit Status:		Unaudit	ted
Provider Tv	ne:						
	P				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	le Level			230.13	208.75	7/1/2014
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	7		Cha	inges:			
LJ445101				Rate Semest	ter Change		
	Budget				•	E 6/30/13 C/R	
X	Unaudited o	costs			Ü		
	Field audite	ed costs					
	Desk audite	ed costs					
Distribution	1:				iomas Parke	_	
Contract Manag		Agent		Medicaid Cost Reim			nance
Permanent File				wedicald Cost Kellil	oursement Fi	anning and th	mance
For Infe	ormation Only						
	nge in Rate						
Hor	ne Office:	TLC Management					
		1800 North Wabash Ave					
		Suite 300					
		Marion IN 46952					



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Tallahassee, Florida 32308

FLORIDEAN	NURSING HO	ME, INC.		Provider Number:		0 200425	-00	
47 NW 32 PL	ACE			Date:	******	11/24/2014		
MIAMI, FL 3	33125		Date: 11/24/2014 Fiscal Year End: 6/30/2009 Audit Status: Revised Field Audit Current New Effect Rate Rate Date 225.99 216.52 7/1/2 369.33 359.86 7/1/2 X Prospective X Total Prospective with Interim Composition X Total Prospective X Tot				09	
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:						Effective <u>Date</u>	
Nursing Ho	ome Single	e Level			225.99	<u>216.52</u>	<u>7/1/2010</u>	
	Level	H: Aids			369.33	<u>359.86</u>	<u>7/1/2010</u>	
Rate	е Туре:				٠			
	Interim		X	-				
		Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		***************************************	-		Component	
Basis:	Budget			Rate Semes	-	L FYE 6/30/2	009	
X	Unaudited of Field audited Desk audited	i costs						
Distribution				70°T	homas Parke	er .		
	agement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Но	ome Office:	No Home Office						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

FLORIDEAN NURSING HOME, INC.				Provider Number:	,	0 200425	-00	
47 NW 32 PLACE			Date:			11/24/2014		
MIAMI, FL 33	125			Fiscal Year End:		6/30/20	09	
				Audit Status:		Revised Fiel	d Audit	
Provider Type Nursing Hor		e Level			Current <u>Rate</u> 229.82	New <u>Rate</u> 220.72	Effective	
	Level	H: Aids			<u>374.68</u>	<u>365.58</u>	1/1/2011	
Rate	Туре:	7						
		_						
	Interim	Total Interim Interim Component Settlement based on cost	X		l Prospective l Prospective	with Interim	Component	
Basis:	Budget Unaudited co	Prior Provider Prospective data		Rate Semes X FA & RFA		L FYE 6/30/2	009	
X	Field audited Desk audited							
Distribution Contract Manage		Agont			nomas Parke			
Contract Manag	gement / Fiscal /	Agent		Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File								
	ormation Only							
No Char	nge in Rate							
Hon	ne Office:	No Home Office						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Date: 12/1/2014 TAMPA, FL 33613 Fiscal Year End: 12/31/2012 Tampa Tampa Tampa Total Interim Total Interim Total Interim Total Interim Total Interim Total Prospective Total Pros	JOHN KNOX V	VILLAGE M	EDICAL CENTER	Provider Number:					0 210285-00		
Provider Type: Rate Nursing Home Single Level Single Leve	4100 E FLETC	HER AVE			Date:				12/1/2014		
Provider Type: Current New Effective Rate Rate Date	TAMPA, FL 3:	3613			Fisca	l Year E	End:		12/31/20	012	
Rate Type: Interim Total Interim Interim Omponent Settlement based on cost Prior Provider Prospective data Basis: Budget X Dranges: Rate Semester Change X Late Test FYE 12/31/2012 C/R Rate Semester Change X Late Test FYE 12/31/2012 C/R Rate Type: Medicaid Cost Reimbursement Planning and Finance Total Prospective Medicaid Cost Reimbursement Planning and Finance					Audit	Status:			Unaudi	ted	
Rate Type: Interim Total Interim X Prospective Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Type: A Total Prospective with Interim Component With Interim C	Provider Ty	pe:									
Rate Type: Interim Total Interim Total Interim Total Prospective Interim Component Interim Component Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change X Late Test FYE 12/31/2012 C/R A Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited Costs Total Prospective with Interim Component A Late Test FYE 12/31/2012 C/R Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street				-							
Rate Type: Interim										•	
Interim	Nursing Hor	ne Sing	gle Level					<u>220.09</u>	<u>219.99</u>	<u>1/1/2014</u>	
Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street Total Prospective X Total Prospective with Interim Component Total Prospective Rate Semester Change X Late Test FYE 12/31/2012 C/R Medicaid Cost Reimbursement Planning and Finance			•								
Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street Total Prospective X Total Prospective with Interim Component Total Prospective Rate Semester Change X Late Test FYE 12/31/2012 C/R Medicaid Cost Reimbursement Planning and Finance											
Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street Total Prospective X Total Prospective with Interim Component Total Prospective Rate Semester Change X Late Test FYE 12/31/2012 C/R Medicaid Cost Reimbursement Planning and Finance											
Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street Total Prospective X Total Prospective with Interim Component Total Prospective Rate Semester Change X Late Test FYE 12/31/2012 C/R Medicaid Cost Reimbursement Planning and Finance								•			
Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street Total Prospective X Total Prospective with Interim Component Total Prospective Rate Semester Change X Late Test FYE 12/31/2012 C/R Medicaid Cost Reimbursement Planning and Finance											
Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street Total Prospective X Total Prospective with Interim Component Total Prospective Rate Semester Change X Late Test FYE 12/31/2012 C/R Medicaid Cost Reimbursement Planning and Finance	Rate	Type:	, , , , , , , , , , , , , , , , , , , ,					•	•		
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street	:	-JP									
Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Budget Variable Costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street Total Prospective with Interim Component Total Prospective with Interim Component Total Prospective with Interim Component Thanges: Rate Semester Change X Late Test FYE 12/31/2012 C/R Medicaid Cost Reimbursement Planning and Finance	•	Interim		X	Pros	pective					
Settlement based on cost Prior Provider Prospective data Basis:			Total Interim			X	Total	Prospective			
Basis: Budget Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street Changes: Rate Semester Change X Late Test FYE 12/31/2012 C/R Medicaid Cost Reimbursement Planning and Finance							Total	Prospective	with Interim	Component	
Basis: Budget Budget X Late Test FYE 12/31/2012 C/R X Unaudited costs Field audited costs Desk audited costs Desk audited costs Thomas Parker Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street	,							-			
Rate Semester Change Budget X Late Test FYE 12/31/2012 C/R X Unaudited costs Field audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street	5 1		Prior Provider Prospective data								
Rate Semester Change Budget X Late Test FYE 12/31/2012 C/R X Unaudited costs Field audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street	Rasis	7		Chai	nges:	1	٠				
Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street		J			-5	ا Rate S	lemeste	er Change			
Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street		Budget			X.			_	2 C/R		
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Baycare Health System 2985 Drew Street Thomas Parker Medicaid Cost Reimbursement Planning and Finance	X	Unaudited	costs	ř							
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Baycare Health System 2985 Drew Street		Field audit	ed costs	***							
Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Baycare Health System 2985 Drew Street		_ Desk audit	ed costs								
Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Baycare Health System 2985 Drew Street				•						;	
Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Baycare Health System 2985 Drew Street					-	~/))			* *	
Permanent FileFor Information OnlyNo Change in Rate Home Office: Baycare Health System 2985 Drew Street					/	<u> </u>	The	omas Parkei	-		
For Information OnlyNo Change in Rate Home Office: Baycare Health System 2985 Drew Street		ement / Fisca	l Agent	ľ	Medica	id Cost	Reimb	ursement Pla	inning and Fi	nance	
No Change in Rate Home Office: Baycare Health System 2985 Drew Street	Permanent File						٠				
Home Office: Baycare Health System 2985 Drew Street	For Info	rmation Only	,								
2985 Drew Street	No Chan	ge in Rate									
2985 Drew Street	Hom	e Office:	Baycare Health System	v v		•					
Clearwater, FL 33759			•								
			Clearwater, FL 33759								



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Tallahassee, Florida 32308

JOHN KNOX	VILLAGE MI	EDICAL CENTER		Provider Number:			0 210285-00		
4100 E FLET	4100 E FLETCHER AVE			Date:			12/1/2014		
TAMPA, FL 33613				Fiscal	Year End	:	12/31/20	012	
				Audit	Status:		Unaudi	ted	
Provider T	ype:								
	• •	•				Current	New	Effective	
		-				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	le Level		•		<u>228.16</u>	<u>227.57</u>	<u>7/1/2014</u>	
	,								
Rat	е Туре:								
s	_ Interim		X	Prosp	pective				
		Total Interim				otal Prospective			
		Interim Component			To	otal Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:]				
					J Rate Sem	ester Change			
	Budget			X	-	t FYE 12/31/201	12 C/R		
X	Unaudited	costs	:					•	
	Field audite	ed costs							
	Desk audite	ed costs							
		e e	2			•			
				~	\sim				
Distribution				1)	Thomas Parke	r		
	igement / Fiscal	Agent		Medicai	id Cost Rei	imbursement Pla	anning and Fi	nance	
Permanent File	2				•				
For In	formation Only								
No Cha	ange in Rate							*	
Но	me Office:	Baycare Health System			•	a es	v - d		
	·	2985 Drew Street							
		Clearwater, FL 33759							



