




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: June 26, 2015

To: Gay Munyon, Bureau Chief, Medicaid Contract Management

From:  Thomas Parker, Regulatory Analyst Supervisor, 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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Debary Manor	0 005372-00	12
2.	Flagler Pines	0 005374-00	16
3.	Longwood Health Care Center	0 005379-00	12
4.	Rehab Center of Winter Park	0 005380-00	9
5.	Brynwood Center	0 005381-00	9
6.	Nursing Pavilion at Chipola Retirement Center	0 005383-00	13
7.	Glencove Nursing Pavilion	0 005384-00	10
8.	Panama City Nursing Center	0 005385-00	9
9.	Riverchase Care Center	0 005386-00	15
10.	Suwannee Health Care Center	0 005387-00	9
11.	Wave Crest Health & Rehab Center	0 005519-00	1
12.	Fountainhead Care Center	0 005523-00	11
13.	Oakwood Garden of Deland	0 005547-00	9
14.	Boynton Health Care Center	0 005814-00	16
15.	Accentia Health & Rehab Center of Tampa	0 005826-00	10
16.	Glen Oaks Health Care Center	0 005849-00	14
17.	Heritage Park	0 005850-00	9
18.	Lake Eustis Care Center	0 005851-00	15
19.	Crosswinds Health & Rehab Center	0 007012-00	6
20.	St. James Health & Rehab Center	0 015613-00	8
21.	University Plaza Rehabilitation & Nursing Center	0 082204-00	7
22.	Hawthorne Health & Rehab of Sarasota	0 094353-00	7
23.	Westwood Nursing & Rehab Center	0 103475-00	5
24.	Woodland Grove Health & Rehab Center	0 122341-00	1



25.	The Gardens Health & Rehab Center	0 122342-00	2
26.	Terrace Health & Rehab Center	0 122346-00	1
27.	Woodland Terrace	0 212636-00	2
28.	Madison Health & Rehab Center	0 213462-00	1
29.	Fair Havens Center	0 227226-00	2
30.	Woodlands Care Center of Alachua County	0 255572-00	2
31.	Bridgeview Center	0 260371-00	1
32.	Bayview Center	0 260444-00	1
33.	Island Lake Center	0 260657-00	16
34.	Valencia Hills Health & Rehab Center	0 265560-00	16
35.	Southpoint Terrace	0 266281-00	8
36.	The Terrace at Daytona Beach	0 282553-00	14
37.	Community Health & Rehab Center	0 318779-00	1
38.	Freedom Square Rehab & Nursing Services	0 324248-00	17
		Total:	317

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

TP/ke

Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
000537200	20081204	168.86	305.14	168.86	168.86	77579-15	NH12-024C
000537200	20090101	164.31	302.66	164.31	164.31	77579-15	NH12-024C
000537200	20090301	150.54	288.89	150.54	150.54	77579-15	NH12-024C
000537200	20090401	186.72	325.07	186.72	186.72	77579-15	NH12-024C
000537200	20090701	197.17	337.52	197.17	197.17	77579-15	NH12-024C
000537200	20100101	198.74	340.66	198.74	198.74	77579-15	NH12-024C
000537200	20100701	202.24	345.58	202.24	202.24	77579-15	NH12-024C
000537200	20110101	204.65	349.51	204.65	204.65	77579-15	NH12-024C
000537200	20110701	197.43	343.63	197.43	197.43	77579-15	NH12-024C
000537200	20120701	195.12	344.33	195.12	195.12	77579-15	NH12-024C
000537200	20130101	197.75	348.56	197.75	197.75	77579-15	NH12-024C
000537200	20150101	234.55	0.00	234.55	234.55	77579-15	NH12-024C
000537400	20081204	176.44	312.72	176.44	176.44	77579-15	NH12-025C
000537400	20090101	172.47	310.82	172.47	172.47	77579-15	NH12-025C
000537400	20090301	158.01	296.36	158.01	158.01	77579-15	NH12-025C
000537400	20090401	195.50	333.85	195.50	195.50	77579-15	NH12-025C
000537400	20090701	206.92	347.27	206.92	206.92	77579-15	NH12-025C
000537400	20100101	208.89	350.81	208.89	208.89	77579-15	NH12-025C
000537400	20100701	212.27	355.61	212.27	212.27	77579-15	NH12-025C
000537400	20110101	214.82	359.68	214.82	214.82	77579-15	NH12-025C
000537400	20110701	207.48	353.68	207.48	207.48	77579-15	NH12-025C
000537400	20120101	201.64	349.25	201.64	201.64	77579-15	NH12-025C
000537400	20120701	209.76	358.97	209.76	209.76	77579-15	NH12-025C
000537400	20130101	212.60	363.41	212.60	212.60	77579-15	NH12-025C
000537400	20130701	218.00	0.00	218.00	218.00	77579-15	NH12-025C
000537400	20140101	208.79	0.00	208.79	208.79	77579-15	NH12-025C
000537400	20140701	219.09	0.00	219.09	219.09	77579-15	NH12-025C
000537400	20150101	234.74	0.00	234.74	234.74	77579-15	NH12-025C
000537900	20081204	170.90	307.18	170.90	170.90	77579-15	NH12-026C
000537900	20090101	167.08	305.43	167.08	167.08	77579-15	NH12-026C
000537900	20090301	153.07	291.42	153.07	153.07	77579-15	NH12-026C
000537900	20090401	189.78	328.13	189.78	189.78	77579-15	NH12-026C
000537900	20090701	201.02	341.37	201.02	201.02	77579-15	NH12-026C
000537900	20100101	202.63	344.55	202.63	202.63	77579-15	NH12-026C
000537900	20100701	206.19	349.53	206.19	206.19	77579-15	NH12-026C
000537900	20110101	208.71	353.57	208.71	208.71	77579-15	NH12-026C
000537900	20110701	201.33	347.53	201.33	201.33	77579-15	NH12-026C
000537900	20120101	197.50	345.11	197.50	197.50	77579-15	NH12-026C
000537900	20130701	202.32	0.00	202.32	202.32	77579-15	NH12-026C
000537900	20140101	205.54	0.00	205.54	205.54	77579-15	NH12-026C
000538000	20081204	194.95	331.23	194.95	194.95	77579-15	NH12-027C
000538000	20090101	190.72	329.07	190.72	190.72	77579-15	NH12-027C
000538000	20090301	174.74	313.09	174.74	174.74	77579-15	NH12-027C
000538000	20090401	214.26	352.61	214.26	214.26	77579-15	NH12-027C
000538000	20090701	226.28	366.63	226.28	226.28	77579-15	NH12-027C
000538000	20100101	228.31	370.23	228.31	228.31	77579-15	NH12-027C
000538000	20100701	231.71	375.05	231.71	231.71	77579-15	NH12-027C
000538000	20110101	234.59	379.45	234.59	234.59	77579-15	NH12-027C
000538000	20110701	225.59	371.79	225.59	225.59	77579-15	NH12-027C
000538100	20081204	178.59	314.87	178.59	178.59	77579-15	NH12-028C
000538100	20090101	173.61	311.96	173.61	173.61	77579-15	NH12-028C
000538100	20090301	159.06	297.41	159.06	159.06	77579-15	NH12-028C
000538100	20090401	197.65	336.00	197.65	197.65	77579-15	NH12-028C
000538100	20090701	211.27	351.62	211.27	211.27	77579-15	NH12-028C
000538100	20100101	212.98	354.90	212.98	212.98	77579-15	NH12-028C
000538100	20100701	216.83	360.17	216.83	216.83	77579-15	NH12-028C
000538100	20110101	219.34	364.20	219.34	219.34	77579-15	NH12-028C
000538100	20110701	211.62	357.82	211.62	211.62	77579-15	NH12-028C
000538300	20081204	166.65	302.93	166.65	166.65	77579-15	NH12-029C
000538300	20090101	163.05	301.40	163.05	163.05	77579-15	NH12-029C
000538300	20090301	149.38	287.73	149.38	149.38	77579-15	NH12-029C
000538300	20090401	184.91	323.26	184.91	184.91	77579-15	NH12-029C
000538300	20090701	196.21	336.56	196.21	196.21	77579-15	NH12-029C
000538300	20100101	198.11	340.03	198.11	198.11	77579-15	NH12-029C
000538300	20100701	201.35	344.69	201.35	201.35	77579-15	NH12-029C
000538300	20110101	203.97	348.83	203.97	203.97	77579-15	NH12-029C
000538300	20110701	197.14	343.34	197.14	197.14	77579-15	NH12-029C
000538300	20120101	198.70	346.31	198.70	198.70	77579-15	NH12-029C
000538300	20120701	205.00	354.21	205.00	205.00	77579-15	NH12-029C
000538300	20130101	207.68	358.49	207.68	207.68	77579-15	NH12-029C
000538300	20140701	220.10	0.00	220.10	220.10	77579-15	NH12-029C
000538400	20081204	185.87	322.15	185.87	185.87	77579-15	NH12-030C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
000538400	20090101	181.72	320.07	181.72	181.72	77579-15	NH12-030C
000538400	20090301	166.48	304.83	166.48	166.48	77579-15	NH12-030C
000538400	20090401	205.05	343.40	205.05	205.05	77579-15	NH12-030C
000538400	20090701	216.31	356.66	216.31	216.31	77579-15	NH12-030C
000538400	20100101	218.39	360.31	218.39	218.39	77579-15	NH12-030C
000538400	20100701	221.77	365.11	221.77	221.77	77579-15	NH12-030C
000538400	20110101	224.49	369.35	224.49	224.49	77579-15	NH12-030C
000538400	20110701	216.34	362.54	216.34	216.34	77579-15	NH12-030C
000538400	20120701	217.09	366.30	217.09	217.09	77579-15	NH12-030C
000538500	20081204	175.98	312.26	175.98	175.98	77579-15	NH12-031C
000538500	20090101	171.97	310.32	171.97	171.97	77579-15	NH12-031C
000538500	20090301	157.56	295.91	157.56	157.56	77579-15	NH12-031C
000538500	20090401	194.72	333.07	194.72	194.72	77579-15	NH12-031C
000538500	20090701	206.84	347.19	206.84	206.84	77579-15	NH12-031C
000538500	20100101	208.82	350.74	208.82	208.82	77579-15	NH12-031C
000538500	20100701	212.12	355.46	212.12	212.12	77579-15	NH12-031C
000538500	20110101	214.70	359.56	214.70	214.70	77579-15	NH12-031C
000538500	20110701	207.30	353.50	207.30	207.30	77579-15	NH12-031C
000538600	20081204	164.25	300.53	164.25	164.25	77579-15	NH12-032C
000538600	20090101	160.60	298.95	160.60	160.60	77579-15	NH12-032C
000538600	20090301	147.14	285.49	147.14	147.14	77579-15	NH12-032C
000538600	20090401	183.95	322.30	183.95	183.95	77579-15	NH12-032C
000538600	20090701	198.32	338.67	198.32	198.32	77579-15	NH12-032C
000538600	20100101	200.16	342.08	200.16	200.16	77579-15	NH12-032C
000538600	20100701	203.83	347.17	203.83	203.83	77579-15	NH12-032C
000538600	20110101	206.36	351.22	206.36	206.36	77579-15	NH12-032C
000538600	20110701	199.81	346.01	199.81	199.81	77579-15	NH12-032C
000538600	20120101	197.77	345.38	197.77	197.77	77579-15	NH12-032C
000538600	20120701	204.13	353.34	204.13	204.13	77579-15	NH12-032C
000538600	20130101	203.78	354.59	203.78	203.78	77579-15	NH12-032C
000538600	20130701	209.06	0.00	209.06	209.06	77579-15	NH12-032C
000538600	20140101	205.28	0.00	205.28	205.28	77579-15	NH12-032C
000538600	20150101	233.69	0.00	233.69	233.69	77579-15	NH12-032C
000538700	20081204	181.08	317.36	181.08	181.08	77579-15	NH12-033C
000538700	20090101	176.77	315.12	176.77	176.77	77579-15	NH12-033C
000538700	20090301	161.95	300.30	161.95	161.95	77579-15	NH12-033C
000538700	20090401	200.26	338.61	200.26	200.26	77579-15	NH12-033C
000538700	20090701	213.54	353.89	213.54	213.54	77579-15	NH12-033C
000538700	20100101	215.23	357.15	215.23	215.23	77579-15	NH12-033C
000538700	20100701	218.89	362.23	218.89	218.89	77579-15	NH12-033C
000538700	20110101	221.47	366.33	221.47	221.47	77579-15	NH12-033C
000538700	20110701	213.39	359.59	213.39	213.39	77579-15	NH12-033C
000551900	20150330	251.53	0.00	251.53	251.53	77579-15	
000552300	20081204	169.52	305.80	169.52	169.52	77579-15	NH12-036C
000552300	20090101	164.68	303.03	164.68	164.68	77579-15	NH12-036C
000552300	20090301	150.88	289.23	150.88	150.88	77579-15	NH12-036C
000552300	20090401	188.60	326.95	188.60	188.60	77579-15	NH12-036C
000552300	20090701	203.67	344.02	203.67	203.67	77579-15	NH12-036C
000552300	20100101	205.29	347.21	205.29	205.29	77579-15	NH12-036C
000552300	20100701	209.24	352.58	209.24	209.24	77579-15	NH12-036C
000552300	20110101	211.74	356.60	211.74	211.74	77579-15	NH12-036C
000552300	20110701	204.57	350.77	204.57	204.57	77579-15	NH12-036C
000552300	20130701	219.01	0.00	219.01	219.01	77579-15	NH12-036C
000552300	20140701	230.77	0.00	230.77	230.77	77579-15	NH12-036C
000554700	20081204	176.04	312.32	176.04	176.04	77579-15	NH12-038C
000554700	20090101	171.06	309.41	171.06	171.06	77579-15	NH12-038C
000554700	20090301	156.72	295.07	156.72	156.72	77579-15	NH12-038C
000554700	20090401	194.77	333.12	194.77	194.77	77579-15	NH12-038C
000554700	20090701	207.67	348.02	207.67	207.67	77579-15	NH12-038C
000554700	20100101	209.32	351.24	209.32	209.32	77579-15	NH12-038C
000554700	20100701	213.10	356.44	213.10	213.10	77579-15	NH12-038C
000554700	20110101	215.29	360.15	215.29	215.29	77579-15	NH12-038C
000554700	20110701	208.18	354.38	208.18	208.18	77579-15	NH12-038C
000581400	20081204	197.36	333.64	197.36	197.36	77579-15	NH12-040C
000581400	20090101	192.99	331.34	192.99	192.99	77579-15	NH12-040C
000581400	20090301	176.81	315.16	176.81	176.81	77579-15	NH12-040C
000581400	20090401	215.26	353.61	215.26	215.26	77579-15	NH12-040C
000581400	20090701	223.83	364.18	223.83	223.83	77579-15	NH12-040C
000581400	20100101	226.00	367.92	226.00	226.00	77579-15	NH12-040C
000581400	20100701	228.92	372.26	228.92	228.92	77579-15	NH12-040C
000581400	20110101	231.93	376.79	231.93	231.93	77579-15	NH12-040C
000581400	20110701	223.05	369.25	223.05	223.05	77579-15	NH12-040C
000581400	20120101	222.06	369.67	222.06	222.06	77579-15	NH12-040C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
000581400	20120701	228.65	377.86	228.65	228.65	77579-15	NH12-040C
000581400	20130101	229.20	380.01	229.20	229.20	77579-15	NH12-040C
000581400	20130701	237.67	0.00	237.67	237.67	77579-15	NH12-040C
000581400	20140101	241.40	0.00	241.40	241.40	77579-15	NH12-040C
000581400	20140701	251.34	0.00	251.34	251.34	77579-15	NH12-040C
000581400	20150101	262.59	0.00	262.59	262.59	77579-15	NH12-040C
000582600	20081204	180.82	317.10	180.82	180.82	77579-15	NH12-041C
000582600	20090101	176.64	314.99	176.64	176.64	77579-15	NH12-041C
000582600	20090301	161.83	300.18	161.83	161.83	77579-15	NH12-041C
000582600	20090401	192.89	331.24	192.89	192.89	77579-15	NH12-041C
000582600	20090701	203.84	344.19	203.84	203.84	77579-15	NH12-041C
000582600	20100101	205.55	347.47	205.55	205.55	77579-15	NH12-041C
000582600	20100701	207.71	351.05	207.71	207.71	77579-15	NH12-041C
000582600	20110101	210.29	355.15	210.29	210.29	77579-15	NH12-041C
000582600	20110701	200.97	347.17	200.97	200.97	77579-15	NH12-041C
000582600	20150101	228.96	0.00	228.96	228.96	77579-15	NH12-041C
000584900	20081204	198.63	334.91	198.63	198.63	77579-15	NH12-042C
000584900	20090101	193.53	331.88	193.53	193.53	77579-15	NH12-042C
000584900	20090301	177.30	315.65	177.30	177.30	77579-15	NH12-042C
000584900	20090401	218.67	357.02	218.67	218.67	77579-15	NH12-042C
000584900	20090701	233.68	374.03	233.68	233.68	77579-15	NH12-042C
000584900	20100101	235.59	377.51	235.59	235.59	77579-15	NH12-042C
000584900	20100701	239.56	382.90	239.56	239.56	77579-15	NH12-042C
000584900	20110101	242.58	387.44	242.58	242.58	77579-15	NH12-042C
000584900	20110701	233.64	379.84	233.64	233.64	77579-15	NH12-042C
000584900	20120101	226.58	374.19	226.58	226.58	77579-15	NH12-042C
000584900	20120701	233.66	382.87	233.66	233.66	77579-15	NH12-042C
000584900	20130101	236.18	386.99	236.18	236.18	77579-15	NH12-042C
000584900	20130701	242.33	0.00	242.33	242.33	77579-15	NH12-042C
000584900	20150101	274.00	0.00	274.00	274.00	77579-15	NH12-042C
000585000	20081204	181.99	318.27	181.99	181.99	77579-15	NH12-043C
000585000	20090101	177.64	315.99	177.64	177.64	77579-15	NH12-043C
000585000	20090301	162.75	301.10	162.75	162.75	77579-15	NH12-043C
000585000	20090401	200.54	338.89	200.54	200.54	77579-15	NH12-043C
000585000	20090701	211.97	352.32	211.97	211.97	77579-15	NH12-043C
000585000	20100101	213.69	355.61	213.69	213.69	77579-15	NH12-043C
000585000	20100701	217.15	360.49	217.15	217.15	77579-15	NH12-043C
000585000	20110101	219.69	364.55	219.69	219.69	77579-15	NH12-043C
000585000	20110701	211.52	357.72	211.52	211.52	77579-15	NH12-043C
000585100	20081204	184.38	320.66	184.38	184.38	77579-15	NH12-044C
000585100	20090101	180.30	318.65	180.30	180.30	77579-15	NH12-044C
000585100	20090301	165.18	303.53	165.18	165.18	77579-15	NH12-044C
000585100	20090401	202.84	341.19	202.84	202.84	77579-15	NH12-044C
000585100	20090701	214.07	354.42	214.07	214.07	77579-15	NH12-044C
000585100	20100101	215.81	357.73	215.81	215.81	77579-15	NH12-044C
000585100	20100701	219.16	362.50	219.16	219.16	77579-15	NH12-044C
000585100	20110101	221.87	366.73	221.87	221.87	77579-15	NH12-044C
000585100	20110701	213.47	359.67	213.47	213.47	77579-15	NH12-044C
000585100	20120101	213.26	360.87	213.26	213.26	77579-15	NH12-044C
000585100	20120701	220.10	369.31	220.10	220.10	77579-15	NH12-044C
000585100	20130101	216.26	367.07	216.26	216.26	77579-15	NH12-044C
000585100	20130701	221.85	0.00	221.85	221.85	77579-15	NH12-044C
000585100	20140101	209.27	0.00	209.27	209.27	77579-15	NH12-044C
000585100	20150101	232.70	0.00	232.70	232.70	77579-15	NH12-044C
000701200	20090401	206.99	345.34	206.99	206.99	77579-15	NH12-070W
000701200	20090701	215.79	356.14	215.79	215.79	77579-15	NH12-070W
000701200	20091001	222.63	362.98	222.63	222.63	77579-15	NH12-070W
000701200	20100101	223.62	365.54	223.62	223.62	77579-15	NH12-070W
000701200	20100701	225.78	369.12	225.78	225.78	77579-15	NH12-070W
000701200	20110101	228.63	373.49	228.63	228.63	77579-15	NH12-070W
001561300	20090526	222.90	361.25	222.90	222.90	77579-15	NH13-082C
001561300	20090701	231.32	371.67	231.32	231.32	77579-15	NH13-082C
001561300	20100101	235.00	376.92	235.00	235.00	77579-15	NH13-082C
001561300	20100526	233.34	375.26	233.34	233.34	77579-15	NH13-082C
001561300	20100701	234.85	378.19	234.85	234.85	77579-15	NH13-082C
001561300	20101126	234.85	378.19	234.85	234.85	77579-15	NH13-082C
001561300	20110101	237.83	382.69	237.83	237.83	77579-15	NH13-082C
001561300	20110701	229.99	376.19	229.99	229.99	77579-15	NH13-082C
008220400	20130822	250.95	0.00	250.95	250.95	77579-15	
008220400	20140101	252.17	0.00	252.17	252.17	77579-15	
008220400	20140301	254.52	0.00	254.52	254.52	77579-15	
008220400	20140502	252.73	0.00	252.73	252.73	77579-15	
008220400	20140701	265.24	0.00	265.24	265.24	77579-15	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
008220400	20141102	265.24	0.00	265.24	265.24	77579-15	
008220400	20150101	271.73	0.00	271.73	271.73	77579-15	
009435300	20130115	239.07	389.88	239.07	239.07	77579-15	
009435300	20130701	244.98	0.00	244.98	244.98	77579-15	
009435300	20140101	245.70	0.00	245.70	245.70	77579-15	
009435300	20140115	243.74	0.00	243.74	243.74	77579-15	
009435300	20140701	252.54	0.00	252.54	252.54	77579-15	
009435300	20140715	252.54	0.00	252.54	252.54	77579-15	
009435300	20150101	261.88	0.00	261.88	261.88	77579-15	
010347500	20131205	233.05	0.00	233.05	233.05	77579-15	
010347500	20140101	237.22	0.00	237.22	237.22	77579-15	
010347500	20140701	245.91	0.00	245.91	245.91	77579-15	
010347500	20140901	246.59	0.00	246.59	246.59	77579-15	
010347500	20150101	252.87	0.00	252.87	252.87	77579-15	
012234100	20140701	226.34	0.00	226.34	226.34	77579-15	NH11-118L
012234200	20140701	226.01	0.00	226.01	226.01	77579-15	NH11-093C
012234200	20150101	228.48	0.00	228.48	228.48	77579-15	NH11-093C
012234600	20150101	227.51	0.00	227.51	227.51	77579-15	NH09-120C
021263600	20120101	164.38	311.99	164.38	164.38	77579-15	NH12-009L
021263600	20120701	169.42	318.63	169.42	169.42	77579-15	NH12-009L
021346200	20080701	174.29	310.57	174.29	174.29	77579-15	NH09-115C
022722600	20100701	153.70	297.04	153.70	153.70	77579-15	NH12-007L
022722600	20110101	155.47	300.33	155.47	155.47	77579-15	NH12-007L
025557200	20090101	152.68	291.03	152.68	152.68	77579-15	NH09-120C
025557200	20090401	173.54	311.89	173.54	173.54	77579-15	NH09-120C
026037100	20090301	163.00	301.35	163.00	163.00	77579-15	NH06-055J
026044400	20120101	208.11	355.72	208.11	208.11	77579-15	NH06-125J
026065700	20080701	184.03	320.31	184.03	184.03	77579-15	NH06-049J
026065700	20090101	182.18	320.53	182.18	182.18	77579-15	NH06-049J
026065700	20090301	166.91	305.26	166.91	166.91	77579-15	NH06-049J
026065700	20090401	205.28	343.63	205.28	205.28	77579-15	NH06-049J
026065700	20090701	212.39	352.74	212.39	212.39	77579-15	NH06-049J
026065700	20100101	209.46	351.38	209.46	209.46	77579-15	NH06-049J
026065700	20100701	213.19	356.53	213.19	213.19	77579-15	NH06-049J
026065700	20110101	215.87	360.73	215.87	215.87	77579-15	NH06-049J
026065700	20110701	209.16	355.36	209.16	209.16	77579-15	NH06-049J
026065700	20120101	210.53	358.14	210.53	210.53	77579-15	NH06-049J
026065700	20120701	219.34	368.55	219.34	219.34	77579-15	NH06-049J
026065700	20130101	222.13	372.94	222.13	222.13	77579-15	NH06-049J
026065700	20130701	227.34	0.00	227.34	227.34	77579-15	NH06-049J
026065700	20140101	220.89	0.00	220.89	220.89	77579-15	NH06-049J
026065700	20140701	236.56	0.00	236.56	236.56	77579-15	NH06-049J
026065700	20150101	239.72	0.00	239.72	239.72	77579-15	NH06-049J
026556000	20080701	170.18	306.46	170.18	170.18	77579-15	NH09-119C
026556000	20090101	172.05	310.40	172.05	172.05	77579-15	NH09-119C
026556000	20090301	157.63	295.98	157.63	157.63	77579-15	NH09-119C
026556000	20090401	188.06	326.41	188.06	188.06	77579-15	NH09-119C
026556000	20090701	187.45	327.80	187.45	187.45	77579-15	NH09-119C
026556000	20100101	186.41	328.33	186.41	186.41	77579-15	NH09-119C
026556000	20100701	191.20	334.54	191.20	191.20	77579-15	NH09-119C
026556000	20110101	193.41	338.27	193.41	193.41	77579-15	NH09-119C
026556000	20110701	185.02	331.22	185.02	185.02	77579-15	NH09-119C
026556000	20120101	183.86	331.47	183.86	183.86	77579-15	NH09-119C
026556000	20120701	188.01	337.22	188.01	188.01	77579-15	NH09-119C
026556000	20130101	186.66	337.47	186.66	186.66	77579-15	NH09-119C
026556000	20130701	190.20	0.00	190.20	190.20	77579-15	NH09-119C
026556000	20140101	184.78	0.00	184.78	184.78	77579-15	NH09-119C
026556000	20140701	191.47	0.00	191.47	191.47	77579-15	NH09-119C
026556000	20150101	193.49	0.00	193.49	193.49	77579-15	NH09-119C
026628100	20080701	159.70	295.98	159.70	159.70	77579-15	NH11-118L
026628100	20090401	179.13	317.48	179.13	179.13	77579-15	NH11-118L
026628100	20100101	177.84	319.76	177.84	177.84	77579-15	NH11-118L
026628100	20100701	181.67	325.01	181.67	181.67	77579-15	NH11-118L
026628100	20110101	178.91	323.77	178.91	178.91	77579-15	NH11-118L
026628100	20110701	172.93	319.13	172.93	172.93	77579-15	NH11-118L
026628100	20130701	175.05	0.00	175.05	175.05	77579-15	NH11-118L
026628100	20140101	167.98	0.00	167.98	167.98	77579-15	NH11-118L
028255300	20080701	175.53	311.81	175.53	175.53	77579-15	NH11-093C
028255300	20090101	175.83	314.18	175.83	175.83	77579-15	NH11-093C
028255300	20090301	161.09	299.44	161.09	161.09	77579-15	NH11-093C
028255300	20090401	199.53	337.88	199.53	199.53	77579-15	NH11-093C
028255300	20090701	194.43	334.78	194.43	194.43	77579-15	NH11-093C
028255300	20100101	196.10	338.02	196.10	196.10	77579-15	NH11-093C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
028255300	20100701	174.25	317.59	174.25	174.25	77579-15	NH11-093C
028255300	20110101	176.79	321.65	176.79	176.79	77579-15	NH11-093C
028255300	20110701	167.94	314.14	167.94	167.94	77579-15	NH11-093C
028255300	20120101	168.90	316.51	168.90	168.90	77579-15	NH11-093C
028255300	20120701	165.64	314.85	165.64	165.64	77579-15	NH11-093C
028255300	20130101	167.43	318.24	167.43	167.43	77579-15	NH11-093C
028255300	20130701	163.80	0.00	163.80	163.80	77579-15	NH11-093C
028255300	20140101	168.53	0.00	168.53	168.53	77579-15	NH11-093C
031877900	20130701	203.53	0.00	203.53	203.53	77579-15	
032424800	20080701	182.19	318.47	182.19	182.19	77579-15	NH06-114W
032424800	20080901	183.75	320.03	183.75	183.75	77579-15	NH06-114W
032424800	20090101	181.91	320.26	181.91	181.91	77579-15	NH06-114W
032424800	20090301	166.66	305.01	166.66	166.66	77579-15	NH06-114W
032424800	20090401	196.70	335.05	196.70	196.70	77579-15	NH06-114W
032424800	20090701	200.45	340.80	200.45	200.45	77579-15	NH06-114W
032424800	20100101	203.01	344.93	203.01	203.01	77579-15	NH06-114W
032424800	20100701	198.45	341.79	198.45	198.45	77579-15	NH06-114W
032424800	20110101	201.12	345.98	201.12	201.12	77579-15	NH06-114W
032424800	20110701	191.60	337.80	191.60	191.60	77579-15	NH06-114W
032424800	20120101	192.92	340.53	192.92	192.92	77579-15	NH06-114W
032424800	20120701	199.78	348.99	199.78	199.78	77579-15	NH06-114W
032424800	20130101	202.42	353.23	202.42	202.42	77579-15	NH06-114W
032424800	20130701	207.64	0.00	207.64	207.64	77579-15	NH06-114W
032424800	20140101	209.48	0.00	209.48	209.48	77579-15	NH06-114W
032424800	20140701	216.79	0.00	216.79	216.79	77579-15	NH06-114W
032424800	20150101	221.17	0.00	221.17	221.17	77579-15	NH06-114W