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Tallahassee, Florida 32308

WEST MELE	WEST MELBOURNE HEALTH & REHABILITATION CENTER			Provider Number		0 217727-00		
2125 WEST N	NEW HAVEN	AVE		Date:		11/26/2014		
WEST MELE	BOURNE, FL 3	32904		Fiscal Year End:		6/30/2008		
				Audit Status:		Revised Fiel	d Audit	
Provider T	vpe:							
	J I				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level			<u>176.36</u>	<u>175.77</u>	<u>1/1/2009</u>	
	Leve	el H: Aids			314.71	314.12	1/1/2009	
Rate	е Туре:							
	Interim		X	Prospective				
		Total Interim		X Tot	tal Prospective			
	•	Interim Component		Tot	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Dosie.			Cha	-				
Basis:			Cna	nges:	atan Chamas			
	Budget	•			ster Change A NH11-131G	FYE 6/30/20	08	
·	Unaudited	rosts		1710117	111111-1510	1 1 1 2 0/30/20	30	
X	Field audite		5					
	Desk audite		5					
			1					
Distribution	<u>1:</u>				homas Parke	r		
	 gement / Fiscal	Agent	·	Medicaid Cost Rein			nance	
Permanent File			•					
For Inf	formation Only							
	inge in Rate							
Но	me Office:	NHS Management						
		931 Fairfax Park						
		Tuscaloosa, AL 35406						



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Tallahassee, Florida 32308

WEST MELBOURNE HEALTH & REHABILITATION CENTER			Provider Number: 0 2177					
2125 WEST N	NEW HAVEN	AVE		Date:	-	11/26/2014		
WEST MELE	OURNE, FL	32904		Fiscal Year End	*	6/30/2008		
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sin	gle Level			<u>161.58</u>	<u>161.03</u>	<u>3/1/2009</u>	
	Lev	vel H: Aids			<u>299.93</u>	<u>299.38</u>	<u>3/1/2009</u>	
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim		X To	otal Prospective			
•		Interim Component		To	otal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data				•		
Basis:	1		Chan	ges:		-		
		• •			ester Change			
	Budget		X	FA & RF	A NH11-131G	FYE 6/30/20	08	
	Unaudited		;					
X	Field audit							
	Desk audit	red costs	:					
*		· ··						
Distribution	1;			7-60	Thomas Parke	,		
Contract Mana		l Agent	M	ledicaid Cost Rei			nance	
Permanent File	;					8		
For Inf	formation Only	,						
No Cha	nge in Rate							
Ho	me Office:	NHS Management						
		931 Fairfax Park						
		Tuscaloosa, AL 35406						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WEST MELB	WEST MELBOURNE HEALTH & REHABILITATION CENTER			vider Number:		0 217727-00			
2125 WEST N	EW HAVEN	AVE	Dat	e:		11/26/2014			
WEST MELB	OURNE, FL	32904	Fisc	al Year End:		6/30/20	08		
			Aud	lit Status:		Revised Fiel	d Audit		
Provider Ty	ype:								
					Current	New	Effective		
					Rate	Rate	<u>Date</u>		
Nursing Ho	me Sin	gle Level			<u>200.03</u>	<u>199.40</u>	4/1/2009		
	Lev	el H: Aids			338.38	337.75	4/1/2009		
		•					•		
Rate	Туре:				•				
	Interim		X Pro	ospective					
	-	Total Interim	<u> </u>	=	al Prospective				
		Interim Component			-	with Interim	Component		
,		Settlement based on cost			•		•		
		Prior Provider Prospective data				•			
Basis:	1	· ·	Changes						
Da515.		L	Changes	Rate Semes	ter Change				
	Budget	•	X		-	FYE 6/30/20	08		
	 Unaudited	costs		MANAGE .			:		
X	Field audit	ed costs							
	Desk audit	ed costs							
			_	\sim					
Distribution	1:			7/ TI	homas Parke	r			
Contract Manag	gement / Fisca	l Agent	Medic	aid Cost Reim	bursement Pla	anning and Fi	nance		
Permanent File									
For Info	ormation Only	7							
No Char	nge in Rate								
Hon	ne Office:	NHS Management							
		931 Fairfax Park							
		Tuscaloosa, AL 35406							



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Tallahassee, Florida 32308

WEST MELB	WEST MELBOURNE HEALTH & REHABILITATION CENTER			Provider Number:		0 217727-00		
2125 WEST N	NEW HAVEN	AVE		Date:)14		
WEST MELB	OURNE, FL	32904		Fiscal Year End:		6/30/20	08	
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level			<u>204.52</u>	<u> 202.76</u>	<u>7/1/2009</u>	
	Lev	el H: Aids			<u>344.87</u>	<u>343.11</u>	7/1/2009	
Rate	e Type:							
	Interim	·	X	Prospective				
		Total Interim		X Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data			•			
Davis			Class					
Basis:		L	Chai	nges:	tan Chaman			
	Budget	<u> </u>		Rate Semestry FA & RFA	_	FYE 6/30/20	08	
	Unaudited	costs	A	<u> </u>	14111-1510	112 0/30/20	00	
X	Field audit							
	Desk audit							
			awa.	\sim \sim				
<u>Distribution</u>	n:				omas Parke	r		
Contract Mana		l Agent	<u> </u>	Medicaid Cost Reim			nance	
Permanent File	_						1111100	
For Inf	formation Only							
	inge in Rate							
Hor	me Office:	NHS Management						
		931 Fairfax Park						
	•	Tuscaloosa, AL 35406						



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Tallahassee, Florida 32308

WEST MELB	WEST MELBOURNE HEALTH & REHABILITATION CENTER			Provider Number:		0 217727-00		
2125 WEST N	NEW HAVEN	AVE		Date:		11/26/2014		
WEST MELB	OURNE, FL	32904		Fiscal Year End:		6/30/20	6/30/2008	
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	ype:							
•					Current	New	Effective	
				•	Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sin	gle Level			<u>206.33</u>	<u>204.56</u>	1/1/2010	
	Lev	vel H: Aids			<u>348.25</u>	346.48	1/1/2010	
Rate	Type:							
<u> </u>								
	_ Interim	-	X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	I Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:		•	Cha	nges:				
	<u> </u>			Rate Semest	er Change			
}	Budget			X FA & RFA	NH11-131G	FYE 6/30/20	08	
	Unaudited	l costs						
X	Field audi							
	Desk audi	ted costs	,					
Distribution	1 <u>:</u>				omas Parke	 •		
Contract Mana	gement / Fisc	al Agent		Medicaid Cost Reiml			nance	
Permanent File	·					<i>o</i>		
For Inf	ormation Onl	у						
No Cha	nge in Rate							
Hor	ne Office:	NHS Management						
		931 Fairfax Park						
		Tuscaloosa, AL 35406						



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Tallahassee, Florida 32308

WEST MELE	BOURNE HEA	LTH & REHABILITATION CENTER	R	Provid	ler Number:		0 217727	'-00	
2125 WEST N	NEW HAVEN	AVE		Date:			11/26/2014		
WEST MELE	BOURNE, FL	32904		Fiscal	Year End:		6/30/2010		
				Audit	Status:		Unaudi	ted	
Provider T	'vpe:								
	VI					Current	New	Effective	
						Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sin	gle Level				<u>204.50</u>	<u>203.77</u>	1/1/2011	
	Lev	el H: Aids				<u>349.36</u>	348.63	1/1/2011	
Rate	е Туре:								
	Interim		X	Prosp	ective				
		Total Interim			X Tota	al Prospective			
		Interim Component			Tota	al Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Char	nges:					
Dasis.			Chai		Rate Semes	star Changa			
:	Budget			<u> </u>		FA & RFA NE	H11-131G FY	E	
X	Unaudited	costs			6/30/2008				
	Field audit								
	Desk audit	ed costs							
			;						
		•			_/			,	
<u>Distribution</u>	<u>n:</u>		•		フィ _エ	homas Parkei	*		
Contract Mana	ngement / Fisca	l Agent	N	Medicaio		bursement Pla		nance	
Permanent File	e	•					Ü		
For In	formation Only	,							
	inge in Rate								
	me Office:	NHS Management							
110	me Onice.	931 Fairfax Park							
		Tuscaloosa AL 35406							