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Medicaid Reimbursement Per Diem Rates

DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>169.64</u>	<u>168.86</u>	<u>12/4/2008</u>
	Level H: Aids	<u>305.92</u>	<u>305.14</u>	<u>12/4/2008</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

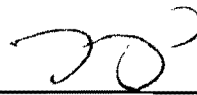
_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-024C FYE 06/30/2009

Distribution:

Contract Management / Fiscal Agent
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Thomas Parker
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 Suite 400
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Medicaid Reimbursement Per Diem Rates

DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>165.07</u>	<u>164.31</u>	<u>1/1/2009</u>
	Level H: Aids	<u>303.42</u>	<u>302.66</u>	<u>1/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
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DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	151.23	150.54	3/1/2009
	Level H: Aids	289.58	288.89	3/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:


_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

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DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>187.52</u>	<u>186.72</u>	<u>4/1/2009</u>
	Level H: Aids	<u>325.87</u>	<u>325.07</u>	<u>4/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
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Distribution:

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DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.98</u>	<u>197.17</u>	<u>7/1/2009</u>
	Level H: Aids	<u>338.33</u>	<u>337.52</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

_____ Rate Semester Change
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DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.55	198.74	1/1/2010
	Level H: Aids	341.47	340.66	1/1/2010

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-024C FYE 06/30/2009

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DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.06</u>	<u>202.24</u>	<u>7/1/2010</u>
	Level H: Aids	<u>346.40</u>	<u>345.58</u>	<u>7/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-024C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

DEBARY MANOR

60 N HWY 17/92

DEBARY, FL 32713

Provider Number:

0 005372-00

Date:

4/1/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.49</u>	<u>204.65</u>	<u>1/1/2011</u>
	Level H: Aids	<u>350.35</u>	<u>349.51</u>	<u>1/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-024C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

DEBARY MANOR
60 N HWY 17/92
DEBARY, FL 32713

Provider Number: 0 005372-00
Date: 4/1/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.22</u>	<u>197.43</u>	<u>7/1/2011</u>
	Level H: Aids	<u>344.42</u>	<u>343.63</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-024C FYE 06/30/2009

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>195.68</u>	<u>195.12</u>	<u>7/1/2012</u>
	Level H: Aids	<u>344.89</u>	<u>344.33</u>	<u>7/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH12-024C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.87	197.75	1/1/2013
	Level H: Aids	348.68	348.56	1/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH12-024C FYE
 06/30/2009

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Medicaid Reimbursement Per Diem Rates

DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	4/1/2015
DEBARY, FL 32713	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>235.42</u>	<u>234.55</u>	<u>1/1/2015</u>

Rate Type:

Interim	<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Prospective
Interim Component	<input type="checkbox"/>	Interim Component	<input checked="" type="checkbox"/>	Total Prospective
Settlement based on cost	<input type="checkbox"/>	Settlement based on cost	<input type="checkbox"/>	Total Prospective with Interim Component
Prior Provider Prospective data	<input type="checkbox"/>	Prior Provider Prospective data	<input type="checkbox"/>	

Basis:

<input type="checkbox"/>	Budget
<input checked="" type="checkbox"/>	Unaudited costs
<input type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA NH12-024C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

FLAGLER PINES
300 DR CARTER BOULEVARD
BUNNELL, FL 32110

Provider Number: 0 005374-00
Date: 3/31/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	177.14	176.44	12/4/2008
	Level H: Aids	313.42	312.72	12/4/2008

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-025C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

FLAGLER PINES
300 DR CARTER BOULEVARD
BUNNELL, FL 32110

Provider Number: 0 005374-00
Date: 3/31/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	173.15	172.47	1/1/2009
	Level H: Aids	311.50	310.82	1/1/2009

Rate Type:

Interim
 _____ Total Interim
 _____ Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

_____ Prospective
 _____ Total Prospective
 _____ Total Prospective with Interim Component

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-025C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

FLAGLER PINES
 300 DR CARTER BOULEVARD
 BUNNELL, FL 32110

Provider Number: 0 005374-00
 Date: 3/31/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>158.64</u>	<u>158.01</u>	<u>3/1/2009</u>
	Level H: Aids	<u>296.99</u>	<u>296.36</u>	<u>3/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-025C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>FLAGLER PINES</u>	Provider Number:	<u>0 005374-00</u>
<u>300 DR CARTER BOULEVARD</u>	Date:	<u>3/31/2015</u>
<u>BUNNELL, FL 32110</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>196.22</u>	<u>195.50</u>	<u>4/1/2009</u>
	Level H: Aids	<u>334.57</u>	<u>333.85</u>	<u>4/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:


_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-025C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

FLAGLER PINES
300 DR CARTER BOULEVARD
BUNNELL, FL 32110

Provider Number: 0 005374-00
Date: 3/31/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.65	206.92	7/1/2009
	Level H: Aids	348.00	347.27	7/1/2009

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-025C FYE 6/30/2009

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FLAGLER PINES
 300 DR CARTER BOULEVARD
 BUNNELL, FL 32110

Provider Number: 0 005374-00
 Date: 3/31/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>209.61</u>	<u>208.89</u>	<u>1/1/2010</u>
	Level H: Aids	<u>351.53</u>	<u>350.81</u>	<u>1/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-025C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>FLAGLER PINES</u>	Provider Number:	<u>0 005374-00</u>
<u>300 DR CARTER BOULEVARD</u>	Date:	<u>3/31/2015</u>
<u>BUNNELL, FL 32110</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.01</u>	<u>212.27</u>	<u>7/1/2010</u>
	Level H: Aids	<u>356.35</u>	<u>355.61</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> X	<u> </u> Prior Provider Prospective data		

Basis:


<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH12-025C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>FLAGLER PINES</u>	Provider Number:	<u>0 005374-00</u>
<u>300 DR CARTER BOULEVARD</u>	Date:	<u>3/31/2015</u>
<u>BUNNELL, FL 32110</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>215.57</u>	<u>214.82</u>	<u>1/1/2011</u>
	Level H: Aids	<u>360.43</u>	<u>359.68</u>	<u>1/1/2011</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH12-025C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>FLAGLER PINES</u>	Provider Number:	<u>0 005374-00</u>
<u>300 DR CARTER BOULEVARD</u>	Date:	<u>3/31/2015</u>
<u>BUNNELL, FL 32110</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>208.19</u>	<u>207.48</u>	<u>7/1/2011</u>
	Level H: Aids	<u>354.39</u>	<u>353.68</u>	<u>7/1/2011</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH12-025C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>FLAGLER PINES</u>	Provider Number:	<u>0 005374-00</u>
<u>300 DR CARTER BOULEVARD</u>	Date:	<u>3/31/2015</u>
<u>BUNNELL, FL 32110</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.26</u>	<u>201.64</u>	<u>1/1/2012</u>
	Level H: Aids	<u>349.87</u>	<u>349.25</u>	<u>1/1/2012</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH12-025C FYE 6/30/2009

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FLAGLER PINES	Provider Number:	0 005374-00
300 DR CARTER BOULEVARD	Date:	3/31/2015
BUNNELL, FL 32110	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.40	209.76	7/1/2012
	Level H: Aids	359.61	358.97	7/1/2012

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH12-025C FYE
 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>FLAGLER PINES</u>	Provider Number:	<u>0 005374-00</u>
<u>300 DR CARTER BOULEVARD</u>	Date:	<u>3/31/2015</u>
<u>BUNNELL, FL 32110</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.26</u>	<u>212.60</u>	<u>1/1/2013</u>
	Level H: Aids	<u>364.07</u>	<u>363.41</u>	<u>1/1/2013</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH12-025C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

FLAGLER PINES
300 DR CARTER BOULEVARD
BUNNELL, FL 32110

Provider Number: 0 005374-00
Date: 3/31/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level Current Rate: **218.69** New Rate: **218.00** Effective Date: **7/1/2013**

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH12-025C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

LONGWOOD HEALTH CARE CENTER
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 4/1/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>171.36</u>	<u>170.90</u>	<u>12/4/2008</u>
	Level H: Aids	<u>307.64</u>	<u>307.18</u>	<u>12/4/2008</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-026C FYE 6/30/2009

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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

LONGWOOD HEALTH CARE CENTER
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 4/1/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.53	167.08	1/1/2009
	Level H: Aids	305.88	305.43	1/1/2009

Rate Type:

Interim Prospective

_____ Total Interim _____ Total Prospective

_____ Interim Component _____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA NH12-026C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

LONGWOOD HEALTH CARE CENTER	Provider Number:	0 005379-00
1520 S GRANT ST	Date:	4/1/2015
LONGWOOD, FL 32750	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>153.49</u>	<u>153.07</u>	<u>3/1/2009</u>
	Level H: Aids	<u>291.84</u>	<u>291.42</u>	<u>3/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-026C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

LONGWOOD HEALTH CARE CENTER
 1520 S GRANT ST
 LONGWOOD, FL 32750

Provider Number: 0 005379-00
 Date: 4/1/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.25</u>	<u>189.78</u>	<u>4/1/2009</u>
	Level H: Aids	<u>328.60</u>	<u>328.13</u>	<u>4/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-026C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

LONGWOOD HEALTH CARE CENTER	Provider Number:	0 005379-00
1520 S GRANT ST	Date:	4/1/2015
LONGWOOD, FL 32750	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.50</u>	<u>201.02</u>	<u>7/1/2009</u>
	Level H: Aids	<u>341.85</u>	<u>341.37</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-026C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

LONGWOOD HEALTH CARE CENTER	Provider Number:	0 005379-00
1520 S GRANT ST	Date:	4/1/2015
LONGWOOD, FL 32750	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.12</u>	<u>202.63</u>	<u>1/1/2010</u>
	Level H: Aids	<u>345.04</u>	<u>344.55</u>	<u>1/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-026C FYE 6/30/2009

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<u>LONGWOOD HEALTH CARE CENTER</u>	Provider Number:	<u>0 005379-00</u>
<u>1520 S GRANT ST</u>	Date:	<u>4/1/2015</u>
<u>LONGWOOD, FL 32750</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>206.67</u>	<u>206.19</u>	<u>7/1/2010</u>
	Level H: Aids	<u>350.01</u>	<u>349.53</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH12-026C FYE 6/30/2009

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1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 4/1/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.21	208.71	1/1/2011
	Level H: Aids	354.07	353.57	1/1/2011

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA NH12-026C FYE 6/30/2009


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1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 4/1/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.79</u>	<u>201.33</u>	<u>7/1/2011</u>
	Level H: Aids	<u>347.99</u>	<u>347.53</u>	<u>7/1/2011</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

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<u>LONGWOOD HEALTH CARE CENTER</u>	Provider Number:	<u>0 005379-00</u>
<u>1520 S GRANT ST</u>	Date:	<u>4/1/2015</u>
<u>LONGWOOD, FL 32750</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>197.87</u>	<u>197.50</u>	<u>1/1/2012</u>
	Level H: Aids	<u>345.48</u>	<u>345.11</u>	<u>1/1/2012</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA NH12-026C FYE
 6/30/2009

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Medicaid Reimbursement Per Diem Rates

LONGWOOD HEALTH CARE CENTER	Provider Number:	0 005379-00
1520 S GRANT ST	Date:	4/1/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	202.73	202.32	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH12-026C FYE 6/30/2009

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LONGWOOD HEALTH CARE CENTER
1520 S GRANT ST
LONGWOOD, FL 32750

Provider Number: 0 005379-00
Date: 4/1/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>205.96</u>	<u>205.54</u>	<u>1/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA NH12-026C FYE 6/30/2009


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Medicaid Reimbursement Per Diem Rates

THE REHABILITATION CENTER OF WINTER PARK
1700 MONROE AVE
MAITLAND, FL 32751

Provider Number: 0 005380-00
Date: 4/1/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.03	194.95	12/4/2008
	Level H: Aids	331.31	331.23	12/4/2008

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-027C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE REHABILITATION CENTER OF WINTER PARK
 1700 MONROE AVE
 MAITLAND, FL 32751

Provider Number: 0 005380-00
 Date: 4/1/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.35</u>	<u>190.72</u>	<u>1/1/2009</u>
	Level H: Aids	<u>329.70</u>	<u>329.07</u>	<u>1/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-027C FYE 6/30/2009

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Provider Number: 0 005380-00
 Date: 4/1/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.31</u>	<u>174.74</u>	<u>3/1/2009</u>
	Level H: Aids	<u>313.66</u>	<u>313.09</u>	<u>3/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:


_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-027C FYE 6/30/2009

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 MAITLAND, FL 32751

Provider Number: 0 005380-00
 Date: 4/1/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	214.91	214.26	4/1/2009
	Level H: Aids	353.26	352.61	4/1/2009

Rate Type:

Interim Prospective
 _____ Total Interim _____ Total Prospective
 _____ Interim Component _____ Total Prospective with Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
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Provider Number: 0 005380-00
 Date: 4/1/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>226.94</u>	<u>226.28</u>	<u>7/1/2009</u>
	Level H: Aids	<u>367.29</u>	<u>366.63</u>	<u>7/1/2009</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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MAITLAND, FL 32751

Provider Number: 0 005380-00
Date: 4/1/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.97</u>	<u>228.31</u>	<u>1/1/2010</u>
	Level H: Aids	<u>370.89</u>	<u>370.23</u>	<u>1/1/2010</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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Provider Number: 0 005380-00
 Date: 4/1/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.38	231.71	7/1/2010
	Level H: Aids	375.72	375.05	7/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-027C FYE 6/30/2009

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Provider Number: 0 005380-00
 Date: 4/1/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>235.27</u>	<u>234.59</u>	<u>1/1/2011</u>
	Level H: Aids	<u>380.13</u>	<u>379.45</u>	<u>1/1/2011</u>

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

THE REHABILITATION CENTER OF WINTER PARK
 1700 MONROE AVE
 MAITLAND, FL 32751

Provider Number: 0 005380-00
 Date: 4/1/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.23	225.59	7/1/2011
	Level H: Aids	372.43	371.79	7/1/2011

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-027C FYE 6/30/2009

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>BRYNWOOD CENTER</u>	Provider Number:	<u>0 005381-00</u>
<u>1656 SOUTH JEFFERSON STREET</u>	Date:	<u>4/2/2015</u>
<u>MONTICELLO, FL 32344</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>178.87</u>	<u>178.59</u>	<u>12/4/2008</u>
	Level H: Aids	<u>315.15</u>	<u>314.87</u>	<u>12/4/2008</u>

Rate Type:

<u> X </u> Interim	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH12-028C FYE 6/30/2009

Distribution:

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 40 South Palafox Place
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 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

BRYNWOOD CENTER
1656 SOUTH JEFFERSON STREET
MONTICELLO, FL 32344

Provider Number: 0 005381-00
 Date: 4/2/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.88</u>	<u>173.61</u>	<u>1/1/2009</u>
	Level H: Aids	<u>312.23</u>	<u>311.96</u>	<u>1/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-028C FYE 6/30/2009

Distribution:

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 40 South Palafox Place
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 Pensacola, FL 32502

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Medicaid Reimbursement Per Diem Rates

BRYNWOOD CENTER
1656 SOUTH JEFFERSON STREET
MONTICELLO, FL 32344

Provider Number: 0 005381-00
Date: 4/2/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.31	159.06	3/1/2009
	Level H: Aids	297.66	297.41	3/1/2009

Rate Type:

Interim
 _____ Total Interim
 _____ Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Prospective
 _____ Total Prospective
 _____ Total Prospective with Interim Component

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-028C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

BRYNWOOD CENTER
 1656 SOUTH JEFFERSON STREET
 MONTICELLO, FL 32344

Provider Number: 0 005381-00
 Date: 4/2/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.94	197.65	4/1/2009
	Level H: Aids	336.29	336.00	4/1/2009

Rate Type:

Interim Prospective
 _____ Total Interim _____ Total Prospective
 _____ Interim Component _____ Total Prospective with Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Basis:


_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-028C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>BRYNWOOD CENTER</u>	Provider Number:	<u>0 005381-00</u>
<u>1656 SOUTH JEFFERSON STREET</u>	Date:	<u>4/2/2015</u>
<u>MONTICELLO, FL 32344</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>211.56</u>	<u>211.27</u>	<u>7/1/2009</u>
	Level H: Aids	<u>351.91</u>	<u>351.62</u>	<u>7/1/2009</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> X	<u> </u> Prior Provider Prospective data		

Basis:


<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA #NH12-028C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

BRYNWOOD CENTER	Provider Number:	0 005381-00
1656 SOUTH JEFFERSON STREET	Date:	4/2/2015
MONTICELLO, FL 32344	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.27</u>	<u>212.98</u>	<u>1/1/2010</u>
	Level H: Aids	<u>355.19</u>	<u>354.90</u>	<u>1/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-028C FYE 6/30/2009

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<u>BRYNWOOD CENTER</u>	Provider Number:	<u>0 005381-00</u>
<u>1656 SOUTH JEFFERSON STREET</u>	Date:	<u>4/2/2015</u>
<u>MONTICELLO, FL 32344</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>217.12</u>	<u>216.83</u>	<u>7/1/2010</u>
	Level H: Aids	<u>360.46</u>	<u>360.17</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH12-028C FYE 6/30/2009

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1656 SOUTH JEFFERSON STREET
MONTICELLO, FL 32344

Provider Number: 0 005381-00
Date: 4/2/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.64</u>	<u>219.34</u>	<u>1/1/2011</u>
	Level H: Aids	<u>364.50</u>	<u>364.20</u>	<u>1/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-028C FYE 6/30/2009

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1656 SOUTH JEFFERSON STREET
MONTICELLO, FL 32344

Provider Number: 0 005381-00
 Date: 4/2/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>211.90</u>	<u>211.62</u>	<u>7/1/2011</u>
	Level H: Aids	<u>358.10</u>	<u>357.82</u>	<u>7/1/2011</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH12-028C FYE 6/30/2009

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER
4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00
Date: 3/31/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.59	166.65	12/4/2008
	Level H: Aids	305.87	302.93	12/4/2008

Rate Type:

Interim Prospective

_____ Total Interim _____ Total Prospective

_____ Interim Component _____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA #NH12-029C FYE 6/30/2009


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_____ No Change in Rate


Thomas Parker
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40 South Palafox Place
Suite 400
Pensacola, FL 32502



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>NURSING PAVILION AT CHIPOLA RETIREMENT CENTER</u>	Provider Number:	<u>0 005383-00</u>
<u>4294 3RD AVENUE</u>	Date:	<u>3/31/2015</u>
<u>MARIANNA, FL. 32446</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>165.91</u>	<u>163.05</u>	<u>1/1/2009</u>
	Level H: Aids	<u>304.26</u>	<u>301.40</u>	<u>1/1/2009</u>

Rate Type:

<u> X </u> Interim	<u> </u> Total Interim	<u> </u> Prospective	<u> </u> Total Prospective
<u> </u>	<u> </u> Interim Component	<u> </u>	<u> </u> Total Prospective with Interim Component
<u> </u> X	<u> </u> Settlement based on cost		
<u> </u>	<u> </u> Prior Provider Prospective data		

Basis:


<u> </u>	Budget
<u> </u>	Unaudited costs
<u> X </u>	Field audited costs
<u> </u>	Desk audited costs

Changes:

<u> </u>	Rate Semester Change
<u> X </u>	FA & RFA #NH12-029C FYE 6/30/2009

Distribution:

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 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER
4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00
Date: 3/31/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	152.00	149.38	3/1/2009
	Level H: Aids	290.35	287.73	3/1/2009

Rate Type:

Interim Prospective

_____ Total Interim _____ Total Prospective

_____ Interim Component _____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA #NH12-029C FYE 6/30/2009

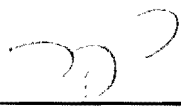
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Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER
4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00
Date: 3/31/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	187.93	184.91	4/1/2009
	Level H: Aids	326.28	323.26	4/1/2009

Rate Type:

Interim Prospective

_____ Total Interim _____ Total Prospective

_____ Interim Component _____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

FA & RFA #NH12-029C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER
4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00
Date: 3/31/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.25</u>	<u>196.21</u>	<u>7/1/2009</u>
	Level H: Aids	<u>339.60</u>	<u>336.56</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-029C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER	Provider Number:	0 005383-00
4294 3RD AVENUE	Date:	3/31/2015
MARIANNA, FL 32446	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.17</u>	<u>198.11</u>	<u>1/1/2010</u>
	Level H: Aids	<u>343.09</u>	<u>340.03</u>	<u>1/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-029C FYE 6/30/2009

Distribution:

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NURSING PAVILION AT CHIPOLA RETIREMENT CENTER
 4294 3RD AVENUE
 MARIANNA, FL 32446

Provider Number: 0 005383-00
 Date: 3/31/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.42	201.35	7/1/2010
	Level H: Aids	347.76	344.69	7/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-029C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER
4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00

Date: 3/31/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.10	203.97	1/1/2011
	Level H: Aids	351.96	348.83	1/1/2011

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-029C FYE 6/30/2009

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4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number:
Date:
Fiscal Year End:
Audit Status:

0 005383-00
3/31/2015
6/30/2009
Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.11	197.14	7/1/2011
	Level H: Aids	346.31	343.34	7/1/2011

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-029C FYE 6/30/2009

Distribution:

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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER
4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00
Date: 3/31/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.34	198.70	1/1/2012
	Level H: Aids	346.95	346.31	1/1/2012

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH12-029C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER
4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00
 Date: 3/31/2015
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.66</u>	<u>205.00</u>	<u>7/1/2012</u>
	Level H: Aids	<u>354.87</u>	<u>354.21</u>	<u>7/1/2012</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA #NH12-029C FYE
 6/30/2009

Distribution:

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 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER
4294 3RD AVENUE
MARIANNA, FL 32446

Provider Number: 0 005383-00
Date: 3/31/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.06	207.68	1/1/2013
	Level H: Aids	358.87	358.49	1/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH12-029C FYE 6/30/2009

Distribution:

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40 South Palafox Place
Suite 400
Pensacola, FL 32502

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Medicaid Reimbursement Per Diem Rates

<u>NURSING PAVILION AT CHIPOLA RETIREMENT CENTER</u>	Provider Number:	<u>0 005383-00</u>
<u>4294 3RD AVENUE</u>	Date:	<u>3/31/2015</u>
<u>MARIANNA, FL 32446</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>220.86</u>	<u>220.10</u>	<u>7/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & REA #NH12-029C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

GLENCOVE NURSING PAVILION
1027 E HWY 98
PANAMA CITY, FL 32401

Provider Number: 0 005384-00

Date: 4/27/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.41	185.87	12/4/2008
	Level H: Aids	322.69	322.15	12/4/2008

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-030C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

GLENCOVE NURSING PAVILION
1027 E HWY 98
PANAMA CITY, FL 32401

Provider Number: 0 005384-00
Date: 4/27/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.24	181.72	1/1/2009
	Level H: Aids	320.59	320.07	1/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-030C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

GLENCOVE NURSING PAVILION
 1027 E HWY 98
 PANAMA CITY, FL 32401

Provider Number: 0 005384-00
 Date: 4/27/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	166.97	166.48	3/1/2009
	Level H: Aids	305.32	304.83	3/1/2009

Rate Type:

Interim Prospective
 _____ Total Interim _____ Total Prospective
 _____ Interim Component _____ Total Prospective with Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Basis:

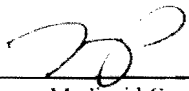
_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-030C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

GLENCOVE NURSING PAVILION 1027 E HWY 98 PANAMA CITY, FL 32401	Provider Number: <u>0 005384-00</u> Date: <u>4/27/2015</u> Fiscal Year End: <u>6/30/2009</u> Audit Status: <u>Revised Field Audit</u>
---	--

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>205.60</u>	<u>205.05</u>	<u>4/1/2009</u>
	Level H: Aids	<u>343.95</u>	<u>343.40</u>	<u>4/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-030C FYE 6/30/2009

Distribution:

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 Pensacola, FL 32502



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 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

GLENCOVE NURSING PAVILION	Provider Number:	0 005384-00
1027 E HWY 98	Date:	4/27/2015
PANAMA CITY, FL 32401	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>216.87</u>	<u>216.31</u>	<u>7/1/2009</u>
	Level H: Aids	<u>357.22</u>	<u>356.66</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-030C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

GLENCOVE NURSING PAVILION
1027 E HWY 98
PANAMA CITY, FL 32401

Provider Number: 0 005384-00
Date: 4/27/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.95	218.39	1/1/2010
	Level II: Aids	360.87	360.31	1/1/2010

Rate Type:

Interim
Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-030C FYE 6/30/2009

Distribution:

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GLENCOVE NURSING PAVILION
1027 E HWY 98
PANAMA CITY, FL 32401

Provider Number: 0 005384-00

Date: 4/27/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date

222.33 221.77 7/1/2010

Level H: Aids

365.67 365.11 7/1/2010

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-030C FYE 6/30/2009

Distribution:

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GLENCOVE NURSING PAVILION
1027 E HWY 98
PANAMA CITY, FL 32401

Provider Number: 0 005384-00
Date: 4/27/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.06</u>	<u>224.49</u>	<u>1/1/2011</u>
	Level H: Aids	<u>369.92</u>	<u>369.35</u>	<u>1/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-030C FYE 6/30/2009

Distribution:

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GLENCOVE NURSING PAVILION
1027 E HWY 98
PANAMA CITY, FL 32401

Provider Number: 0 005384-00
Date: 4/27/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.89	216.34	7/1/2011
	Level H: Aids	363.09	362.54	7/1/2011

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-030C FYE 6/30/2009

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GLENCOVE NURSING PAVILION
1027 E HWY 98
PANAMA CITY, FL 32401

Provider Number: 0 005384-00
Date: 4/27/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.16	217.09	7/1/2012
	Level H: Aids	366.37	366.30	7/1/2012

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH12-030C FYE 6/30/2009

Distribution:

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Suite 400
Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

<u>PANAMA CITY NURSING CENTER</u>	Provider Number:	<u>0 005385-00</u>
<u>924 W 13TH ST</u>	Date:	<u>4/6/2015</u>
<u>PANAMA CITY, FL 32401</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>176.26</u>	<u>175.98</u>	<u>12/4/2008</u>
	Level H: Aids	<u>312.54</u>	<u>312.26</u>	<u>12/4/2008</u>

Rate Type:

<u> X </u> Interim	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

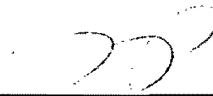
<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH12-031C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

PANAMA CITY NURSING CENTER
924 W 13TH ST
PANAMA CITY, FL 32401

Provider Number: 0 005385-00
Date: 4/6/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.25	171.97	1/1/2009
	Level H: Aids	310.60	310.32	1/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-031C FYE 06/30/2009

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Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502



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

PANAMA CITY NURSING CENTER	Provider Number:	0 005385-00
924 W 13TH ST	Date:	4/6/2015
PANAMA CITY, FL 32401	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>157.81</u>	<u>157.56</u>	<u>3/1/2009</u>
	Level H: Aids	<u>296.16</u>	<u>295.91</u>	<u>3/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-031C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>PANAMA CITY NURSING CENTER</u>	Provider Number:	<u>0 005385-00</u>
<u>924 W 13TH ST</u>	Date:	<u>4/6/2015</u>
<u>PANAMA CITY, FL 32401</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>195.00</u>	<u>194.72</u>	<u>4/1/2009</u>
	Level H: Aids	<u>333.35</u>	<u>333.07</u>	<u>4/1/2009</u>

Rate Type:

<u> X </u> Interim	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 X FA & RFA NH12-031C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>PANAMA CITY NURSING CENTER</u>	Provider Number:	<u>0 005385-00</u>
<u>924 W 13TH ST</u>	Date:	<u>4/6/2015</u>
<u>PANAMA CITY, FL 32401</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>207.13</u>	<u>206.84</u>	<u>7/1/2009</u>
	Level H: Aids	<u>347.48</u>	<u>347.19</u>	<u>7/1/2009</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

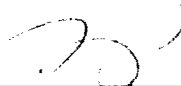
 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA NH12-031C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

PANAMA CITY NURSING CENTER
924 W 13TH ST
PANAMA CITY, FL 32401

Provider Number: 0 005385-00
Date: 4/6/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.11	208.82	1/1/2010
	Level H: Aids	351.03	350.74	1/1/2010

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-031C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>PANAMA CITY NURSING CENTER</u>	Provider Number:	<u>0 005385-00</u>
<u>924 W 13TH ST</u>	Date:	<u>4/6/2015</u>
<u>PANAMA CITY, FL 32401</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>212.41</u>	<u>212.12</u>	<u>7/1/2010</u>
	Level H: Aids	<u>355.75</u>	<u>355.46</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

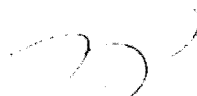
<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA NH12-031C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>PANAMA CITY NURSING CENTER</u>	Provider Number:	<u>0 005385-00</u>
<u>924 W 13TH ST</u>	Date:	<u>4/6/2015</u>
<u>PANAMA CITY, FL 32401</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>215.00</u>	<u>214.70</u>	<u>1/1/2011</u>
	Level H: Aids	<u>359.86</u>	<u>359.56</u>	<u>1/1/2011</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u>	<u> </u> Interim Component	<u> </u>	<u> </u> Total Prospective with Interim Component
<u> </u> <u> X </u>	<u> </u> Settlement based on cost		
<u> </u>	<u> </u> Prior Provider Prospective data		

Basis:


<u> </u>	Budget
<u> </u>	Unaudited costs
<u> X </u>	Field audited costs
<u> </u>	Desk audited costs

Changes:

<u> </u>	Rate Semester Change
<u> X </u>	FA & RFA NH12-031C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

PANAMA CITY NURSING CENTER	Provider Number:	0 005385-00
924 W 13TH ST	Date:	4/6/2015
PANAMA CITY, FL 32401	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.58</u>	<u>207.30</u>	<u>7/1/2011</u>
	Level H: Aids	<u>353.78</u>	<u>353.50</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-031C FYE 06/30/2009

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Pensacola, FL 32502

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER
1017 STRONG RD
QUINCY, FL 32351

Provider Number: 0 005386-00
Date: 4/16/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	165.00	164.25	12/4/2008
	Level H: Aids	301.28	300.53	12/4/2008

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-032C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER
 1017 STRONG RD
 QUINCY, FL 32351

Provider Number: 0 005386-00
 Date: 4/16/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.33	160.60	1/1/2009
	Level H: Aids	299.68	298.95	1/1/2009

Rate Type:

Interim Prospective
 _____ Total Interim _____ Total Prospective
 _____ Interim Component _____ Total Prospective with Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Basis:


_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-032C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER
 1017 STRONG RD
 QUINCY, FL 32351

Provider Number: 0 005386-00
 Date: 4/16/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	147.81	147.14	3/1/2009
	Level H: Aids	286.16	285.49	3/1/2009

Rate Type:

Interim
 _____ Total Interim
 _____ Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Prospective
 _____ Total Prospective
 _____ Total Prospective with Interim Component

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-032C FYE 06/30/2009

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RIVERCHASE CARE CENTER
 1017 STRONG RD
 QUINCY, FL 32351

Provider Number: 0 005386-00
 Date: 4/16/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>184.72</u>	<u>183.95</u>	<u>4/1/2009</u>
	Level H: Aids	<u>323.07</u>	<u>322.30</u>	<u>4/1/2009</u>

Rate Type:

Interim
 _____ Total Interim
 _____ Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Prospective
 _____ Total Prospective
 _____ Total Prospective with Interim Component

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-032C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER	Provider Number:	0 005386-00
1017 STRONG RD	Date:	4/16/2015
QUINCY, FL 32351	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.09</u>	<u>198.32</u>	<u>7/1/2009</u>
	Level H: Aids	<u>339.44</u>	<u>338.67</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-032C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER
1017 STRONG RD
QUINCY, FL 32351

Provider Number: 0 005386-00
Date: 4/16/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.95	200.16	1/1/2010
	Level H: Aids	342.87	342.08	1/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-032C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER	Provider Number:	0 005386-00
1017 STRONG RD	Date:	4/16/2015
QUINCY, FL 32351	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.62</u>	<u>203.83</u>	<u>7/1/2010</u>
	Level H: Aids	<u>347.96</u>	<u>347.17</u>	<u>7/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-032C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER	Provider Number:	0 005386-00
1017 STRONG RD	Date:	4/16/2015
QUINCY, FL 32351	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.16</u>	<u>206.36</u>	<u>1/1/2011</u>
	Level H: Aids	<u>352.02</u>	<u>351.22</u>	<u>1/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-032C FYE 06/30/2009

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER	Provider Number:	0 005386-00
1017 STRONG RD	Date:	4/16/2015
QUINCY, FL 32351	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.57</u>	<u>199.81</u>	<u>7/1/2011</u>
	Level H: Aids	<u>346.77</u>	<u>346.01</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-032C FYE 06/30/2009

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RIVERCHASE CARE CENTER	Provider Number:	0 005386-00
1017 STRONG RD	Date:	4/16/2015
QUINCY, FL 32351	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.46</u>	<u>197.77</u>	<u>1/1/2012</u>
	Level H: Aids	<u>346.07</u>	<u>345.38</u>	<u>1/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH12-032C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER	Provider Number:	0 005386-00
1017 STRONG RD	Date:	4/16/2015
QUINCY, FL 32351	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>204.84</u>	<u>204.13</u>	<u>7/1/2012</u>
	Level H: Aids	<u>354.05</u>	<u>353.34</u>	<u>7/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH12-032C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER
 1017 STRONG RD
 QUINCY, FL 32351

Provider Number: 0 005386-00
 Date: 4/16/2015
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.51</u>	<u>203.78</u>	<u>1/1/2013</u>
	Level H: Aids	<u>355.32</u>	<u>354.59</u>	<u>1/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH12-032C FYE
 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER
 1017 STRONG RD
 QUINCY, FL 32351

Provider Number: 0 005386-00
 Date: 4/16/2015
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
209.58	209.06	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH12-032C FYE 06/30/2009

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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

RIVERCHASE CARE CENTER
 1017 STRONG RD
 QUINCY, FL 32351

Provider Number: 0 005386-00
 Date: 4/16/2015
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>205.95</u>	<u>205.28</u>	<u>1/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	<input checked="" type="checkbox"/> Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA NH12-032C FYE
 06/30/2009

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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

RIVERCHASE CARE CENTER
1017 STRONG RD
QUINCY, FL 32351

Provider Number: 0 005386-00
Date: 4/16/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
234.53	233.69	1/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA NH12-032C FYE 06/30/2009

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Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502



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

SUWANNEE HEALTH CARE CENTER	Provider Number:	0 005387-00
1620 HELVENSTON ST SE	Date:	4/14/2015
LIVE OAK, FL 32064-3474	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.48	181.08	12/4/2008
	Level H: Aids	317.76	317.36	12/4/2008

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-033C FYE 06/30/2009

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 40 South Palafox Place
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 Pensacola, FL 32502



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

SUWANNEE HEALTH CARE CENTER
 1620 HELVENSTON ST SE
 LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00
 Date: 4/14/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.16</u>	<u>176.77</u>	<u>1/1/2009</u>
	Level H: Aids	<u>315.51</u>	<u>315.12</u>	<u>1/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-033C FYE 06/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

SUWANNEE HEALTH CARE CENTER
1620 HELVENSTON ST SE
LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00
Date: 4/14/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>162.31</u>	<u>161.95</u>	<u>3/1/2009</u>
	Level H: Aids	<u>300.66</u>	<u>300.30</u>	<u>3/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
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SUWANNEE HEALTH CARE CENTER
1620 HELVENSTON ST SE
LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00

Date: 4/14/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.67</u>	<u>200.26</u>	<u>4/1/2009</u>
	Level H: Aids	<u>339.02</u>	<u>338.61</u>	<u>4/1/2009</u>

Rate Type:

Interim

_____ Total Interim
 _____ Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

_____ Prospective

_____ Total Prospective
 _____ Total Prospective with Interim Component

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-033C' FYE 06/30/2009

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SUWANNEE HEALTH CARE CENTER	Provider Number:	0 005387-00
1620 HELVENSTON ST SE	Date:	4/14/2015
LIVE OAK, FL 32064-3474	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.95</u>	<u>213.54</u>	<u>7/1/2009</u>
	Level H: Aids	<u>354.30</u>	<u>353.89</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-033C FYE 06/30/2009

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 40 South Palafox Place
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 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

SUWANNEE HEALTH CARE CENTER

1620 HELVENSTON ST SE

LIVE OAK, FL 32064-3474

Provider Number:

0 005387-00

Date:

4/14/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.65</u>	<u>215.23</u>	<u>1/1/2010</u>
	Level H: Aids	<u>357.57</u>	<u>357.15</u>	<u>1/1/2010</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Total Prospective with Interim Component
<input checked="" type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input type="checkbox"/>	Unaudited costs
<input checked="" type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA NH12-033C FYE 06/30/2009

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 Pensacola, FL 32502

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 LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00
 Date: 4/14/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.30	218.89	7/1/2010
	Level H: Aids	362.64	362.23	7/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-033C FYE 06/30/2009

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 Suite 400
 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

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1620 HELVENSTON ST SE

LIVE OAK, FL 32064-3474

Provider Number:

0 005387-00

Date:

4/14/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.90	221.47	1/1/2011
	Level H: Aids	366.76	366.33	1/1/2011

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Total Prospective with Interim Component
<input checked="" type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input type="checkbox"/>	Unaudited costs
<input checked="" type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA NH12-033C FYE 06/30/2009

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 40 South Palafox Place
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 Pensacola, FL 32502

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SUWANNEE HEALTH CARE CENTER
1620 HELVENSTON ST SE
LIVE OAK, FL 32064-3474

Provider Number: 0 005387-00

Date: 4/14/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.80</u>	<u>213.39</u>	<u>7/1/2011</u>
	Level H: Aids	<u>360.00</u>	<u>359.59</u>	<u>7/1/2011</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-033C FYE 06/30/2009

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40 South Palafox Place
Suite 400
Pensacola, FL 32502

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WAVE CREST HEALTH AND REHABILITATION CENTER
1415 S HICKORY ST
MELBOURNE, FL 32901

Provider Number: 0 005519-00
Date: 5/21/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
246.50	251.53	3/30/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	<input checked="" type="checkbox"/> Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 IRR Granted Effective 3/30/2015

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Medicaid Reimbursement Per Diem Rates

<u>FOUNTAINHEAD CARE CENTER</u>	Provider Number:	<u>0 005523-00</u>
<u>390 NE 135TH ST</u>	Date:	<u>4/17/2015</u>
<u>NORTH MIAMI, FL 33161-3967</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>170.40</u>	<u>169.52</u>	<u>12/4/2008</u>
	Level H: Aids	<u>306.68</u>	<u>305.80</u>	<u>12/4/2008</u>

Rate Type:

<u>X</u> Interim	<u> </u> Total Interim	<u> </u> Prospective	<u> </u> Total Prospective
<u> </u>	<u> </u> Interim Component	<u> </u>	<u> </u> Total Prospective with Interim Component
<u> </u>	<u>X</u> Settlement based on cost	<u> </u>	
<u> </u>	<u> </u> Prior Provider Prospective data		