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Tallahassee, Florida 32308

WEST MELBOURNE HEALTH & REHABILITATION CENTER	Prov	ider Number:		0 217727	7-00
2125 WEST NEW HAVEN AVE	Date	::	11/26/2014		
WEST MELBOURNE, FL 32904	Fisca	al Year End:		6/30/20	10
	Aud	it Status:		Unaudi	ted
Provider Type:					
JP			Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Level			<u>197.42</u>	<u>196.73</u>	<u>7/1/2011</u>
Level H: Aids			343.62	<u>342.93</u>	7/1/2011
		,			
Rate Type:					
Interim	X Pro	spective			
Total Interim			l Prospective		_
Interim Component		Tota	l Prospective	with Interim	Component
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:	7			
Duyas	Changes	L Rate Semest	er Change		
Budget	X		_	H11-131G FY	Έ
X Unaudited costs		6/30/2008			
Field audited costs					
Desk audited costs					
	!				
Distribution:		7)/ _{ть}	omas Parke	r	
Contract Management / Fiscal Agent Medicaid Cost Reimbursement P					nance
Permanent File					
For Information Only					
No Change in Rate					
Home Office: NHS Management					
931 Fairfax Park					
Tuscaloosa, AL 35406					



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Tallahassee, Florida 32308

WEST MELBOURNE HEALTH & REHABILITATION CENTER		R	Provider Number	er:	0 217727	′-00	
2125 WEST N	NEW HAVEN	AVE		Date:		11/26/201	
WEST MELB	OURNE, FL 3	2904		Fiscal Year End		6/30/20	10
				Audit Status:		Unaudi	ted
Provider T	ype:						
•					Current	New	Effective
					<u>Rate</u>	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level			<u>198.65</u>	<u>197.96</u>	1/1/2012
	Leve	el H: Aids			<u>346.26</u>	<u>345.57</u>	1/1/2012
Rate	е Туре:						
	Interim		X	Prospective			
		Total Interim		X To	otal Prospective		
		Interim Component	•	Te	otal Prospective	with Interim	Component
		Settlement based on cost	*				
		Prior Provider Prospective data					
Basis:			Chan	ges.		,	
Dusion			O		ester Change		
	Budget		X		f FA & RFA NF	H11-131G FY	Έ
X	Unaudited	costs		6/30/200	8		
	Field audite	ed costs	,		,		
	Desk audite	ed costs					
		•					:
			·	7/			
<u>Distribution</u>	<u>1:</u>		,	10	Thomas Parker	r	
Contract Mana	gement / Fiscal	Agent	M	edicaid Cost Re	mbursement Pla	anning and Fi	nancé
Permanent File	;						
For Int	formation Only	•					
No Cha	inge in Rate						
Но	me Office:	NHS Management		•			
		931 Fairfax Park					
		Tuscaloosa, AL 35406					



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Tallahassee, Florida 32308

WEST MELBOURNE	HEALTH & REHABILITATION CENTER	Provider Number:		0 217727	7-00
2125 WEST NEW HAY	VEN AVE	Date:		11/26/20)14
WEST MELBOURNE,	FL 32904	Fiscal Year End:		6/30/2011	
		Audit Status:		Unaudi	ted
Provider Type:					
			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>198.41</u>	<u>197.71</u>	7/1/2012
	Level H: Aids		347.62	346.92	7/1/2012
Rate Type:					
V 1					
Interim		X Prospective			
	Total Interim		Prospective		
	Interim Component	Total	Prospective	with Interim	Component
	Settlement based on cost				*
<u> </u>	Prior Provider Prospective data				
Basis:		Changes:			-
	<u></u>	Rate Semest	er Change		
Budg	et		A & RFA NI	H11-131G FY	E
	dited costs	6/30/2008			
	audited costs				
Desk	audited costs				
Distribution:			omas Parke	r	
Contract Management /	Fiscal Agent —		Medicaid Cost Reimbursement Planning and Finance		
Permanent File					
For Information	Only				
No Change in Ra	•				
Home Office	: NHS Management				
	931 Fairfax Park				
	Tuecaloosa AI 35406				



AWRGW

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

WEST MELBOU	JRNE HEAL	TH & REHABILITATION CENTER	Provider Number:		0 217727	7-00
2125 WEST NEV	W HAVEN A	AVE .	Date:		11/26/20	014
WEST MELBOU	JRNE, FL 3	2904	Fiscal Year End:		6/30/20	12
			Audit Status:		Unaudi	ted
Provider Typ	e:					
				Current	New	Effective
	-			Rate	Rate	<u>Date</u>
Nursing Hom	e Sing	le Level		<u>200.36</u>	<u>199.65</u>	1/1/2013
	Leve	l H: Aids		<u>351.17</u>	350.46	1/1/2013
					-	
Rate T	ype:					
I	nterim	X	Prospective			
		Total Interim	X Tota	l Prospective		
Notice		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data			٠	
Basis:]		nanges:			
Dasis:	j		Rate Semes	tor Change		
	Budget	***************************************		•	H11-131G FY	Έ
X	Unaudited c	ensts	6/30/2008			-
	Field audite					•
	Desk audite					
						;
Distribution:			/7) _{Th}	iomas Parke	r '	
Contract Manager	nent / Fiscal	Agent	Medicaid Cost Reim			nance
Permanent File					<i>5</i>	
For Inform	nation Only					•
No Change						
Home	Office:	NHS Management				
		931 Fairfax Park				
		Tuscaloosa AI 35406				



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Tallahassee, Florida 32308

WEST MELBOURNE HEALTH & REHABILITATION CENTE	R Prov	Provider Number: 0 21772			27-00	
2125 WEST NEW HAVEN AVE	Date	Date: 11/26/2				
WEST MELBOURNE, FL 32904	Fisca	al Year End:		6/30/20	12	
	Aud	it Status:		Unaudit	ted	
Provider Type:						
			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level			205.04	204.32	7/1/2013	
		ń				
Rate Type:						
Interim	X Pro	spective				
Total Interim		X Total	Prospective			
Interim Component	····	Total	Prospective	with Interim	Component	
Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:					
		Rate Semest	_			
Budget	X	$= \frac{\text{Effects of F}}{6/30/2008}$	A & RFA NI	H11-131G FY	Έ	
X Unaudited costs Field audited costs	:	0,00,200				
Desk audited costs						
Desk addited costs	4			ė.		
Distribution:		Th	omas Parke	r		
Contract Management / Fiscal Agent	Medic	aid Cost Reimb			nance	
Permanent File				Ũ		
For Information Only						
No Change in Rate						
Home Office: NHS Management				· ·		
931 Fairfax Park						
Tuscaloosa, AL 35406						



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Tallahassee, Florida 32308

WEST MELBOURNE HEALTH & REHABILITATION CENTER			Provider Number:		0 217727-00			
2125 WEST N	NEW HAVEN	AVE		Date:	11/26/2014			
WEST MELE	BOURNE, FL 3	2904	*	Fiscal Year End:		6/30/20	6/30/2012	
				Audit Status:		Unaudit	ed	
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	le Level			<u>206.78</u>	<u>206.06</u>	1/1/2014	
Rate	е Туре:							
								
	_ Interim		X	Prospective				
		Total Interim			l Prospective		Commomant	
		Interim Component Settlement based on cost		Tota	l Prospective	with interim	Componen	
		Prior Provider Prospective data						
		Thor trovider rrospective data						
Basis:			Cha	nges:	•			
	·			Rate Semes	ter Change			
	Budget		-		FA & RFA NI	H11-131G FY	E	
X	Unaudited		\$	6/30/2008	•			
	Field audite							
	Desk audite	ed costs						
Distuibantion	 .		_					
Distribution	n: ngement / Fiscal	Agant	***************************************		omas Parke			
Permanent File	_	Agent		Medicaid Cost Reim	bursement Pla	anning and Fi	nance	
	formation Only							
No Cha	ange in Rate							
Но	me Office:	NHS Management						
		931 Fairfax Park						
		Tuscaloosa, AL 35406				*		



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Tallahassee, Florida 32308

WEST MELBOURNE HEALTH & REHABILITATION CENTER		LTH & REHABILITATION CENTER	Provider Number:		0 217727	-00		
2125 WEST 1	NEW HAVEN	AVE	Date:		11/26/20	14		
WEST MELE	BOURNE, FL 3	32904	Fiscal Year End:		6/30/2013			
	,		Audit Status:	*****	Unaudit	ed		
Provider T	`ype:							
	•			Current	New	Effective		
	*			Rate	Rate	<u>Date</u>		
Nursing He	ome Sing	de Level		213.00	<u>212.26</u>	7/1/2014		
				-				
								
Rat	е Туре:							
,	Interim		X Prospective					
——————————————————————————————————————		Total Interim	· · · · · · · · · · · · · · · · · · ·	Prospective				
		Interim Component	Total	Prospective	with Interim	Component		
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:]		Changes:					
134313.			Rate Semest	er Change		-		
	Budget		X Effects of F	_	H11-131G FY	Έ		
X	Unaudited	costs	6/30/2008					
	Field audite	ed costs						
	Desk audite	ed costs						
			,					
<u>Distributio</u>			10 Th	omas Parke	r			
Contract Mana	agement / Fiscal	Agent	Medicaid Cost Reimb	oursement Pla	nning and Fi	nance		
Permanent Fil	e							
For In	formation Only							
No Ch	ange in Rate							
Но	ome Office:	NHS Management						
		931 Fairfax Park						
		Tuscaloosa AI 35406						



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Tallahassee, Florida 32308

CATHEDRAL	GERONTOL	OGY CENTER	Provide	r Number:		0 226068	3-00	
333 E ASHLEY	Y ST		Date:			11/20/2014 9/30/2007		
JACKSONVIL	LE, FL 32202	2	Fiscal Y	ear End:				
			Audit S	tatus:		Field Au	lited	
Provider Ty	pe:							
	P				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	le Level			<u>179.14</u>	<u>178.47</u>	1/1/2008	
	Leve	el H: Aids			313.14	312.47	1/1/2008	
						÷		
				•				
Rate	Type:							
	Interim		XProspe	ective				
		Total Interim	X		ıl Prospective			
		Interim Component	*******	Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:	\neg		Changes:					
Dasis.				Rate Semes	ter Change			
	Budget				~	FYE 9/30/07	,	
	Unaudited	costs						
X	Field audite	ed costs						
	Desk audite	ed costs						
Distribution	ı:			$\langle \mathcal{I} \rangle_{\mathrm{T}}$	homas Parke	r		
Contract Manag		l Agent	Medicaid			anning and F	inance	
Permanent File	-	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
For Info	ormation Only	,						
	nge in Rate							
Hor	ne Office:	Cathedral Foundation, Inc.						
		4250 Lakeside Drive						
		Suite 204						
		Jacksonville, FL 32210						



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Tallahassee, Florida 32308

CATHEDRAL G	ERONTOLO	GY CENTER		Provider Number:		0 226068	3-00	
333 E ASHLEY S	ST			Date:	11/20/2014			
JACKSONVILLI	E, FL 32202			Fiscal Year End:	-	9/30/2007		
				Audit Status:		Field Auc	dited	
Provider Type	e:				-			
	•				Current	New	Effective	
Nuncina Ham	o Cinal	a I aval			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Home	e Singi	e Level			<u>180.87</u>	<u>180.19</u>	7/1/2008	
	Level	H: Aids			317.15	316.47	7/1/2008	
Rate T	ype:							
Iı	nterim		X	Prospective				
		Total Interim	*****************	-	al Prospective			
•		Interim Component		Tota	ıl Prospective	with Interim	Component	
_		Settlement based on cost						
		Prior Provider Prospective data						
	1							
Basis:	J		Cha	inges:				
	D 1 .		***************************************	Rate Semes	_	TXE 0/20/03	,	
	Budget			X Field Audi	ENHII-IUUG	FYE 9/30/07	•	
	Unaudited co							
X	Desk audited							
	Desk auditec	COSES						
Distribution:			-	M) -				
Contract Manager	ment / Fiscal	A cont	***************************************		homas Parke			
Permanent File	nent / 1 isear .	Agent		Medicaid Cost Reim	ibursement Pi	anning and F	inance	
	nation Only							
No Change	e in Rate							
Home	Office:	Cathedral Foundation, Inc.			•			
		4250 Lakeside Drive						
		Suite 204						
		Jacksonville, FL 32210						



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Tallahassee, Florida 32308

CATHEDRAL GERONTOLOGY CENT	TER	Provider N	0 226068	-00			
333 E ASHLEY ST		Date:		11/20/2014 9/30/2007			
JACKSONVILLE, FL 32202		Fiscal Yea	ır End:				
		Audit Stat	us:		Field Auc	lited	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level				180.74	180.05	1/1/2009	
Level H: Aids				319.09	318.40	<u>1/1/2009</u>	
Rate Type:							
Interim		X Prospecti	ve				
Total In		X		Prospective			
***	Component		Total	Prospective	with Interim	Component	
	ent based on cost						
Prior Pr	ovider Prospective data						
Basis:		Changes:					
	ŗ		te Semeste	er Change			
Budget	-				FYE 9/30/07	•	
Unaudited costs							
X Field audited costs	:						
Desk audited costs							
Distribution:		7	2	_			
Contract Management / Fiscal Agent	•			omas Parke			
Permanent File		Medicaid C	ost Reimb	oursement Pl	anning and F	inance	
For Information Only							
No Change in Rate							
4250 Lal Suite 204	Il Foundation, Inc. Reside Drive 4 rille, FL 32210						



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Tallahassee, Florida 32308

CATHEDRAI	GERONTOLO	OGY CENTER		Provider Number	r:	0 226068-00		
333 E ASHLE	Y ST			Date:				
JACKSONVII	LLE, FL 32202			Fiscal Year End:		9/30/2007		
				Audit Status:		Field Aud	lited	
Provider T	v p e:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Singl	le Level			<u>165.59</u>	<u>164.96</u>	3/1/2009	
	Leve	l H: Aids			303.94	<u>303.31</u>	3/1/2009	
Rate	Туре:							
	Interim		X	Prospective				
		Total Interim			otal Prospective			
	,	Interim Component			otal Prospective		Component	
		Settlement based on cost			•		•	
		Prior Provider Prospective data						
Basis:			Cha	nges:				
					ester Change			
	Budget				dit NH11-100G	FYE 9/30/07	•	
	Unaudited o	eosts						
X	Field audite							
*****	Desk audite	d costs						
			_	~ /)			
Distribution	n:		•	1	Thomas Parke			
	— igement / Fiscal	Agent		Medicaid Cost Rei			inance	
Permanent File	÷							
For In:	formation Only							
No Cha	ange in Rate							
Но	me Office:	Cathedral Foundation, Inc.						
		4250 Lakeside Drive						
		Suite 204						
		Jacksonville, FL, 32210						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CATHEDRAL GERON	TOLOGY CENTER		Provider Number: 0 226068-00					
333 E ASHLEY ST			Date:	***************************************	11/20/20)14		
JACKSONVILLE, FL	32202		Fiscal Year End:	***************************************	9/30/20	07		
			Audit Status:		Field Aud	lited		
Provider Type:								
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home	Single Level			<u>205.07</u>	<u>204.35</u>	4/1/2009		
	Level H: Aids			343.42	342.70	4/1/2009		
Rate Type:								
Interim		X	Prospective					
	Total Interim			l Prospective				
	Interim Component		Tota	l Prospective	with Interim	Component		
***************************************	Settlement based on cost							
***************************************	Prior Provider Prospective data				·			
Basis:		Cha	nges:			•		
		<u> </u>	Rate Semes	ter Change				
Budg	et			-	FYE 9/30/07	•		
	dited costs							
X Field	audited costs			`				
Desk	audited costs	:						
			\bigcirc $=$ \bigcirc					
Distribution:				homas Parke	r			
Contract Management /	Fiscal Agent		Medicaid Cost Reim			inance		
Permanent File								
For Information	Only							
No Change in Ra	ate							
Home Office	e: Cathedral Foundation, Inc.							
	4250 Lakeside Drive							
	Suite 204							
	Jacksonville, FL 32210							



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Tallahassee, Florida 32308

ROCKLEDG	E REHAB AN	D NURSING CENTER		Provider Number:		0 227587-00		
587 BARTON	N BLVD			Date:	10/23/2014			
ROCKLEDG	E, FL 32955			Fiscal Year End:		12/31/2007		
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:							
	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level			<u>178.65</u>	<u>177.95</u>	7/1/2008	
	Lev	el H: Aids			314.93	314.23	7/1/2008	
	-	·		•			,	
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim		X Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost				4		
		Prior Provider Prospective data						
Basis:			Cha	nges:				
	4		<u> </u>	Rate Semes	ter Change			
	Budget			X FA & RFA	#NH10-0360	FYE 12/31/	2007	
	Unaudited							
X	Field audit			•				
	Desk audit	ed costs						
Distribution	n·		-	7-10				
	agement / Fisca	l Agent			omas Parke		*****	
Permanent File				Medicaid Cost Reim	oursement Ph	inning and Fi	nance	
For In	formation Only	,		,				
	ange in Rate							
Но	me Office:	Greystone Healthcare Managemen	t, LLC					
		4042 Park Oaks Blvd, Suite 300						
		Tampa, FL 33610						