Basis:

<u> </u>	Budget
<u> </u>	Unaudited costs
<u>X</u>	Field audited costs
<u> </u>	Desk audited costs

Changes:

<u> </u>	Rate Semester Change
<u>X</u>	FA & RFA #NH12-036C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

FOUNTAINHEAD CARE CENTER

390 NE 135TH ST

NORTH MIAMI, FL 33161-3967

Provider Number:

0 005523-00

Date:

4/17/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

165.53

164.68

1/1/2009

Level H: Aids

303.88

303.03

1/1/2009

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-036C FYE 6/30/2009

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Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FOUNTAINHEAD CARE CENTER
390 NE 135TH ST
NORTH MIAMI, FL 33161-3967

Provider Number: 0 005523-00
Date: 4/17/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	151.66	150.88	3/1/2009
	Level H: Aids	290.01	289.23	3/1/2009

Rate Type:

Interim

Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-036C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

FOUNTAINHEAD CARE CENTER

390 NE 135TH ST

NORTH MIAMI, FL 33161-3967

Provider Number:

0 005523-00

Date:

4/17/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home

Single Level

Current
Rate

New
Rate

Effective
Date

189.50

188.60

4/1/2009

Level H: Aids

327.85

326.95

4/1/2009

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-036C FYE 6/30/2009

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FOUNTAINHEAD CARE CENTER
 390 NE 135TH ST
 NORTH MIAMI, FL 33161-3967

Provider Number: 0 005523-00
 Date: 4/17/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>204.60</u>	<u>203.67</u>	<u>7/1/2009</u>
	Level H: Aids	<u>344.95</u>	<u>344.02</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-036C FYE 6/30/2009

Distribution:

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FOUNTAINHEAD CARE CENTER

390 NE 135TH ST

NORTH MIAMI, FL 33161-3967

Provider Number:

0 005523-00

Date:

4/17/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.24	205.29	1/1/2010
	Level H: Aids	348.16	347.21	1/1/2010

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Total Prospective with Interim Component
<input checked="" type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input type="checkbox"/>	Unaudited costs
<input checked="" type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH12-036C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>FOUNTAINHEAD CARE CENTER</u>	Provider Number:	<u>0 005523-00</u>
<u>390 NE 135TH ST</u>	Date:	<u>4/17/2015</u>
<u>NORTH MIAMI, FL 33161-3967</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>210.19</u>	<u>209.24</u>	<u>7/1/2010</u>
	Level H: Aids	<u>353.53</u>	<u>352.58</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH12-036C FYE 6/30/2009

Distribution:

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Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

FOUNTAINHEAD CARE CENTER
 390 NE 135TH ST
 NORTH MIAMI, FL 33161-3967

Provider Number: 0 005523-00
 Date: 4/17/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.69</u>	<u>211.74</u>	<u>1/1/2011</u>
	Level H: Aids	<u>357.55</u>	<u>356.60</u>	<u>1/1/2011</u>

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-036C FYE 6/30/2009

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 Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FOUNTAINHEAD CARE CENTER	Provider Number:	0 005523-00
390 NE 135TH ST	Date:	4/17/2015
NORTH MIAMI, FL 33161-3967	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>205.47</u>	<u>204.57</u>	<u>7/1/2011</u>
	Level H: Aids	<u>351.67</u>	<u>350.77</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

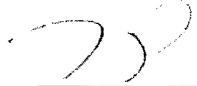
<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-036C FYE 6/30/2009

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Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

FOUNTAINHEAD CARE CENTER	Provider Number:	0 005523-00
390 NE 135TH ST	Date:	4/17/2015
NORTH MIAMI, FL 33161-3967	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.00	219.01	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH12-036C FYE 6/30/2009

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 Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

FOUNTAINHEAD CARE CENTER
 390 NE 135TH ST
 NORTH MIAMI, FL 33161-3967

Provider Number: 0 005523-00
 Date: 4/17/2015
 Fiscal Year End: 12/31/2013
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>231.14</u>	<u>230.77</u>	<u>7/1/2014</u>

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH12-036C FYE 6/30/2009

Distribution:

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 Suite 400
 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

OAKWOOD GARDEN OF DELAND
451 S AMELIA AVE
DELAND, FL 32724

Provider Number: 0 005547-00

Date: 4/15/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.67	176.04	12/4/2008
	Level H: Aids	312.95	312.32	12/4/2008

Rate Type:

Interim

Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-038C FYE 6/30/2009

Distribution:

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40 South Palafox Place
Suite 400
Pensacola, FL 32502

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Medicaid Reimbursement Per Diem Rates

<u>OAKWOOD GARDEN OF DELAND</u>	Provider Number:	<u>0 005547-00</u>
<u>451 S AMELIA AVE</u>	Date:	<u>4/15/2015</u>
<u>DELAND, FL 32724</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>171.67</u>	<u>171.06</u>	<u>1/1/2009</u>
	Level H: Aids	<u>310.02</u>	<u>309.41</u>	<u>1/1/2009</u>

Rate Type:

<u> X </u> Interim	<u> </u> Total Interim	<u> </u> Prospective	<u> </u> Total Prospective
<u> </u>	<u> </u> Interim Component	<u> </u>	<u> </u> Total Prospective with Interim Component
<u> </u>	<u> X </u> Settlement based on cost	<u> </u>	
<u> </u>	<u> </u> Prior Provider Prospective data		

Basis:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH12-038C FYE 6/30/2009

Distribution:

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40 South Palafox Place
Suite 400
Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

OAKWOOD GARDEN OF DELAND
451 S AMELIA AVE
DELAND, FL 32724

Provider Number: 0 005547-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	157.28	156.72	3/1/2009
	Level H: Aids	295.63	295.07	3/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-038C FYE 6/30/2009

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 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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OAKWOOD GARDEN OF DELAND
451 S AMELIA AVE
DELAND, FL 32724

Provider Number: 0 005547-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.42	194.77	4/1/2009
	Level H: Aids	333.77	333.12	4/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-038C FYE 6/30/2009

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OAKWOOD GARDEN OF DELAND
451 S AMELIA AVE
DELAND, FL 32724

Provider Number: 0 005547-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.33	207.67	7/1/2009
	Level H: Aids	348.68	348.02	7/1/2009

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-038C FYE 6/30/2009

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 Pensacola, FL 32502



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OAKWOOD GARDEN OF DELAND
451 S AMELIA AVE
DELAND, FL 32724

Provider Number: 0 005547-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.98	209.32	1/1/2010
	Level H: Aids	351.90	351.24	1/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-038C FYE 6/30/2009

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Suite 400
Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

OAKWOOD GARDEN OF DELAND	Provider Number:	0 005547-00
451 S AMELIA AVE	Date:	4/15/2015
DELAND, FL 32724	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.77</u>	<u>213.10</u>	<u>7/1/2010</u>
	Level H: Aids	<u>357.11</u>	<u>356.44</u>	<u>7/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-038C FYE 6/30/2009

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 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

OAKWOOD GARDEN OF DELAND
451 S AMELIA AVE
DELAND, FL 32724

Provider Number: 0 005547-00
Date: 4/15/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.97</u>	<u>215.29</u>	<u>1/1/2011</u>
	Level H: Aids	<u>360.83</u>	<u>360.15</u>	<u>1/1/2011</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-038C FYE 6/30/2009

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OAKWOOD GARDEN OF DELAND	Provider Number:	0 005547-00
451 S AMELIA AVE	Date:	4/15/2015
DELAND, FL 32724	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.82	208.18	7/1/2011
	Level H: Aids	355.02	354.38	7/1/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-038C FYE 6/30/2009

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 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00

Date: 5/12/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.54	197.36	12/4/2008
	Level H: Aids	334.82	333.64	12/4/2008

Rate Type:

Interim

____ Total Interim
____ Interim Component
 Settlement based on cost
____ Prior Provider Prospective data

Prospective

____ Total Prospective
____ Total Prospective with Interim Component

Basis:

____ Budget
____ Unaudited costs
 Field audited costs
____ Desk audited costs

Changes:

____ Rate Semester Change
 FA & RFA #NH12-040C FYE 6/30/2009

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BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00

Date: 5/12/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>194.12</u>	<u>192.99</u>	<u>1/1/2009</u>
	Level H: Aids	<u>332.47</u>	<u>331.34</u>	<u>1/1/2009</u>

Rate Type:

Interim

_____ Total Interim
 _____ Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Prospective

_____ Total Prospective
 _____ Total Prospective with Interim Component

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-040C FYE 6/30/2009

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BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 5/12/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.85</u>	<u>176.81</u>	<u>3/1/2009</u>
	Level H: Aids	<u>316.20</u>	<u>315.16</u>	<u>3/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-040C FYE 6/30/2009

Distribution:

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BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 5/12/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.47	215.26	4/1/2009
	Level H: Aids	354.82	353.61	4/1/2009

Rate Type:

Interim

Prospective

Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-040C FYE 6/30/2009

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7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00

Date: 5/12/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>225.04</u>	<u>223.83</u>	<u>7/1/2009</u>
	Level H: Aids	<u>365.39</u>	<u>364.18</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Total Prospective with Interim Component
<input checked="" type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input type="checkbox"/>	Unaudited costs
<input checked="" type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH12-040C FYE 6/30/2009

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7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00

Date: 5/12/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.22</u>	<u>226.00</u>	<u>1/1/2010</u>
	Level H: Aids	<u>369.14</u>	<u>367.92</u>	<u>1/1/2010</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Total Prospective with Interim Component
<input checked="" type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input type="checkbox"/>	Unaudited costs
<input checked="" type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH12-040C FYE 6/30/2009

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40 South Palafox Place
Suite 400
Pensacola, FL 32502

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

BOYNTON HEALTH CARE CENTER	Provider Number:	0 005814-00
7900 VENTURE CENTER WAY	Date:	5/12/2015
BOYNTON BEACH, FL 33437-7402	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.15</u>	<u>228.92</u>	<u>7/1/2010</u>
	Level H: Aids	<u>373.49</u>	<u>372.26</u>	<u>7/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-040C FYE 6/30/2009

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Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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Medicaid Reimbursement Per Diem Rates

BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 5/12/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	233.18	231.93	1/1/2011
	Level H: Aids	378.04	376.79	1/1/2011

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-040C FYE 6/30/2009

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Pensacola, FL 32502



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BOYNTON HEALTH CARE CENTER

7900 VENTURE CENTER WAY

BOYNTON BEACH, FL 33437-7402

Provider Number:

0 005814-00

Date:

5/12/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>224.27</u>	<u>223.05</u>	<u>7/1/2011</u>
	Level H: Aids	<u>370.47</u>	<u>369.25</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Total Prospective with Interim Component
<input checked="" type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input type="checkbox"/>	Unaudited costs
<input checked="" type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH12-040C FYE 6/30/2009

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BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 5/12/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.92	222.06	1/1/2012
	Level H: Aids	370.53	369.67	1/1/2012

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 5/12/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.16</u>	<u>228.65</u>	<u>7/1/2012</u>
	Level H: Aids	<u>378.37</u>	<u>377.86</u>	<u>7/1/2012</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH12-040C FYE 6/30/2009

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Pensacola, FL 32502



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BOYNTON HEALTH CARE CENTER
7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00

Date: 5/12/2015

Fiscal Year End: 12/31/2011

Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>230.12</u>	<u>229.20</u>	<u>1/1/2013</u>
	Level H: Aids	<u>380.93</u>	<u>380.01</u>	<u>1/1/2013</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Total Prospective with Interim Component
<input type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input checked="" type="checkbox"/>	Unaudited costs
<input type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA #NH12-040C FYE 6/30/2009

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Pensacola, FL 32502

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7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 5/12/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.62</u>	<u>237.67</u>	<u>7/1/2013</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 5/12/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
242.38	241.40	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

_____ Rate Semester Change

Effects of FA & RFA #NH12-040C FYE 6/30/2009

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7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 5/12/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>252.37</u>	<u>251.34</u>	<u>7/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH12-040C FYE 6/30/2009

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Suite 400
Pensacola, FL 32502



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7900 VENTURE CENTER WAY
BOYNTON BEACH, FL 33437-7402

Provider Number: 0 005814-00
Date: 5/12/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>262.62</u>	<u>262.59</u>	<u>1/1/2015</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH12-040C FYE 6/30/2009

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ACCENTIA HEALTH & REHAB. CENTER OF TAMPA
 1818 E FLETCHER AVE
 TAMPA, FL 33612-3770

Provider Number: 0 005826-00
 Date: 5/18/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	181.56	180.82	12/4/2008
	Level H: Aids	317.84	317.10	12/4/2008

Rate Type:

Interim Prospective
 _____ Total Interim _____ Total Prospective
 _____ Interim Component _____ Total Prospective with Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-041C FYE 6/30/2009

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Home Office: Gulf Coast Healthcare, LLC
 40 South Palafox Place
 Suite 400
 Pensacola, FL 32502



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ACCENTIA HEALTH & REHAB. CENTER OF TAMPA
1818 E FLETCHER AVE
TAMPA, FL 33612-3770

Provider Number: 0 005826-00
Date: 5/18/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

 Level H: Aids

Current Rate	New Rate	Effective Date
<u>177.41</u>	<u>176.64</u>	<u>1/1/2009</u>
<u>315.76</u>	<u>314.99</u>	<u>1/1/2009</u>

Rate Type:

Interim
_____ Total Interim
_____ Interim Component
 Settlement based on cost
_____ Prior Provider Prospective data

_____ Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

_____ Budget
_____ Unaudited costs
 Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-041C FYE 6/30/2009

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Suite 400
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1818 E FLETCHER AVE
TAMPA, FL 33612-3770

Provider Number: 0 005826-00

Date: 5/18/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.54	161.83	3/1/2009
	Level H: Aids	300.89	300.18	3/1/2009

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-041C FYE 6/30/2009

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1818 E FLETCHER AVE
TAMPA, FL 33612-3770

Provider Number: 0 005826-00

Date: 5/18/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.70	192.89	4/1/2009
	Level H: Aids	332.05	331.24	4/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-041C FYE 6/30/2009

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1818 E FLETCHER AVE
TAMPA, FL 33612-3770

Provider Number: 0 005826-00

Date: 5/18/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.83</u>	<u>203.84</u>	<u>7/1/2009</u>
	Level H: Aids	<u>345.18</u>	<u>344.19</u>	<u>7/1/2009</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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TAMPA, FL 33612-3770

Provider Number: 0 005826-00

Date: 5/18/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.66	205.55	1/1/2010
	Level H: Aids	348.58	347.47	1/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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1818 E FLETCHER AVE
TAMPA, FL 33612-3770

Provider Number: 0 005826-00
Date: 5/18/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.82	207.71	7/1/2010
	Level H: Aids	352.16	351.05	7/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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1818 E FLETCHER AVE
TAMPA, FL 33612-3770

Provider Number: 0 005826-00

Date: 5/18/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.42	210.29	1/1/2011
	Level H: Aids	356.28	355.15	1/1/2011

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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Provider Number: 0 005826-00
Date: 5/18/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.04	200.97	7/1/2011
	Level H: Aids	348.24	347.17	7/1/2011

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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ACCENTIA HEALTH & REHAB. CENTER OF TAMPA
1818 E FLETCHER AVE
TAMPA, FL 33612-3770

Provider Number: 0 005826-00
Date: 5/18/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate 229.08
New Rate 228.96
Effective Date 1/1/2015

Rate Type:

Interim Total Interim
X Prospective Total Prospective
X Total Prospective with Interim Component
Interim Component
Settlement based on cost
Prior Provider Prospective data

Basis:

Budget
X Unaudited costs
Field audited costs
Desk audited costs

Changes:

Rate Semester Change
X Effects of FA & RFA #NH12-041C FYE
6/30/2009

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Gulf Coast Healthcare, LLC
40 South Palafox Place
Suite 400
Pensacola, FL 32502



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

GLEN OAKS HEALTH CARE CENTER
1100 N PINE ST
CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00
Date: 5/13/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.03	198.63	12/4/2008
	Level H: Aids	336.31	334.91	12/4/2008

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA NH12-042C FYE 6/30/2009

Distribution:

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GLEN OAKS HEALTH CARE CENTER
1100 N PINE ST
CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00

Date: 5/13/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.88	193.53	1/1/2009
	Level H: Aids	333.23	331.88	1/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	_____ Total Interim	<input type="checkbox"/> Prospective	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component		
<input checked="" type="checkbox"/> Settlement based on cost			
_____ Prior Provider Prospective data			

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-042C FYE 6/30/2009

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GLEN OAKS HEALTH CARE CENTER
1100 N PINE ST
CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00
Date: 5/13/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	178.55	177.30	3/1/2009
	Level H: Aids	316.90	315.65	3/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	_____ Total Interim	<input type="checkbox"/> Prospective	_____ Total Prospective
_____	_____ Interim Component	_____	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	_____		
_____ Prior Provider Prospective data	_____		

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-042C FYE 6/30/2009

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GLEN OAKS HEALTH CARE CENTER
1100 N PINE ST
CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00
Date: 5/13/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>220.11</u>	<u>218.67</u>	<u>4/1/2009</u>
	Level H: Aids	<u>358.46</u>	<u>357.02</u>	<u>4/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-042C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

GLEN OAKS HEALTH CARE CENTER
1100 N PINE ST
CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00

Date: 5/13/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	235.12	233.68	7/1/2009
	Level H: Aids	375.47	374.03	7/1/2009

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA NH12-042C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

GLEN OAKS HEALTH CARE CENTER	Provider Number:	0 005849-00
1100 N PINE ST	Date:	5/13/2015
CLEARWATER, FL 33756-4104	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>237.04</u>	<u>235.59</u>	<u>1/1/2010</u>
	Level H: Aids	<u>378.96</u>	<u>377.51</u>	<u>1/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-042C FYE 6/30/2009

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GLEN OAKS HEALTH CARE CENTER
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 CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00
 Date: 5/13/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	241.02	239.56	7/1/2010
	Level H: Aids	384.36	382.90	7/1/2010

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-042C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

GLEN OAKS HEALTH CARE CENTER	Provider Number:	0 005849-00
1100 N PINE ST	Date:	5/13/2015
CLEARWATER, FL 33756-4104	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	244.07	242.58	1/1/2011
	Level H: Aids	388.93	387.44	1/1/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA NH12-042C FYE 6/30/2009

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GLEN OAKS HEALTH CARE CENTER
 1100 N PINE ST
 CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00
 Date: 5/13/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	235.05	233.64	7/1/2011
	Level H: Aids	381.25	379.84	7/1/2011

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH12-042C' FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

GLEN OAKS HEALTH CARE CENTER
 1100 N PINE ST
 CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00
 Date: 5/13/2015
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.98	226.58	1/1/2012
	Level H: Aids	375.59	374.19	1/1/2012

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH12-042C FYE 6/30/2009

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Medicaid Reimbursement Per Diem Rates

GLEN OAKS HEALTH CARE CENTER

1100 N PINE ST

CLEARWATER, FL 33756-4104

Provider Number:

0 005849-00

Date:

5/13/2015

Fiscal Year End:

12/31/2010

Audit Status:

Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>234.96</u>	<u>233.66</u>	<u>7/1/2012</u>
	Level H: Aids	<u>384.17</u>	<u>382.87</u>	<u>7/1/2012</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Total Prospective with Interim Component
<input type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input checked="" type="checkbox"/>	Unaudited costs
<input type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA NH12-042C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

GLEN OAKS HEALTH CARE CENTER
1100 N PINE ST
CLEARWATER, FL 33756-4104

Provider Number: 0 005849-00
Date: 5/13/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
236.83	236.18	1/1/2013
387.64	386.99	1/1/2013

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA NH12-042C FYE 6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>GLEN OAKS HEALTH CARE CENTER</u>	Provider Number:	<u>0 005849-00</u>
<u>1100 N PINE ST</u>	Date:	<u>5/13/2015</u>
<u>CLEARWATER, FL 33756-4104</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>242.43</u>	<u>242.33</u>	<u>7/1/2013</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH12-042C FYE 6/30/2009

Distribution:

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GLEN OAKS HEALTH CARE CENTER

1100 N PINE ST

CLEARWATER, FL 33756-4104

Provider Number:

0 005849-00

Date:

5/13/2015

Fiscal Year End:

6/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

274.53

New
Rate

274.00

Effective
Date

1/1/2015

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA NH12-042C FYE
6/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

HERITAGE PARK
 37135 COLEMAN AVE
 DADE CITY, FL 33525-4526

Provider Number: 0 005850-00
 Date: 5/19/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.22	181.99	12/4/2008
	Level H: Aids	318.50	318.27	12/4/2008

Rate Type:

Interim
 _____ Total Interim
 _____ Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Prospective
 _____ Total Prospective
 _____ Total Prospective with Interim Component

Basis:


_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-043C, FYE 6/30/2009.

Distribution:

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Medicaid Reimbursement Per Diem Rates

HERITAGE PARK	Provider Number:	0 005850-00
37135 COLEMAN AVE	Date:	5/19/2015
DADE CITY, FL 33525-4526	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	177.91	177.64	1/1/2009
	Level H: Aids	316.26	315.99	1/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:


_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-043C, FYE 6/30/2009.

Distribution:

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Medicaid Reimbursement Per Diem Rates

HERITAGE PARK	Provider Number:	0 005850-00
37135 COLEMAN AVE	Date:	5/19/2015
DADE CITY, FL 33525-4526	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>163.00</u>	<u>162.75</u>	<u>3/1/2009</u>
	Level H: Aids	<u>301.35</u>	<u>301.10</u>	<u>3/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-043C, FYE 6/30/2009.

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

HERITAGE PARK	Provider Number:	0 005850-00
37135 COLEMAN AVE	Date:	5/19/2015
DADE CITY, FL 33525-4526	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.83	200.54	4/1/2009
	Level H: Aids	339.18	338.89	4/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-043C, FYE 6/30/2009.

Distribution:

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Medicaid Reimbursement Per Diem Rates

HERITAGE PARK	Provider Number:	0 005850-00
37135 COLEMAN AVE	Date:	5/19/2015
DADE CITY, FL 33525-4526	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>212.27</u>	<u>211.97</u>	<u>7/1/2009</u>
	Level H: Aids	<u>352.62</u>	<u>352.32</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-043C, FYE 6/30/2009.

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Medicaid Cost Reimbursement Planning and Finance



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HERITAGE PARK	Provider Number:	0 005850-00
37135 COLEMAN AVE	Date:	5/19/2015
DADE CITY, FL 33525-4526	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.99</u>	<u>213.69</u>	<u>1/1/2010</u>
	Level H: Aids	<u>355.91</u>	<u>355.61</u>	<u>1/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-043C, FYE 6/30/2009.

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Medicaid Reimbursement Per Diem Rates

HERITAGE PARK	Provider Number:	0 005850-00
37135 COLEMAN AVE	Date:	5/19/2015
DADE CITY, FL 33525-4526	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.44	217.15	7/1/2010
	Level H: Aids	360.78	360.49	7/1/2010

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-043C, FYE 6/30/2009.

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Medicaid Reimbursement Per Diem Rates

HERITAGE PARK	Provider Number:	0 005850-00
37135 COLEMAN AVE	Date:	5/19/2015
DADE CITY, FL 33525-4526	Fiscal Year End:	6/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.99</u>	<u>219.69</u>	<u>1/1/2011</u>
	Level H: Aids	<u>364.85</u>	<u>364.55</u>	<u>1/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-043C, FYE 6/30/2009.

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Medicaid Reimbursement Per Diem Rates

<u>HERITAGE PARK</u>	Provider Number:	<u>0 005850-00</u>
<u>37135 COLEMAN AVE</u>	Date:	<u>5/19/2015</u>
<u>DADE CITY, FL 33525-4526</u>	Fiscal Year End:	<u>6/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>211.80</u>	<u>211.52</u>	<u>7/1/2011</u>
	Level H: Aids	<u>358.00</u>	<u>357.72</u>	<u>7/1/2011</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component	
<u> </u> X Settlement based on cost			
<u> </u> Prior Provider Prospective data			

Basis:

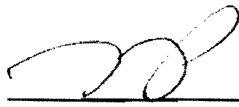
<u> </u> Budget
<u> </u> Unaudited costs
<u> </u> X Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> </u> X FA & RFA #NH12-043C, FYE 6/30/2009.

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Medicaid Reimbursement Per Diem Rates

LAKE EUSTIS CARE CENTER
411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/20/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>184.82</u>	<u>184.38</u>	<u>12/4/2008</u>
	Level H: Aids	<u>321.10</u>	<u>320.66</u>	<u>12/4/2008</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-044C FYE 6/30/2009

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LAKE EUSTIS CARE CENTER
411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/20/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	180.73	180.30	1/1/2009
	Level H: Aids	319.08	318.65	1/1/2009

Rate Type:

Interim Prospective

_____ Total Interim _____ Total Prospective

_____ Interim Component _____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

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LAKE EUSTIS CARE CENTER
411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>165.58</u>	<u>165.18</u>	<u>3/1/2009</u>
	Level H: Aids	<u>303.93</u>	<u>303.53</u>	<u>3/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH12-044C FYE 6/30/2009

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411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.29	202.84	4/1/2009
	Level H: Aids	341.64	341.19	4/1/2009

Rate Type:

Interim Prospective

_____ Total Interim _____ Total Prospective

_____ Interim Component _____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

_____ Budget

_____ Unaudited costs

Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

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LAKE EUSTIS CARE CENTER

411 W WOODWARD AVE

EUSTIS, FL 32726

Provider Number:

0 005851-00

Date:

5/28/2015

Fiscal Year End:

6/30/2009

Audit Status:

Revised Field Audit

Provider Type:

Nursing Home **Single Level**

Current Rate	New Rate	Effective Date
214.52	214.07	7/1/2009

Level H: Aids

354.87	354.42	7/1/2009
---------------	---------------	-----------------

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

FA & RFA #NH12-044C FYE 6/30/2009

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411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.27	215.81	1/1/2010
	Level H: Aids	358.19	357.73	1/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-044C FYE 6/30/2009

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LAKE EUSTIS CARE CENTER
411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00

Date: 5/28/2015

Fiscal Year End: 6/30/2009

Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.62	219.16	7/1/2010
	Level H: Aids	362.96	362.50	7/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-044C FYE 6/30/2009

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LAKE EUSTIS CARE CENTER
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Provider Number: 0 005851-00
 Date: 5/28/2015
 Fiscal Year End: 6/30/2009
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.34</u>	<u>221.87</u>	<u>1/1/2011</u>
	Level H: Aids	<u>367.20</u>	<u>366.73</u>	<u>1/1/2011</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/28/2015
Fiscal Year End: 6/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.92</u>	<u>213.47</u>	<u>7/1/2011</u>
	Level H: Aids	<u>360.12</u>	<u>359.67</u>	<u>7/1/2011</u>

Rate Type:

Interim Prospective

Total Interim Total Prospective

Interim Component Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

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EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/28/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.44</u>	<u>213.26</u>	<u>1/1/2012</u>
	Level H: Aids	<u>361.05</u>	<u>360.87</u>	<u>1/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH12-044C FYE 6/30/2009

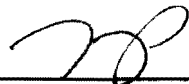
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LAKE EUSTIS CARE CENTER

411 W WOODWARD AVE

EUSTIS, FL 32726

Provider Number:

0 005851-00

Date:

5/28/2015

Fiscal Year End:

12/31/2010

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
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<u>220.29</u>	<u>220.10</u>	<u>7/1/2012</u>
---------------	---------------	-----------------

Level H: Aids

<u>369.50</u>	<u>369.31</u>	<u>7/1/2012</u>
---------------	---------------	-----------------

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH12-044C FYE 6/30/2009

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LAKE EUSTIS CARE CENTER
411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/28/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>216.46</u>	<u>216.26</u>	<u>1/1/2013</u>
	Level H: Aids	<u>367.27</u>	<u>367.07</u>	<u>1/1/2013</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/28/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>222.05</u>	<u>221.85</u>	<u>7/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/28/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
209.26	209.27	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH12-044C FYE 6/30/2009

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411 W WOODWARD AVE
EUSTIS, FL 32726

Provider Number: 0 005851-00
Date: 5/28/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
232.93	232.70	1/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH12-044C FYE 6/30/2009

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHAB CENTER	Provider Number:	0 007012-00
13455 W US HWY 90	Date:	3/25/2015
GREENVILLE, FL 32331	Fiscal Year End:	9/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.12	206.99	4/1/2009
	Level H: Aids	346.47	345.34	4/1/2009

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-070W FYE 9/30/2009

Distribution:

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 Home Office: No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHAB CENTER	Provider Number:	0 007012-00
13455 W US HWY 90	Date:	3/25/2015
GREENVILLE, FL 32331	Fiscal Year End:	9/30/2009
	Audit Status:	Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.48</u>	<u>215.79</u>	<u>7/1/2009</u>
	Level H: Aids	<u>357.83</u>	<u>356.14</u>	<u>7/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____	Budget
_____	Unaudited costs
<input checked="" type="checkbox"/>	Field audited costs
_____	Desk audited costs

Changes:

_____	Rate Semester Change
<input checked="" type="checkbox"/>	FA & RFA #NH12-070W FYE 9/30/2009

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Medicaid Reimbursement Per Diem Rates

<u>CROSSWINDS HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 007012-00</u>
<u>13455 W US HWY 90</u>	Date:	<u>3/25/2015</u>
<u>GREENVILLE, FL 32331</u>	Fiscal Year End:	<u>9/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>223.95</u>	<u>222.63</u>	<u>10/1/2009</u>
	Level H: Aids	<u>364.30</u>	<u>362.98</u>	<u>10/1/2009</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component		
<u> X </u> Settlement based on cost			
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA #NH12-070W FYE 9/30/2009

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHAB CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 007012-00
Date: 3/25/2015
Fiscal Year End: 9/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	225.35	223.62	1/1/2010
	Level H: Aids	367.27	365.54	1/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-070W FYE 9/30/2009

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHAB CENTER
13455 W US HWY 90
GREENVILLE, FL 32331

Provider Number: 0 007012-00
Date: 3/25/2015
Fiscal Year End: 9/30/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	227.34	225.78	7/1/2010
	Level H: Aids	370.68	369.12	7/1/2010

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-070W FYE 9/30/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>CROSSWINDS HEALTH AND REHAB CENTER</u>	Provider Number:	<u>0 007012-00</u>
<u>13455 W US HWY 90</u>	Date:	<u>3/25/2015</u>
<u>GREENVILLE, FL 32331</u>	Fiscal Year End:	<u>9/30/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>230.45</u>	<u>228.63</u>	<u>1/1/2011</u>
	Level H: Aids	<u>375.31</u>	<u>373.49</u>	<u>1/1/2011</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA & RFA #NH12-070W FYE 9/30/2009

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Medicaid Reimbursement Per Diem Rates

ST. JAMES HEALTH AND REHABILITATION CENTER
239 CROOKED RIVER ROAD
CARRABELLE, FL 32322

Provider Number: 0 015613-00
Date: 5/15/2015
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.01</u>	<u>222.90</u>	<u>5/26/2009</u>
	Level H: Aids	<u>359.36</u>	<u>361.25</u>	<u>5/26/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA NH13-082C FYE 12/31/2009

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ST. JAMES HEALTH AND REHABILITATION CENTER	Provider Number:	0 015613-00
239 CROOKED RIVER ROAD	Date:	5/15/2015
CARRABELLE, FL 32322	Fiscal Year End:	12/31/2009
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>229.43</u>	<u>231.32</u>	<u>7/1/2009</u>
	Level H: Aids	<u>369.78</u>	<u>371.67</u>	<u>7/1/2009</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA NH13-082C FYE 12/31/2009

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<u>ST. JAMES HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 015613-00</u>
<u>239 CROOKED RIVER ROAD</u>	Date:	<u>5/15/2015</u>
<u>CARRABELLE, FL 32322</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>233.11</u>	<u>235.00</u>	<u>1/1/2010</u>
	Level H: Aids	<u>375.03</u>	<u>376.92</u>	<u>1/1/2010</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component		
<u> </u> X Settlement based on cost			
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA NH13-082C FYE 12/31/2009

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Home Office: Saber Healthcare Group, LLC
 26691 Richmond Road
 Bedford Heights, OH 44146



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Medicaid Reimbursement Per Diem Rates

ST. JAMES HEALTH AND REHABILITATION CENTER
239 CROOKED RIVER ROAD
CARRABELLE, FL 32322

Provider Number: 0 015613-00
Date: 5/15/2015
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>231.45</u>	<u>233.34</u>	<u>5/26/2010</u>
	Level H: Aids	<u>373.37</u>	<u>375.26</u>	<u>5/26/2010</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA NH13-082C FYE 12/31/2009

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Home Office: Saber Healthcare Group, LLC
 26691 Richmond Road
 Bedford Heights, OH 44146



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Medicaid Reimbursement Per Diem Rates

ST. JAMES HEALTH AND REHABILITATION CENTER
239 CROOKED RIVER ROAD
CARRABELLE, FL 32322

Provider Number: 0 015613-00
Date: 5/15/2015
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.95</u>	<u>234.85</u>	<u>7/1/2010</u>
	Level H: Aids	<u>376.29</u>	<u>378.19</u>	<u>7/1/2010</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA NH13-082C FYE 12/31/2009

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Medicaid Reimbursement Per Diem Rates

<u>ST. JAMES HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 015613-00</u>
<u>239 CROOKED RIVER ROAD</u>	Date:	<u>5/15/2015</u>
<u>CARRABELLE, FL 32322</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>232.95</u>	<u>234.85</u>	<u>11/26/2010</u>
	Level H: Aids	<u>376.29</u>	<u>378.19</u>	<u>11/26/2010</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> </u> Unaudited costs
<u> X </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> FA NH13-082C FYE 12/31/2009

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Medicaid Reimbursement Per Diem Rates

ST. JAMES HEALTH AND REHABILITATION CENTER
239 CROOKED RIVER ROAD
CARRABELLE, FL 32322

Provider Number: 0 015613-00
Date: 5/15/2015
Fiscal Year End: 12/31/2009
Audit Status: Field Audited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>235.93</u>	<u>237.83</u>	<u>1/1/2011</u>
	Level H: Aids	<u>380.79</u>	<u>382.69</u>	<u>1/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA NH13-082C FYE 12/31/2009

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Medicaid Reimbursement Per Diem Rates

ST. JAMES HEALTH AND REHABILITATION CENTER	Provider Number:	0 015613-00
239 CROOKED RIVER ROAD	Date:	5/15/2015
CARRABELLE, FL 32322	Fiscal Year End:	12/31/2009
	Audit Status:	Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>228.22</u>	<u>229.99</u>	<u>7/1/2011</u>
	Level H: Aids	<u>374.42</u>	<u>376.19</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA NH13-082C FYE 12/31/2009