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Tallahassee, Florida 32308

ROCKLEDG	E REHAB AND	NURSING CENTER		Provider Number:	:	0 227587-00 10/23/2014		
587 BARTON	BLVD			Date:				
ROCKLEDGI	E, FL 32955			Fiscal Year End:		12/31/20)07	
				Audit Status:		Revised Fiel	d Audit	
Provider T	vpe:							
	<i>J</i> F				Current	New	Effective	
*					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level			<u>177.34</u>	<u>176.65</u>	1/1/2009	
	Level	H: Aids			<u>315.69</u>	315.00	1/1/2009	
Rate	туре:	7						
	_Interim		X	Prospective				
		Total Interim	*		al Prospective		-	
		Interim Component		Tot	al Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
Basis:			Chang	ges:				
					ster Change			
	Budget		X	FA & RFA	A#NH10-0360	FYE 12/31/2	2007	
	Unaudited co							
X	Field audited							
	Desk audited	costs						
.		,	(2-2				
<u>Distribution</u>			***************************************		homas Parke			
	gement / Fiscal A	Agent	M	edicaid Cost Rein	nbursement Pla	anning and Fi	nance	
Permanent File	;							
For Inf	formation Only							
No Cha	nge in Rate							
Ног	ne Office:	Greystone Healthcare Managemer	nt, LLC					
		4042 Park Oaks Blvd, Suite 300						
		Tampa, FL 33610						



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Tallahassee, Florida 32308

ROCKLEDGE REHAB AND NURSING CENTER		D NURSING CENTER		Provider Number:		0 227587-00		
587 BARTON	N BLVD			Date:	***************************************	10/23/2014		
ROCKLEDG	E, FL 32955			Fiscal Year End:		12/31/20	007	
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:							
	••				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level			<u>162.47</u>	<u>161.84</u>	3/1/2009	
	Leve	el H: Aids			300.82	<u>300.19</u>	3/1/2009	
Rate	e Type:							
					-			
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component Settlement based on cost		1 ota	Prospective	with Interim	Component	
		Prior Provider Prospective data						
		Thor Provider Prospective data	,					
Basis:			Chai	iges:				
	······································			Rate Semest				
	Budget			FA & RFA	#NH10-0360	C FYE 12/31/	2007	
	Unaudited							
X	Field audite							
	Desk audite	ed costs						
				,				
Wa 4 4 2 12		e e	٠	20				
<u>Distribution</u>		T.A			omas Parke			
	agement / Fiscal	1 Agent	1	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance	
Permanent File								
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Greystone Healthcare Managemen	t, LLC					
		4042 Park Oaks Blvd, Suite 300						
		Tampa, FL 33610						



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Tallahassee, Florida 32308

ROCKLEDGE REHAB AND NURSING CENTER			Provider Number:		0 227587-00				
587 BARTON	N BLVD	_	•	Date:	-	10/23/2014 12/31/2007			
ROCKLEDG	E, FL 32955			Fiscal Year End:					
				Audit Status:	 	Revised Fiel	d Audit		
Provider T	ype:			•					
					Current	New	Effective		
					Rate	Rate	<u>Date</u>		
Nursing Ho	ome Sing	gle Level			<u>200.83</u>	<u>200.11</u>	4/1/2009		
	Lev	el H: Aids			339.18	<u>338.46</u>	4/1/2009		
Rate	e Type:								
	Interim		X	Prospective					
	_	Total Interim			al Prospective				
		Interim Component		Tota	al Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:					
				Rate Semes	ster Change				
	Budget			X FA & RFA	#NH10-0360	C FYE 12/31/	2007		
	Unaudited	costs							
X	Field audit								
	Desk audite	ed costs					•		
_							•		
Distribution	<u>n:</u>		,		homas Parke	r			
Contract Mana	igement / Fisca	l Agent		Medicaid Cost Reim			nance		
Permanent File	2								
For Inf	formation Only	,							
No Cha	ange in Rate								
Ho	me Office:	Greystone Healthcare Managemen	nt, LLC						
		4042 Park Oaks Blvd, Suite 300							
		Tampa, FL 33610							



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Tallahassee, Florida 32308

ROCKLEDG	E REHAB AND	NURSING CENTER		Provid	der Nur	nber:		0 227587	-00
587 BARTON	N BLVD			Date:				10/23/20	14
ROCKLEDG	E, FL 32955			Fiscal	Year E	End:		12/31/20	007
				Audit	Status:			Revised Fiel	d Audit
Provider T	ype:								
							Current	New	Effective
							Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	e Level					<u>210.00</u>	<u>209.19</u>	7/1/2009
	Level	l H: Aids					<u>350.35</u>	349.54	<u>7/1/2009</u>
				•					
Rate	e Type:								
	Interim		X	Prosp	ective				
		Total Interim			X	_	Prospective		
		Interim Component				Total	Prospective	with Interim	Component
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:]				
				-	Rate S	Semest	er Change		
	Budget			X	FA &	RFA:	#NH10-0360	C FYE 12/31/2	2007
	Unaudited co								
X	Field audited								
	Desk audited	l costs							
•						_			
Dietributio	n•		-	>	//	フ <u>.</u>			
Distribution	u. agement / Fiscal .	A cent		/ /	<u>//</u>		omas Parke		
Permanent File		Agent	j	Medicai	id Cost	Keimt	oursement Pla	anning and Fi	nance
	formation Only								
No Cha	ange in Rate								
Но	me Office:	Greystone Healthcare Managemer	nt, LLC						
		4042 Park Oaks Blvd, Suite 300							
		Tampa, FL 33610							



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Tallahassee, Florida 32308

GREENBRIAR REHAB & NURSING CENTER	Provider Number:		0 227625-00			
210 21ST AVE W	Date:	10/23/2014				
BRADENTON, FL 34205	Fiscal Year End:		12/31/20	007		
,	Audit Status:		Revised Field Audit			
Provider Type:		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Single Level	<u>1</u> :	<u>89.15</u>	<u>189.08</u>	<u>7/1/2008</u>		
Level H: Aids	<u>3</u>	<u>25.43</u>	<u>325.36</u>	7/1/2008		
Rate Type:						
Interim Total Interim Interim Compone Settlement based Prior Provider Pr	cost	-	ve ve with Interim	Component		
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semester C X FA and RFA #N	_	940C FYE 12/31	1/2007		
Distribution: Contract Management / Fiscal Agent	Thom: Medicaid Cost Reimburs	as Park		nance		
Permanent File						
For Information Only						
No Change in Rate						
Home Office: Greystone Healtho 4042 Park Oaks B Tampa, FL 33610	Management, LLC Suite 300					



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENBRIA	AR REHAB & 1	NURSING CENTER	Provider Nu	umber:	0 227625-00		
210 21ST AV	'E W		Date:		10/23/20	014	
BRADENTO	N, FL 34205		Fiscal Year	End:	12/31/20	007	
			Audit Statu	s:	Revised Fiel	d Audit	
Provider T	ype:						
	• •			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level		<u>188,61</u>	<u>187.69</u>	1/1/2009	
	Leve	el H: Aids		<u>326.96</u>	<u>326.04</u>	1/1/2009	
Rate	е Туре:						
	_ Interim		XProspective	e			
		Total Interim	X	Total Prospective	2		
		Interim Component		_ Total Prospective	e with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	<u> </u>		Changes:				
Dusis.			***************************************	Semester Change			
	Budget			and RFA #NH10-04	OC FYE 12/3	1/2007	
***************************************	Unaudited	costs					
Χ	Field audite	ed costs					
	Desk audite	ed costs		•			
		e a					
		•		1			
<u>Distributio</u>	<u>n:</u>		10	Thomas Park	er		
Contract Mana	igement / Fiscal	l Agent	Medicaid Cos	t Reimbursement P	lanning and Fi	nance	
Permanent File	2						
For Inf	formation Only						
No Cha	inge in Rate						
Но	me Office:	Greystone Healthcare Managemen	t, LLC				
		4042 Park Oaks Blvd, Suite 300				•	

Tampa, FL 33610



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENBRIA	R REHAB & 1	NURSING CENTER		Provider Number:		0 227625-00		
210 21ST AV	E W			Date:	10/23/2014			
BRADENTON	N, FL 34205			Fiscal Year End:		12/31/20)07	
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	ype:	-			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Sing	gle Level			172.80	<u>171.96</u>	3/1/2009	
	Lev	el H: Aids			311.15	310.31	3/1/2009	
Rate	Type:							
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	<u>X</u>		l Prospective	e with Interim	Component	
Basis:	Budget Unaudited	costs		Rate Semest FA and RFA	_	0C FYE 12/31	./2007	
X	Field audite Desk audite							
Distribution				Th	omas Parke	er		
Contract Manag	•	l Agent		Medicaid Cost Reimb	oursement Pl	anning and Fi	nance	
Permanent File								
For Info	ormation Only							
No Cha	nge in Rate							
Hon	ne Office:	Greystone Healthcare Managemen 4042 Park Oaks Blvd, Suite 300	t, LLC					

Report Calculated: 10/23/2014 12:12:43 PM Report Printed: 10/23/2014 ID: 227625123120070101200704022008163238