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY PLAZA REHABILITATION & NURSING CENTER
724 NW 19TH ST
MIAMI, FL 33136

Provider Number: 0 082204-00
Date: 5/20/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
239.53	250.95	8/22/2013

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 2/28/2014

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY PLAZA REHABILITATION & NURSING CENTER
724 NW 19TH ST
MIAMI, FL 33136

Provider Number: 0 082204-00
Date: 5/20/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>239.38</u>	<u>252.17</u>	<u>1/1/2014</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 2/28/2014

Distribution:

Contract Management / Fiscal Agent

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_____ For Information Only

_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY PLAZA REHABILITATION & NURSING CENTER
724 NW 19TH ST
MIAMI, FL 33136

Provider Number: 0 082204-00
Date: 5/20/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>239.38</u>	<u>254.52</u>	<u>3/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 2/28/2014

Distribution:

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Home Office: Hebrew Home Management Services
1800 NE 168th Street, Suite 200
Miami Beach, FL 33162

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

UNIVERSITY PLAZA REHABILITATION & NURSING CENTER
724 NW 19TH ST
MIAMI, FL 33136

Provider Number: 0 082204-00
Date: 5/20/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
239.38	252.73	5/2/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 2/28/2014


Distribution:

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_____ No Change in Rate


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724 NW 19TH ST
MIAMI, FL 33136

Provider Number: 0 082204-00
Date: 5/20/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
247.40	265.24	7/1/2014

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 2/28/2014

Distribution:

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Provider Number: 0 082204-00
Date: 5/20/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
247.40	265.24	11/2/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 2/28/2014

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

<u>UNIVERSITY PLAZA REHABILITATION & NURSING CENTER</u>	Provider Number:	<u>0 082204-00</u>
<u>724 NW 19TH ST</u>	Date:	<u>5/20/2015</u>
<u>MIAMI, FL 33136</u>	Fiscal Year End:	<u>2/28/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>249.69</u>	<u>271.73</u>	<u>1/1/2015</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 2/28/2014

Distribution:

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA
 5381 DESOTO ROAD
 SARASOTA, FL 34235

Provider Number: 0 094353-00
 Date: 5/26/2015
 Fiscal Year End: 6/30/2014
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>232.69</u>	<u>239.07</u>	<u>1/15/2013</u>
	Level H: Aids	<u>383.50</u>	<u>389.88</u>	<u>1/15/2013</u>

Rate Type:

Interim Prospective
 _____ Total Interim _____ Total Prospective
 _____ Interim Component _____ Total Prospective with Interim Component
 Settlement based on cost
 _____ Prior Provider Prospective data

Basis:


_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement using FYE 6/30/14 C/R

Distribution:

Contract Management / Fiscal Agent
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Home Office: No Home Office



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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA

5381 DESOTO ROAD

SARASOTA, FL 34235

Provider Number:

0 094353-00

Date:

5/26/2015

Fiscal Year End:

6/30/2014

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>238.71</u>	<u>244.98</u>	<u>7/1/2013</u>

Rate Type:

Interim

Prospective

_____ Total Interim

_____ Total Prospective

_____ Interim Component

_____ Total Prospective with Interim Component

Settlement based on cost

_____ Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 6/30/14 C/R

Distribution:

Contract Management / Fiscal Agent

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Home Office: No Home Office

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA
 5381 DESOTO ROAD
 SARASOTA, FL 34235

Provider Number: 0 094353-00
 Date: 5/26/2015
 Fiscal Year End: 6/30/2014
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
235.30	245.70	1/1/2014

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement using FYE 6/30/14 C/R

Distribution:

Contract Management / Fiscal Agent
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 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA
 5381 DESOTO ROAD
 SARASOTA, FL 34235

Provider Number: 0 094353-00
 Date: 5/26/2015
 Fiscal Year End: 6/30/2014
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>235.30</u>	<u>243.74</u>	<u>1/15/2014</u>

Rate Type:

<input checked="" type="checkbox"/> <u>Interim</u>	<input type="checkbox"/> <u>Prospective</u>
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<input checked="" type="checkbox"/> <u>Settlement based on cost</u>	
<u> </u> Prior Provider Prospective data	

Basis:

 Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 Cost Settlement using FYE 6/30/14 C/R

Distribution:

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 No Change in Rate
 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>HAWTHORNE HEALTH AND REHAB OF SARASOTA</u>	Provider Number:	<u>0 094353-00</u>
<u>5381 DESOTO ROAD</u>	Date:	<u>5/26/2015</u>
<u>SARASOTA, FL 34235</u>	Fiscal Year End:	<u>6/30/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>241.93</u>	<u>252.54</u>	<u>7/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement using FYE 6/30/14 C/R

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:	0 094353-00
5381 DESOTO ROAD	Date:	5/26/2015
SARASOTA, FL 34235	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>241.93</u>	<u>252.54</u>	<u>7/15/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement using FYE 6/30/14 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:	0 094353-00
5381 DESOTO ROAD	Date:	5/26/2015
SARASOTA, FL 34235	Fiscal Year End:	6/30/2014
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	251.28	261.88	1/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement using FYE 6/30/14 C/R

Distribution:

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 No Change in Rate
 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>WESTWOOD NURSING & REHABILITATION CENTER</u>	Provider Number:	<u>0 103475-00</u>
<u>1001 MAR-WALT DRIVE</u>	Date:	<u>5/22/2015</u>
<u>FORT WALTON BEACH, FL 32547</u>	Fiscal Year End:	<u>8/31/2014</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>235.00</u>	<u>233.05</u>	<u>12/5/2013</u>

Rate Type:

<u> X </u> Interim	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> <u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement using FYE 08/31/2014 C/R

Distribution:

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 No Change in Rate
 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 103475-00
Date: 5/22/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
237.81	237.22	1/1/2014

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement using FYE 08/31/2014 C/R

Distribution:

Contract Management - Fiscal Agent
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 _____ No Change in Rate
 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 103475-00
Date: 5/22/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>247.34</u>	<u>245.91</u>	<u>7/1/2014</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement using FYE 08/31/2014 C/R

Distribution:

Contract Management / Fiscal Agent
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 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER
1001 MAR-WALT DRIVE
FORT WALTON BEACH, FL 32547

Provider Number: 0 103475-00
Date: 5/22/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>247.34</u>	<u>246.59</u>	<u>9/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement using FYE 08/31/2014 C/R

Distribution:

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

WESTWOOD NURSING & REHABILITATION CENTER	Provider Number:	0 103475-00
1001 MAR-WALT DRIVE	Date:	5/22/2015
FORT WALTON BEACH, FL 32547	Fiscal Year End:	8/31/2014
	Audit Status:	Unaudited

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>250.35</u>	<u>252.87</u>	<u>1/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement using FYE 08/31/2014 C/R

Distribution:

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 Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

WOODLAND GROVE HEALTH & REHABILITATION CENTER
4325 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

Provider Number: 0 122341-00
Date: 4/7/2015
Fiscal Year End: 5/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: **226.35**
New Rate: **226.34**
Effective Date: **7/1/2014**

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-118L FYE 12/31/2004 for prior provider # 266281

Distribution:

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No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER
 1704 HUNTINGTON VILLAGE CIRCLE
 DAYTONA BEACH , FL 32114

Provider Number: 0 122342-00
 Date: 6/8/2015
 Fiscal Year End: 5/31/2015
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>225.42</u>	<u>226.01</u>	<u>7/1/2014</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH11-093C FYE
 07/31/2005 for prior provider #282553

Distribution:

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 No Change in Rate

Home Office: No Home Office

Thomas Parker
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Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH , FL 32114

Provider Number: 0 122342-00
Date: 6/8/2015
Fiscal Year End: 5/31/2015
Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>227.89</u>	<u>228.48</u>	<u>1/1/2015</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ <input checked="" type="checkbox"/> Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

Budget
 _____ Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA NH11-093C FYE
 07/31/2005 for prior provider #282553

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

TERRACE HEALTH & REHABILITATION CENTER
7207 SW 24TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 122346-00
Date: 5/18/2015
Fiscal Year End: 5/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>227.52</u>	<u>227.51</u>	<u>1/1/2015</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH09-120C FYE 12/31/2006 for prior provider #255572

Distribution:

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 No Change in Rate

Home Office: No Home Office

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WOODLAND TERRACE
120 CHIPOLA AVE
DELAND, FL 32720

Provider Number: 0 212636-00
Date: 5/13/2015
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>164.88</u>	<u>164.38</u>	<u>1/1/2012</u>
	Level H: Aids	<u>312.49</u>	<u>311.99</u>	<u>1/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-009L FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

WOODLAND TERRACE
120 CHIPOLA AVE
DELAND, FL 32720

Provider Number: 0 212636-00
Date: 5/13/2015
Fiscal Year End: 12/31/2010
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>169.93</u>	<u>169.42</u>	<u>7/1/2012</u>
	Level H: Aids	<u>319.14</u>	<u>318.63</u>	<u>7/1/2012</u>

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA #NH12-009L FYE 12/31/2010

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
 1704 Huntington Village Circle
 Daytona Beach, FL 32114



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Medicaid Reimbursement Per Diem Rates

MADISON HEALTH AND REHABILITATION CENTER
 2481 WEST US 90
 MADISON, FL 32340-9540

Provider Number: 0 213462-00
 Date: 5/12/2015
 Fiscal Year End: 7/31/2007
 Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>174.69</u>	<u>174.29</u>	<u>7/1/2008</u>
	Level H: Aids	<u>310.97</u>	<u>310.57</u>	<u>7/1/2008</u>

Rate Type:

Interim
 _____ Total Interim
 _____ Interim Component
 _____ Settlement based on cost
 _____ Prior Provider Prospective data

Prospective
 _____ Total Prospective
 _____ Total Prospective with Interim Component

Basis:

Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 FA & RFA #NH09-115C FYE 7/31/2007

Distribution:

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 Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Summit Care II, Inc
 2123 Centre Pointe Blvd.
 Tallahassee, FL 32308



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>FAIR HAVENS CENTER</u>	Provider Number:	<u>0 227226-00</u>
<u>201 CURTISS PKWY</u>	Date:	<u>6/1/2015</u>
<u>MIAMI SPRINGS, FL 33166-5291</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>157.31</u>	<u>153.70</u>	<u>7/1/2010</u>
	Level H: Aids	<u>300.65</u>	<u>297.04</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA #NH12-007L FYE 12/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

FAIR HAVENS CENTER	Provider Number:	0 227226-00
201 CURTISS PKWY	Date:	6/1/2015
MIAMI SPRINGS, FL 33166-5291	Fiscal Year End:	12/31/2009
	Audit Status:	Revised Field Audit

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>159.15</u>	<u>155.47</u>	<u>1/1/2011</u>
	Level H: Aids	<u>304.01</u>	<u>300.33</u>	<u>1/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
_____ Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH12-007L FYE 12/31/2009

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
 1704 Huntington Village Circle
 Daytona Beach, FL 32114



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

WOODLANDS CARE CENTER OF ALACHUA COUNTY
 7207 SW 24TH AVE
 GAINESVILLE, FL 32607

Provider Number: 0 255572-00
 Date: 5/18/2015
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	152.69	152.68	1/1/2009
	Level H: Aids	291.04	291.03	1/1/2009

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH09-120C FYE 12/31/2006

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
 1704 Huntington Village Circle
 Daytona Beach, FL 32114



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Medicaid Reimbursement Per Diem Rates

WOODLANDS CARE CENTER OF ALACHUA COUNTY
7207 SW 24TH AVE
GAINESVILLE, FL 32607

Provider Number: 0 255572-00
Date: 5/18/2015
Fiscal Year End: 12/31/2007
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>173.55</u>	<u>173.54</u>	<u>4/1/2009</u>
	Level H: Aids	<u>311.90</u>	<u>311.89</u>	<u>4/1/2009</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

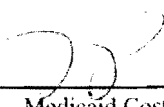
 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA #NH09-120C FYE
12/31/2006

Distribution:

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Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
1704 Huntington Village Circle
Daytona Beach, FL 32114



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Medicaid Reimbursement Per Diem Rates

BRIDGEVIEW CENTER, LLC	Provider Number:	0 260371-00
350 S RIDGEWOOD AVENUE	Date:	3/17/2015
ORMOND BEACH, FL 32174	Fiscal Year End:	12/31/2007
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>163.01</u>	<u>163.00</u>	<u>3/1/2009</u>
	Level H: Aids	<u>301.36</u>	<u>301.35</u>	<u>3/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-055J FYE 4/30/2004

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610



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Medicaid Reimbursement Per Diem Rates

<u>BAYVIEW CENTER, LLC</u>	Provider Number:	<u>0 260444-00</u>
<u>301 S BAY ST</u>	Date:	<u>3/24/2015</u>
<u>EUSTIS, FL 32726</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>208.10</u>	<u>208.11</u>	<u>1/1/2012</u>
	Level H: Aids	<u>355.71</u>	<u>355.72</u>	<u>1/1/2012</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data			

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH06-125J FYE 4/30/2004

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Thomas Parker
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Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610



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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC
155 LANDOVER PLACE
LONGWOOD, FL 32750

Provider Number: 0 260657-00
Date: 3/18/2015
Fiscal Year End: 12/31/2006
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>184.08</u>	<u>184.03</u>	<u>7/1/2008</u>
	Level H: Aids	<u>320.36</u>	<u>320.31</u>	<u>7/1/2008</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH06-049J FYE 8/31/2004

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC
155 LANDOVER PLACE
LONGWOOD, FL 32750

Provider Number: 0 260657-00
Date: 3/18/2015
Fiscal Year End: 12/31/2007
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.23	182.18	1/1/2009
	Level H: Aids	320.58	320.53	1/1/2009

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH06-049J FYE 8/31/2004

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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC

155 LANDOVER PLACE

LONGWOOD, FL 32750

Provider Number:

0 260657-00

Date:

3/18/2015

Fiscal Year End:

12/31/2007

Audit Status:

Unaudited

Provider Type:

Nursing Home **Single Level**

Current Rate	New Rate	Effective Date
166.96	166.91	3/1/2009

Level H: Aids

305.31	305.26	3/1/2009
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Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA NH06-049J FYE 8/31/2004

Distribution:

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 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610

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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2007
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.34</u>	<u>205.28</u>	<u>4/1/2009</u>
	Level H: Aids	<u>343.69</u>	<u>343.63</u>	<u>4/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610



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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2007
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>212.44</u>	<u>212.39</u>	<u>7/1/2009</u>
	Level H: Aids	<u>352.79</u>	<u>352.74</u>	<u>7/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

Distribution:

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 Suite 300
 Tampa, FL 33610

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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2008
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	209.52	209.46	1/1/2010
	Level H: Aids	351.44	351.38	1/1/2010

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

Distribution:

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Home Office: OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

Thomas Parker

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2009
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>213.24</u>	<u>213.19</u>	<u>7/1/2010</u>
	Level H: Aids	<u>356.58</u>	<u>356.53</u>	<u>7/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

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Thomas Parker

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Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610



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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2009
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	215.92	215.87	1/1/2011
	Level H: Aids	360.78	360.73	1/1/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
 Suite 300
 Tampa, FL 33610



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.22</u>	<u>209.16</u>	<u>7/1/2011</u>
	Level H: Aids	<u>355.42</u>	<u>355.36</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:


<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
 10150 Highland Manor Drive
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 Tampa, FL 33610



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Medicaid Reimbursement Per Diem Rates

<u>ISLAND LAKE CENTER, LLC</u>	Provider Number:	<u>0 260657-00</u>
<u>155 LANDOVER PLACE</u>	Date:	<u>3/18/2015</u>
<u>LONGWOOD, FL 32750</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>210.59</u>	<u>210.53</u>	<u>1/1/2012</u>
	Level H: Aids	<u>358.20</u>	<u>358.14</u>	<u>1/1/2012</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH06-049J FYE 8/31/2004

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Thomas Parker
Medicaid Cost Reimbursement Planning and Finance

Home Office: OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610



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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>219.39</u>	<u>219.34</u>	<u>7/1/2012</u>
	Level H: Aids	<u>368.60</u>	<u>368.55</u>	<u>7/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

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 Tampa, FL 33610



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>222.18</u>	<u>222.13</u>	<u>1/1/2013</u>
	Level H: Aids	<u>372.99</u>	<u>372.94</u>	<u>1/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	227.40	227.34	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>220.95</u>	<u>220.89</u>	<u>1/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X _____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC

155 LANDOVER PLACE

LONGWOOD, FL 32750

Provider Number:

0 260657-00

Date:

3/18/2015

Fiscal Year End:

12/31/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>236.62</u>	<u>236.56</u>	<u>7/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

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ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	3/18/2015
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>239.77</u>	<u>239.72</u>	<u>1/1/2015</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH06-049J FYE 8/31/2004

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Medicaid Reimbursement Per Diem Rates

VALENCIA HILLS HEALTH AND REHABILITATION CENTER
1350 SLEEPY HILL RD
LAKELAND, FL 33810

Provider Number: 0 265560-00
Date: 5/14/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	170.73	170.18	7/1/2008
	Level H: Aids	307.01	306.46	7/1/2008