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GREENBRIA	AR REHAB & N	IURSING CENTER		Provider Number	0 227625-00			
210 21ST AV	/E W			Date:	w	10/23/2014 12/31/2007		
BRADENTO	N, FL 34205			Fiscal Year End:	• *************************************			
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Sing	le Level			212.51	211.53	<u>4/1/2009</u>	
	Leve	el H: Aids			<u>350.86</u>	<u>349.88</u>	4/1/2009	
Rat	е Туре:							
	Interim		X	Prospective				
		Total Interim		XTo	tal Prospective			
	***************************************	Interim Component		То	tal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
	Dudgat				ester Change FA #NH10-040	OC EVE 19/21	/2007	
	Budget Unaudited of	·		A PA and K	I'A #MILLU-U40	C F 1 E 12/31	1/2007	
X	Field audite							
71	Desk audite							
				\sim				
<u>Distributio</u>	<u>n:</u>			///	Thomas Parke	r		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rei	nbursement Pla	anning and Fi	nance	
Permanent File	e							
For In:	formation Only							
No Cha	ange in Rate							
Но	me Office:	Greystone Healthcare Managemer 4042 Park Oaks Blvd, Suite 300	it, LLC					

Tampa, FL 33610



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Tallahassee, Florida 32308

GREENBRIA	GREENBRIAR REHAB & NURSING CENTER			Provider Number:	0 227625-00		
210 21ST AV	E W			Date:	10/23/2014		
BRADENTON	N, FL 34205			Fiscal Year End:		007	
				Audit Status:		Revised Fiel	d Audit
Provider Ty	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	gle Level		•	<u>219.01</u>	<u>217.91</u>	7/1/2009
	Lev	el H: Aids			<u>359.36</u>	<u>358.26</u>	7/1/2009
			,		Ψ		
Rate	Type:						
	_ Interim	Total Interim	X	Prospective X Tota	l Prospective		
•		Interim Component			-	with Interim	Component
		Settlement based on cost Prior Provider Prospective data			•		
Basis:		,	Cha	nges:			
	Budget	•		Rate Semestra FA and RFA	-	OC FYE 12/31	1/2007
	Unaudited						
X	Field audit						
	Desk audit	ted costs					
<u>Distribution</u>	<u>ı:</u>		(iomas Parke	r	
Contract Mana	gement / Fisca	al Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	nance
Permanent File	:			,			
For Inf	ormation Only	<i>(</i>					
No Cha	nge in Rate						
Ног	me Office:	Greystone Healthcare Managemen 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	t, LLC				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

NEW HORIZ	ON HEALTH &	& REHAB CENTER		Provider Number:		0 227773-00		
635 SE 17TH	STREET		Date:			10/22/2014		
OCALA, FL	34471			Fiscal Year End:		12/31/20	006	
		·		Audit Status:	-	Revised Fiel	d Audit	
Provider T	ype:							
				•	Current	New	Effective	
					Rate,	Rate	<u>Date</u>	
Nursing Ho	ome Sing	de Level			<u>178.69</u>	<u>177.79</u>	1/1/2008	
	Leve	el H: Aids			312.69	<u>311.79</u>	1/1/2008	
Rate	е Туре:							
	Interim		x	Prospective				
	***************************************	Total Interim			al Prospective			
		Interim Component		Tot	al Prospective	with Interim	Component	
		Settlement based on cost		-				
		Prior Provider Prospective data		ا عن				
Basis:			Cha	nges:				
			<u> </u>	Rate Seme	ster Change			
	Budget			X FA & RFA	4 #NH09-1240	C FYE 12/31/	2006	
	Unaudited							
X	Field audite							
	Desk audite	ed costs						
Th			•	20				
Distribution		1 A cont			homas Parke			
	agement / Fiscal	Agent		Medicaid Cost Reir	nbursement Pl	anning and Fi	inance	
Permanent File								
	formation Only							
No Cha	ange in Rate							
Но	me Office:	Greystone Healthcare Managemen	it, LLC					
		4042 Park Oaks Blvd, Suite 300						
		Tampa, FL 33610						



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

NEW HORIZON HEAL?	TH & REHAB CENTER					
635 SE 17TH STREET		Provider Number: 0 227773-00				
OCALA, FL 34471		Date:		10/22/20		
		Fiscal Year End:		8/31/20		
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home S	ingle Level		Current Rate 241.31	New <u>Rate</u> 241.30	Effective <u>Date</u> <u>7/1/2013</u>	
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		Prospective Prospective	with Interim (Component	
Field au	ted costs udited costs udited costs	Changes: Rate Semest Effects of F 12/31/2006	'A & RFA #N	NH09-124C FY	ΥE	
Distribution:						
Contract Management / Fig Permanent File	scal Agent	Medicaid Cost Reim	nomas Parke		nance	
For Information C	hn lv					
No Change in Rate						
Home Office:	Greystone Healthcare Management, 4042 Park Oaks Blvd, Suite 300	, LLC				
	Tampa, FL 33610					

Report Printed: 11/3/2014

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Report Calculated: 10/22/2014 2:13:59 PM



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Tallahassee, Florida 32308

PALMER RANCH HEALTHCARE AND REHABILITATION			Provider Number:		0 319244-00		
5111 PALMER	R RANCH PA	RKWAY	-	Date:		10/28/20)14
SARASOTA, F	FL 34238			Fiscal Year End:		6/30/20	07
				Audit Status:		Revised Fiel	d Audit
Provider Ty					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	le Level			<u>207.77</u>	<u>206.85</u>	<u>1/1/2008</u>
	Leve	el H: Aids			341.77	<u>340.85</u>	1/1/2008
Rate	Type:						
	Interim	The Landin	X	Prospective	-1 D		
		Total Interim Interim Component			al Prospective al Prospective		Component
	X	Settlement based on cost			ui i iospeedive	with mitorini	component
		Prior Provider Prospective data					
Basis:					ster Change		
	Budget			<u>X</u> FA & RFA	x #NH10-0410	C FYE 6/30/2	007
X	Unaudited Field audit						
	Desk audit						
Distribution	<u>:</u>			/ O 1	homas Parke	r	
Contract Manag	gement / Fisca	l Agent	1	Medicaid Cost Rein	nbursement Pl	anning and F	inance
Permanent File							
For Inf	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	Emeritus Senior Living 3131 Elliott Avenue, Suite 500 Seattle WA 98121					



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Tallahassee, Florida 32308

PALMER RAN	NCH HEALTH	CARE AND REHABILITATION	Pr	ovider Number:		0 319244-00 10/28/2014		
5111 PALMER	RANCH PAR	RKWAY	Da	ate:				
SARASOTA, F	FL 34238		Fi	scal Year End:		6/30/20	07	
			Aı	ıdit Status:		Revised Fiel	d Audit	
Provider Ty	pe:							
·	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Hor	me Sing	le Level			210.13	<u>209.21</u>	7/1/2008	
	Leve	l H: Aids			<u>346.41</u>	345.49	7/1/2008	
Rate	Туре:				-			
	Interim		X P	rospective				
· · · · · · · · · · · · · · · · · · ·	•	Total Interim		-	ıl Prospective			
		Interim Component		Tota	ıl Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Change	es:				
				Rate Semes	-			
	Budget		X_	FA & RFA	#NH10-0410	C FYE 6/30/2	007	
	Unaudited of							
X	Field audite							
	Desk audite	d costs						
Distribution			_	T	homas Parke	r		
Contract Manag	gement / Fiscal	Agent	Med	dicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File								
For Info	ormation Only							
No Char	nge in Rate							
Hon	ne Office:	Emeritus Senior Living			•			
		3131 Elliott Avenue,						
		Suite 500						
		Seattle, WA 98121						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALMER RANCH HEALTHCARE AND REHABILITATION			Number:		0 319244-00		
5111 PALMER RANCH	PARKWAY	Date:			10/28/20	14	
SARASOTA, FL 34238		Fiscal Yea	ar End:		6/30/20	07	
		Audit Stat	us:		Revised Fiel	d Audit	
Provider Type:							
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home S	ingle Level			211.82	<u>210.92</u>	1/1/2009	
L	evel H: Aids			<u>350.17</u>	349.27	<u>1/1/2009</u>	
Rate Type:							
Interim		X Prospecti					
	Total Interim		_	Prospective			
	Interim Component		Total	Prospective	with Interim	Component	
X							
	Prior Provider Prospective data						
Basis:		Changes:					
			te Semeste	r Change			
Budget				_	C FYE 6/30/2	007	
Unaudi	ted costs						
X Field a	udited costs						
Desk at	udited costs						
			9				
Distribution:			Tho	mas Parke	er		
Contract Management / F	iscal Agent	Medicaid C	ost Reimb	ursement Pl	anning and F	inance	
Permanent File							
For Information C	Only						
No Change in Rate	e						
Home Office:	Emeritus Senior Living 3131 Elliott Avenue,						
	Suite 500						
	Seattle, WA 98121						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALMER RAN	NCH HEALTH	ICARE AND REHABILITATION		Provider Number:		0 319244-00		
5111 PALMER	R RANCH PAI	RKWAY		Date:		10/28/20)14	
SARASOTA, I	FL 34238			Fiscal Year End:		6/30/20	07	
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	pe:	•			•			
•	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level			<u>194.07</u>	<u>193.24</u>	<u>3/1/2009</u>	
	Leve	el H: Aids			332.42	<u>331.59</u>	3/1/2009	
Rate	Type:							
	Interim		X	Prospective				
	-	Total Interim		_	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Char	1006:				
Da313.			Chai	Rate Semes	ter Change			
	Budget			***************************************	_	C FYE 6/30/2	007	
	Unaudited	costs						
X	Field audite	ed costs						
	Desk audite	ed costs						
			_	\rightarrow				
Distribution	<u>ı:</u>			/ () / TI	homas Parke	er		
Contract Manag	gement / Fiscal	Agent	1	Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate					•		
Hor	ne Office:	Emeritus Senior Living						
		3131 Elliott Avenue,						
		Suite 500						
		Seattle, WA 98121						



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Tallahassee, Florida 32308

PALMER RANCH HEALTHCARE AND REHABILITATION				Provider Number:		0 319244-00		
5111 PALMER	R RANCH PAR	RKWAY		Date:		10/28/2014		
SARASOTA, I	FL 34238			Fiscal Year End:	6/30/2007 Revised Field Audit			
				Audit Status:				
Provider Ty	pe:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	le Level			237.85	236.89	4/1/2009	
	Leve	l H: Aids			<u>376.20</u>	<u>375.24</u>	4/1/2009	
Rate	Туре:							
	_Interim		X	Prospective				
		Total Interim			l Prospective		eru	
	** 7	Interim Component		Tota	ıl Prospective	with Interim	Component	
	X	Settlement based on cost						
	***************************************	Prior Provider Prospective data						
Basis:	_		Char	iges:				
			<u> </u>	Rate Semes	ter Change			
	Budget			FA & RFA	#NH10-0410	C FYE 6/30/2	.007	
	Unaudited of							
X	Field audite							
	Desk audite	ed costs						
Distribution	<u>1:</u>			76 TI	homas Parke	er		
Contract Mana	gement / Fiscal	Agent	N	Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File	;							
For Inf	formation Only							
No Cha	inge in Rate							
Ног	me Office:	Emeritus Senior Living 3131 Elliott Avenue, Suite 500 Seattle, WA 98121						



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Tallahassee, Florida 32308

PALMER RAN	NCH HEALTH	ICARE AND REHABILITATION		Provider Number:		0 319244	-00
5111 PALMER	RANCH PAF	RKWAY		Date: 10/28/2014			
SARASOTA, I	FL 34238			Fiscal Year End:		6/30/20	08
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
•	P				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	le Level			<u>231.75</u>	231.32	7/1/2009
	Leve	el H: Aids			<u>372.10</u>	<u>371.67</u>	7/1/2009
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:]		Cha	nges:			
Dasis.			Cita	Rate Semes	ter Change		
	Budget				FA & RFA #N	H10-041C F	YE
X	Unaudited of	costs		6/30/2007			
	Field audite	ed costs				,	
	Desk audite	ed costs					
Distribution				70			
Contract Manag		Agent			homas Parke		
Permanent File	_	Agent		Medicaid Cost Reim	bursement PI	anning and Fi	inance
	ormation Only						
No Cha	nge in Rate				-		
Hor	Home Office: Emeritus Senior Living 3131 Elliott Avenue,						
		Suite 500					
		Seattle, WA 98121					



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Tallahassee, Florida 32308

PALMER RANCH HEAL	THCARE AND REHABILITATION	Provider N	umber:		0 319244	-00
5111 PALMER RANCH P	Date:		10/28/2014			
SARASOTA, FL 34238		Fiscal Year	End:		6/30/20	09
		Audit Statu	s:		Unaudit	ed
Provider Type:						
• •			Cui	rrent	New	Effective
			<u>R</u>	<u>ate</u>	Rate	<u>Date</u>
Nursing Home Sin	ngle Level		244	<u>4.74</u>	244.30	1/1/2010
Le	evel H: Aids		386	<u>6.66</u>	386.22	1/1/2010
Rate Type:						
Interim		X Prospectiv	re.			
	Total Interim	X	Total Pros	pective		
	Interim Component	******		-	with Interim	Component
**************************************	Settlement based on cost			•		•
	Prior Provider Prospective data					
Basis:		Changes:	·			
			Semester Ch	ange		
Budget				_	NH10-041C F	YE
X Unaudite	ed costs	6/30	0/2007			
Field aud	dited costs	A				
Desk aud	dited costs					
			$\overline{}$			
Distribution:		1	Thomas	s Parke	er	
Contract Management / Fis	scal Agent	Medicaid Co	st.Reimburse	ment Pl	lanning and Fi	inance
Permanent File						
For Information Or	nly					
No Change in Rate						
Home Office:	Emeritus Senior Living 3131 Elliott Avenue, Suite 500 Seattle, WA, 98121					



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMER RANCH	HEALTHC	ARE AND REHABILITATION		Provider Number:		0 319244	-00	
5111 PALMER RANCH PARKWAY				Date:		10/28/2014		
SARASOTA, FL 34	4238			Fiscal Year End:	·	6/30/20	09	
				Audit Status:		Unaudit	ed	
Provider Type:								
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	Single	Level			<u>247.96</u>	<u>247.52</u>	<u>7/1/2010</u>	
	Level	H: Aids			<u>391.30</u>	<u>390.86</u>	7/1/2010	
Rate Typ	e:							
Inte	rim	_	X	Prospective				
		Total Interim			l Prospective			
***************************************		Interim Component			•	with Interim	Component	
		Settlement based on cost			-		-	
		Prior Provider Prospective data						
Basis:			Cha	nges:				
D				Rate Semes	_	\Н10-041С F	VE	
	udget naudited co	eta		Effects of F 6/30/2007	A & Kra #r	ипто-041С г	IL	
	eld audited							
	esk audited							
				- 0				
Distribution:			1	77) TI	iomas Parke	r		
Contract Managemen	nt / Fiscal A	Agent	***************************************	Medicaid Cost Reim	bursement Pl	anning and Fi	inance	
Permanent File								
For Informat	tion Only							
No Change in	n Rate							
Home Of	ffice:	Emeritus Senior Living 3131 Elliott Avenue, Suite 500 Seattle, WA 98121						

Report Printed: 10/28/2014 ID: 319244063020090701200811022009113148



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMER RANCH HEALTHO	CARE AND REHABILITATION		Provider Number:		0 319244	-00
5111 PALMER RANCH PAR	KWAY		Date:		10/28/20	114
SARASOTA, FL 34238	,		Fiscal Year End:		6/30/20	10
			Audit Status:	-	Unaudit	ed
Provider Type:						
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single	e Level			<u>253.20</u>	<u>252.75</u>	<u>1/1/2011</u>
Level	H: Aids			<u>398.06</u>	<u>397.61</u>	1/1/2011
Rate Type:						
Interim		X	Prospective			
***************************************	Total Interim			I Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
	Settlement based on cost					
-	Prior Provider Prospective data					
Basis:	,	Cha	nges:			
		V	Rate Semest		T740 0440 T	* 7 T
Budget			Effects of F 6/30/2007	A & RFA #N	NH10-041C F	YE
X Unaudited co			V. P. S. M. V.			
Desk audited						
Desk addited	COSIS					
		(20			
Distribution:				omas Parke		
Contract Management / Fiscal .	Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	inance
Permanent File						
For Information Only						
No Change in Rate						
Home Office:	Emeritus Senior Living 3131 Elliott Avenue, Suite 500 Seattle, WA 98121					

Report Printed: 10/28/2014 ID: 319244063020100701200910252010133022



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Tallahassee, Florida 32308

PALMER RAN	ICH HEALTH	CARE AND REHABILITATION		Provider Number:		0 319244	-00	
5111 PALMER	RANCH PAR	RKWAY		Date:	-	10/28/20	14	
SARASOTA, F	L 34238			Fiscal Year End:		6/30/2010 Unaudited		
				Audit Status:				
Provider Ty	pe:							
,					Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hor	me Sing	le Level			<u>243.90</u>	<u>243.49</u>	<u>7/1/2011</u>	
	Leve	l H: Aids			<u>390,10</u>	Current New Effect Rate Rate Date 243.90 243.49 7/1/2 390.10 389.69 7/1/2 Prospective Prospective with Interim Components		
Rate	Type:							
	Interim		X	Prospective				
	•	Total Interim		-	al Prospective			
		Interim Component		Tot	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:		•	Char					
					ster Change	W110 0416 F	* ***	
***	Budget			Effects of 6/30/2007		NH10-041C F	YE	
X	Unaudited o							
	Field audite Desk audite				h.			
	Desk addite	a costs						
				\sim				
Distribution		•	Chipmens.	7/				
		Amant				******		
Contract Manag		Agent	ľ	Medicaid Cost Reir	nbursement Pl	anning and F	inance	
Permanent File						,		
	ormation Only							
No Char	nge in Rate							
Hon	ne Office:	Emeritus Senior Living 3131 Elliott Avenue, Suite 500 Seattle, WA, 98121						



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Tallahassee, Florida 32308

PALMER RAN	CH HEALTH	CARE AND REHABILITATION	Pi	rovider Number:		0 319244	-00
5111 PALMER RANCH PARKWAY Date:				-	10/28/2014		
SARASOTA, F	L 34238		Fi	iscal Year End:		6/30/20	10
			A	udit Status:		Unaudit	ted
Provider Typ	oe:						
. 1					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Hon	ne Sing	le Level			<u>245.93</u>	<u>245.52</u>	1/1/2012
	Leve	l H: Aids			<u>393.54</u>	393.13	1/1/2012
Rate '	Туре:						
	Interim		XI	Prospective			
		Total Interim		***************************************	l Prospective		
-		Interim Component		Tota	l Prospective	with Interim	Component
-		Settlement based on cost					
-		Prior Provider Prospective data					
Basis:		•	Chang	es:			
				Rate Semes	_		
	_ Budget		X	Effects of I 6/30/2007	FA & RFA #N	NH10-041C F	YE
X	Unaudited o			0/30/2007			
	Field audite						
	_ Desk audite	a costs					
Distribution:	<u>.</u>			777	homas Parke	vr	
Contract Manag		Agent	Me	dicaid Cost Reim			inance
Permanent File							
For Info	rmation Only						
	ge in Rate						
Hom	e Office:	Emeritus Senior Living 3131 Elliott Avenue, Suite 500 Seattle, WA 98121					



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Tallahassee, Florida 32308

PALMER RAI	NCH HEALTH	CARE AND REHABILITATION	Provider Nur	nber:		0 319244	-00
5111 PALMER	R RANCH PAR	RKWAY	Date:			10/28/20	14
SARASOTA, I	FL 34238		Fiscal Year E	End:	6/30/2011 °		
			Audit Status:			Unaudit	ed
Provider Ty	vne:						
	PV.				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Sing	le Level			<u>256.76</u>	Unaudited Unaudited Effective Rate Date 56.76 256.34 7/1/2012 D5.97 405.55 7/1/2012 Dispective Dispective with Interim Component Change ERFA #NH10-041C FYE	
	Leve	l H: Aids			405.97	<u>405.55</u>	7/1/2012
Rate	Type:						
	Interim	_	X Prospective				
		Total Interim	X	_	Prospective		
		Interim Component	-	_ Total :	Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:		` [Changes:				
124010.		L		Semeste	r Change		
	Budget	•				NH10-041C F	YE
X	Unaudited	costs	6/30/	2007			
	Field audite	ed costs					
	Desk audite	ed costs					
				7			
<u>Distribution</u>	<u>n:</u>		10	The	omas Parke	er	
Contract Mana	gement / Fiscal	Agent	Medicaid Cost	t Reimb	ursement Pl	anning and F	inance
Permanent File	:						
For Inf	formation Only	•					
No Cha	inge in Rate						
Ho	me Office:	Emeritus Senior Living					
		3131 Elliott Avenue,					
		Suite 500					
		Seattle, WA 98121					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALMER RAN	ICH HEALTE	ICARE AND REHABILITATION	P	rovider Number:		0 319244	-00
5111 PALMER	RANCH PAI	RKWAY		Date:	•	10/28/20	14
SARASOTA, F	TL 34238		F	iscal Year End:		6/30/20	12
			A	audit Status:		Unaudit	ed
Provider Ty	pe:						
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	le Level			<u>246.37</u>	<u>245.95</u>	1/1/2013
	Leve	el H: Aids			<u>397.18</u>	<u>396.76</u>	1/1/2013
Rate	Type:						
	Interim		X	Prospective			
		Total Interim	-		al Prospective		
		Interim Component	-	Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Chang	ges:			
				Rate Semes	_		
	Budget		X	Effects of 3 6/30/2007	FA & RFA #N	NH10-041C F	YE
X	Unaudited			0/30/2007			
	Field audito						
	Desk audite	ed costs					
Distribution	ı•		_	70	l		
Contract Manag	,	l Agent		edicaid Cost Rein	homas Parke		inanca
Permanent File	_		141	edicaid Cost Kein	ioursement i	ammig and I	mance
	ormation Only	,					
	nge in Rate						
Hor	ne Office:	Emeritus Senior Living					
1101.	TIO OTTION	3131 Elliott Avenue,					
		Suite 500					
		Seattle, WA 98121					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALMER RA	NCH HEALTI	HCARE AND REHABILITATION		Provider Number:		0 319244	l-00	
5111 PALME	R RANCH PA	RKWAY		Date:		10/28/2014		
SARASOTA,	FL 34238			Fiscal Year End:		6/30/20	12	
				Audit Status:		Unaudit	ted	
Provider T					Current <u>Rate</u>	New Rate	Effective <u>Date</u>	
Nursing Ho	ome Sing	gle Level	·		<u>250.28</u>	<u>249.84</u>	7/1/2013	
Rate	е Туре:							
	Interim	Tarliania	X	Prospective	l Due su estisse			
		Total Interim Interim Component			l Prospective	with Interim	Component	
		Settlement based on cost			i i rospective	with intermi	Component	
		Prior Provider Prospective data						
Basis:			Cha	nges:	ter Change			
	Budget				A & RFA #N	NH10-041C F	YE	
X	Unaudited			6/30/2007				
	Field audit Desk audit							
	Desk audit	ed costs						
<u>Distributio</u>	<u>n:</u>			76) TI	ıomas Parke	er		
Contract Mana	ngement / Fisca	l Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File	e							
For In:	formation Only	<i>'</i>						
No Cha	ange in Rate							
Но	me Office:	Emeritus Senior Living 3131 Elliott Avenue, Suite 500 Seattle, WA 98121						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMER RA	NCH HEALTH	HCARE AND REHABILITATION		Provider Number:		0 319244	-00	
5111 PALMEI	R RANCH PA	RKWAY		Date:		10/28/2014		
SARASOTA,	FL 34238			Fiscal Year End:		6/30/20	13	
				Audit Status:		Unaudited		
Provider Ty	ype:							
•	. 1				Current	New Rate	Effective <u>Date</u>	
Nursing Ho	ıma Sina	de Level					1/1/2014	
runsing mo	anc Sing	ic Level			Total Prospective Total Prospective with Interim C Gemester Change as of FA & RFA #NH10-041C FY	A7 A7 AO L 1		
Dodo	T							
Rate	Type:							
	Interim		X	Prospective				
		Total Interim			-			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost				-		
		Prior Provider Prospective data						
Basis:			Cha	nges:				
					-			
	Budget		***************************************		'A & RFA #N	NH10-041C F	YE	
X	Unaudited			6/30/2007				
	Field audit							
	Desk audit	ed costs						
Distribution			,	10- TI	iomas Parke	r		
Contract Mana	igement / Fisca	d Agent	,	Medicaid Cost Reim	bursement Pl	anning and Fi	inance	
Permanent File	;							
For Inf	formation Only	,				•		
No Cha	inge in Rate							
Hos	me Office:	Emeritus Senior Living						
		3131 Elliott Avenue,						
		Suite 500						
		Seattle, WA 98121						

Report Printed: 10/28/2014 ID: 319244063020130701201210252013155718



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Tallahassee, Florida 32308

PALMER RAN	NCH HEALTH	ICARE AND REHABILITATION	Pr	ovider Number:		0 319244	-00
5111 PALMER	R RANCH PAI	RKWAY		ate:	***************************************	10/28/20	
SARASOTA, I	FL 34238		Fi	scal Year End:	***************************************	6/30/20	13
			A	udit Status:	,	Unaudit	ted
Provider Ty	pe:				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Sing	le Level			<u>269.56</u>	<u>269.11</u>	7/1/2014
Rate	Type:						
	Interim		X P	rospective		·	
		Total Interim		X Tota	l Prospective		
		Interim Component		Tota	I Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Change	es:			
				Rate Semes	ter Change		
	Budget		X		FA & RFA #N	NH10-041C F	YE
X	Unaudited	costs		6/30/2007			
	Field audite						
	Desk audite	ed costs					
Distribution	<u>ı:</u>				nomas Parke	r	
Contract Manag	gement / Fiscal	Agent	Med	dicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File							
For Infe	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	Emeritus Senior Living 3131 Elliott Avenue, Suite 500 Seattle, WA 98121					