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

VALENCIA HILLS HEALTH AND REHABILITATION CENTER
1350 SLEEPY HILL RD
LAKELAND, FL 33810

Provider Number: 0 265560-00
Date: 5/14/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.58	172.05	1/1/2009
	Level H: Aids	310.93	310.40	1/1/2009

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

VALENCIA HILLS HEALTH AND REHABILITATION CENTER
1350 SLEEPY HILL RD
LAKELAND, FL 33810

Provider Number: 0 265560-00
Date: 5/14/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>158.11</u>	<u>157.63</u>	<u>3/1/2009</u>
	Level H: Aids	<u>296.46</u>	<u>295.98</u>	<u>3/1/2009</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

 X Prospective
 X Total Prospective
 Total Prospective with Interim Component

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA NH09-119C FYE 12/31/2007

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VALENCIA HILLS HEALTH AND REHABILITATION CENTER
1350 SLEEPY HILL RD
LAKELAND, FL 33810

Provider Number: 0 265560-00
Date: 5/14/2015
Fiscal Year End: 12/31/2007
Audit Status: Revised Field Audit

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
188.62	188.06	4/1/2009
326.97	326.41	4/1/2009

Rate Type:

Interim
Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

<u>VALENCIA HILLS HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 265560-00</u>
<u>1350 SLEEPY HILL RD</u>	Date:	<u>5/14/2015</u>
<u>LAKELAND, FL 33810</u>	Fiscal Year End:	<u>12/31/2007</u>
	Audit Status:	<u>Revised Field Audit</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>188.02</u>	<u>187.45</u>	<u>7/1/2009</u>
	Level H: Aids	<u>328.37</u>	<u>327.80</u>	<u>7/1/2009</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

VALENCIA HILLS HEALTH AND REHABILITATION CENTER
 1350 SLEEPY HILL RD
 LAKELAND, FL 33810

Provider Number: 0 265560-00
 Date: 5/11/2015
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.40	186.41	1/1/2010
	Level H: Aids	328.32	328.33	1/1/2010

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

<u>VALENCIA HILLS HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 265560-00</u>
<u>1350 SLEEPY HILL RD</u>	Date:	<u>5/11/2015</u>
<u>LAKELAND, FL 33810</u>	Fiscal Year End:	<u>12/31/2009</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>191.19</u>	<u>191.20</u>	<u>7/1/2010</u>
	Level H: Aids	<u>334.53</u>	<u>334.54</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

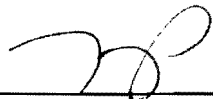
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

VALENCIA HILLS HEALTH AND REHABILITATION CENTER
1350 SLEEPY HILL RD
LAKELAND, FL 33810

Provider Number: 0 265560-00
Date: 5/11/2015
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.40	193.41	1/1/2011
	Level H: Aids	338.26	338.27	1/1/2011

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH09-119C FYE 12/31/2007

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VALENCIA HILLS HEALTH AND REHABILITATION CENTER	Provider Number:	0 265560-00
1350 SLEEPY HILL RD	Date:	5/11/2015
LAKELAND, FL 33810	Fiscal Year End:	12/31/2009
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.01	185.02	7/1/2011
	Level H: Aids	331.21	331.22	7/1/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

<u>VALENCIA HILLS HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 265560-00</u>
<u>1350 SLEEPY HILL RD</u>	Date:	<u>5/11/2015</u>
<u>LAKELAND, FL 33810</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>183.85</u>	<u>183.86</u>	<u>1/1/2012</u>
	Level H: Aids	<u>331.46</u>	<u>331.47</u>	<u>1/1/2012</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

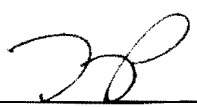
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH09-119C FYE 12/31/2007

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<u>VALENCIA HILLS HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 265560-00</u>
<u>1350 SLEEPY HILL RD</u>	Date:	<u>5/11/2015</u>
<u>LAKELAND, FL 33810</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>188.00</u>	<u>188.01</u>	<u>7/1/2012</u>
	Level H: Aids	<u>337.21</u>	<u>337.22</u>	<u>7/1/2012</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH09-119C FYE 12/31/2007

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1350 SLEEPY HILL RD	Date:	5/11/2015
LAKELAND, FL 33810	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>186.65</u>	<u>186.66</u>	<u>1/1/2013</u>
	Level H: Aids	<u>337.46</u>	<u>337.47</u>	<u>1/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Cost Reimbursement Planning and Finance



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>VALENCIA HILLS HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 265560-00</u>
<u>1350 SLEEPY HILL RD</u>	Date:	<u>5/11/2015</u>
<u>LAKELAND, FL 33810</u>	Fiscal Year End:	<u>12/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>190.19</u>	<u>190.20</u>	<u>7/1/2013</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH09-119C FYE 12/31/2007

Distribution:

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Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

<u>VALENCIA HILLS HEALTH AND REHABILITATION CENTER</u>	Provider Number:	<u>0 265560-00</u>
<u>1350 SLEEPY HILL RD</u>	Date:	<u>5/11/2015</u>
<u>LAKELAND, FL 33810</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>184.77</u>	<u>184.78</u>	<u>1/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH09-119C FYE 12/31/2007

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 Medicaid Cost Reimbursement Planning and Finance

Home Office: Summit Care II, Inc
 2123 Centre Pointe Blvd.
 Tallahassee, FL 32308



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VALENCIA HILLS HEALTH AND REHABILITATION CENTER	Provider Number:	0 265560-00
1350 SLEEPY HILL RD	Date:	5/11/2015
LAKELAND, FL 33810	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>191.46</u>	<u>191.47</u>	<u>7/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

VALENCIA HILLS HEALTH AND REHABILITATION CENTER
1350 SLEEPY HILL RD
LAKELAND, FL 33810

Provider Number: 0 265560-00
Date: 5/11/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
193.48	193.49	1/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA NH09-119C FYE 12/31/2007

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Medicaid Reimbursement Per Diem Rates

<u>SOUTHPOINT TERRACE</u>	Provider Number:	<u>0 266281-00</u>
<u>4325 SOUTHPOINT BOULEVARD</u>	Date:	<u>4/7/2015</u>
<u>JACKSONVILLE, FL 32216</u>	Fiscal Year End:	<u>12/31/2006</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>159.71</u>	<u>159.70</u>	<u>7/1/2008</u>
	Level H: Aids	<u>295.99</u>	<u>295.98</u>	<u>7/1/2008</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:

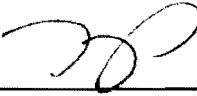
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH11-118L FYE 12/31/2004

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 1704 Huntington Village Circle
 Daytona Beach, FL 32114



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Medicaid Reimbursement Per Diem Rates

SOUTHPOINT TERRACE
 4325 SOUTHPOINT BOULEVARD
 JACKSONVILLE, FL 32216

Provider Number: 0 266281-00
 Date: 4/7/2015
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>179.14</u>	<u>179.13</u>	<u>4/1/2009</u>
	Level H: Aids	<u>317.49</u>	<u>317.48</u>	<u>4/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-118L FYE 12/31/2004

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Medicaid Reimbursement Per Diem Rates

<u>SOUTHPOINT TERRACE</u>	Provider Number:	<u>0 266281-00</u>
<u>4325 SOUTHPOINT BOULEVARD</u>	Date:	<u>4/7/2015</u>
<u>JACKSONVILLE, FL 32216</u>	Fiscal Year End:	<u>12/31/2008</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.85</u>	<u>177.84</u>	<u>1/1/2010</u>
	Level H: Aids	<u>319.77</u>	<u>319.76</u>	<u>1/1/2010</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH11-118L FYE 12/31/2004

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<u>SOUTHPOINT TERRACE</u>	Provider Number:	<u>0 266281-00</u>
<u>4325 SOUTHPOINT BOULEVARD</u>	Date:	<u>4/7/2015</u>
<u>JACKSONVILLE, FL 32216</u>	Fiscal Year End:	<u>12/31/2008</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.68</u>	<u>181.67</u>	<u>7/1/2010</u>
	Level H: Aids	<u>325.02</u>	<u>325.01</u>	<u>7/1/2010</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH11-118L FYE 12/31/2004

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SOUTHPOINT TERRACE
4325 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

Provider Number: 0 266281-00
Date: 4/7/2015
Fiscal Year End: 12/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	178.92	178.91	1/1/2011
	Level H: Aids	323.78	323.77	1/1/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH11-118L FYE 12/31/2004

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Medicaid Reimbursement Per Diem Rates

SOUTHPOINT TERRACE	Provider Number:	0 266281-00
4325 SOUTHPOINT BOULEVARD	Date:	4/7/2015
JACKSONVILLE, FL 32216	Fiscal Year End:	12/31/2009
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>172.94</u>	<u>172.93</u>	<u>7/1/2011</u>
	Level H: Aids	<u>319.14</u>	<u>319.13</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-118L FYE 12/31/2004

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHPOINT TERRACE	Provider Number:	0 266281-00
4325 SOUTHPOINT BOULEVARD	Date:	4/7/2015
JACKSONVILLE, FL 32216	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	175.06	175.05	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-118L FYE 12/31/2004

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHPOINT TERRACE	Provider Number:	0 266281-00
4325 SOUTHPOINT BOULEVARD	Date:	4/7/2015
JACKSONVILLE, FL 32216	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>167.99</u>	<u>167.98</u>	<u>1/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH11-118L FYE 12/31/2004

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH, FL 32114

Provider Number: 0 282553-00
Date: 6/8/2015
Fiscal Year End: 7/31/2007
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	174.14	175.53	7/1/2008
	Level H: Aids	310.42	311.81	7/1/2008

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH11-093C FYE 07/31/2005

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

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 Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
 1704 Huntington Village Circle
 Daytona Beach, FL 32114



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH	Provider Number:	0 282553-00
1704 HUNTINGTON VILLAGE CIRCLE	Date:	6/8/2015
DAYTONA BEACH , FL 32114	Fiscal Year End:	7/31/2007
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>174.46</u>	<u>175.83</u>	<u>1/1/2009</u>
	Level H: Aids	<u>312.81</u>	<u>314.18</u>	<u>1/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH11-093C FYE 07/31/2005

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH , FL 32114

Provider Number: 0 282553-00
Date: 6/8/2015
Fiscal Year End: 7/31/2007
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.83	161.09	3/1/2009
	Level H: Aids	298.18	299.44	3/1/2009

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH11-093C FYE 07/31/2005

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH	Provider Number:	0 282553-00
1704 HUNTINGTON VILLAGE CIRCLE	Date:	6/8/2015
DAYTONA BEACH , FL 32114	Fiscal Year End:	7/31/2007
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>198.08</u>	<u>199.53</u>	<u>4/1/2009</u>
	Level H: Aids	<u>336.43</u>	<u>337.88</u>	<u>4/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH11-093C FYE 07/31/2005

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THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH , FL 32114

Provider Number: 0 282553-00
Date: 6/8/2015
Fiscal Year End: 7/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.97	194.43	7/1/2009
	Level H: Aids	333.32	334.78	7/1/2009

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH11-093C FYE 07/31/2005

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<u>THE TERRACE AT DAYTONA BEACH</u>	Provider Number:	<u>0 282553-00</u>
<u>1704 HUNTINGTON VILLAGE CIRCLE</u>	Date:	<u>6/8/2015</u>
<u>DAYTONA BEACH , FL 32114</u>	Fiscal Year End:	<u>7/31/2008</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>194.63</u>	<u>196.10</u>	<u>1/1/2010</u>
	Level H: Aids	<u>336.55</u>	<u>338.02</u>	<u>1/1/2010</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA NH11-093C FYE 07/31/2005

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Medicaid Reimbursement Per Diem Rates

<u>THE TERRACE AT DAYTONA BEACH</u>	Provider Number:	<u>0 282553-00</u>
<u>1704 HUNTINGTON VILLAGE CIRCLE</u>	Date:	<u>6/8/2015</u>
<u>DAYTONA BEACH , FL 32114</u>	Fiscal Year End:	<u>7/31/2009</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>173.65</u>	<u>174.25</u>	<u>7/1/2010</u>
	Level H: Aids	<u>316.99</u>	<u>317.59</u>	<u>7/1/2010</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH11-093C FYE 07/31/2005

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH , FL 32114

Provider Number: 0 282553-00
Date: 6/8/2015
Fiscal Year End: 7/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.18	176.79	1/1/2011
	Level H: Aids	321.04	321.65	1/1/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH11-093C FYE 07/31/2005

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 Daytona Beach, FL 32114



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<u>THE TERRACE AT DAYTONA BEACH</u>	Provider Number:	<u>0 282553-00</u>
<u>1704 HUNTINGTON VILLAGE CIRCLE</u>	Date:	<u>6/8/2015</u>
<u>DAYTONA BEACH , FL 32114</u>	Fiscal Year End:	<u>7/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>167.41</u>	<u>167.94</u>	<u>7/1/2011</u>
	Level H: Aids	<u>313.61</u>	<u>314.14</u>	<u>7/1/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH11-093C FYE
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THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH , FL 32114

Provider Number: 0 282553-00
Date: 6/8/2015
Fiscal Year End: 7/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	168.37	168.90	1/1/2012
	Level H: Aids	315.98	316.51	1/1/2012

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH11-093C FYE 07/31/2005

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1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH , FL 32114

Provider Number: 0 282553-00

Date: 6/8/2015

Fiscal Year End: 7/31/2011

Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	165.09	165.64	7/1/2012
	Level H: Aids	314.30	314.85	7/1/2012

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Total Prospective with Interim Component
<input type="checkbox"/>	Settlement based on cost		
<input type="checkbox"/>	Prior Provider Prospective data		

Basis:

<input type="checkbox"/>	Budget
<input checked="" type="checkbox"/>	Unaudited costs
<input type="checkbox"/>	Field audited costs
<input type="checkbox"/>	Desk audited costs

Changes:

<input type="checkbox"/>	Rate Semester Change
<input checked="" type="checkbox"/>	Effects of FA & RFA NH11-093C FYE 07/31/2005

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1704 Huntington Village Circle
Daytona Beach, FL 32114

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 DAYTONA BEACH , FL 32114

Provider Number: 0 282553-00
 Date: 6/8/2015
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	166.88	167.43	1/1/2013
	Level H: Aids	317.69	318.24	1/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA NH11-093C FYE 07/31/2005

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 1704 HUNTINGTON VILLAGE CIRCLE
 DAYTONA BEACH, FL 32114

Provider Number: 0 282553-00
 Date: 6/8/2015
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	163.23	163.80	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA NH11-093C FYE
 07/31/2005

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THE TERRACE AT DAYTONA BEACH
1704 HUNTINGTON VILLAGE CIRCLE
DAYTONA BEACH , FL 32114

Provider Number: 0 282553-00

Date: 6/8/2015

Fiscal Year End: 7/31/2013

Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
167.96	168.53	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of FA & RFA NH11-093C FYE 07/31/2005

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1704 Huntington Village Circle
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Medicaid Reimbursement Per Diem Rates

COMMUNITY HEALTH AND REHAB CENTER	Provider Number:	0 318779-00
3611 TRANSMITTER ROAD	Date:	5/29/2015
PANAMA CITY, FL 32404-9799	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>206.31</u>	<u>203.53</u>	<u>7/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Amended cost report FYE 6/30/2012

Distribution:

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 Home Office: No Home Office

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 8/31/2008
Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>182.14</u>	<u>182.19</u>	<u>7/1/2008</u>
	Level H: Aids	<u>318.42</u>	<u>318.47</u>	<u>7/1/2008</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Brookdale Senior Living, Inc.
6737 West Washington Street
Suite 2300
Milwaukee, WI 53214



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

FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 8/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.70	183.75	9/1/2008
	Level H: Aids	319.98	320.03	9/1/2008

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715

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Thomas Parker
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Home Office: Brookdale Senior Living, Inc.
 6737 West Washington Street
 Suite 2300
 Milwaukee, WI 53214



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Medicaid Reimbursement Per Diem Rates

<u>FREEDOM SQUARE REHABILITATION & NURSING SERVICES</u>	Provider Number:	<u>0 324248-00</u>
<u>10801 JOHNSON BLVD</u>	Date:	<u>3/19/2015</u>
<u>SEMINOLE, FL 33772</u>	Fiscal Year End:	<u>8/31/2008</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>181.87</u>	<u>181.91</u>	<u>1/1/2009</u>
	Level H: Aids	<u>320.22</u>	<u>320.26</u>	<u>1/1/2009</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA #NH06-114W FYE
 12/31/2002 for prior provider # 253715

Distribution:

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Medicaid Reimbursement Per Diem Rates

FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 8/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>166.62</u>	<u>166.66</u>	<u>3/1/2009</u>
	Level H: Aids	<u>304.97</u>	<u>305.01</u>	<u>3/1/2009</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715

Distribution:

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FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 8/31/2008
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>196.66</u>	<u>196.70</u>	<u>4/1/2009</u>
<u>335.01</u>	<u>335.05</u>	<u>4/1/2009</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 X Settlement based on cost
 Prior Provider Prospective data

 X Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA #NH06-114W FYE
 12/31/2002 for prior provider # 253715

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FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 8/31/2008
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.41	200.45	7/1/2009
	Level H: Aids	340.76	340.80	7/1/2009

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715

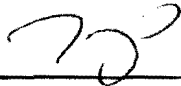
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 6737 West Washington Street
 Suite 2300
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10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 8/31/2008
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
202.96	203.01	1/1/2010
344.88	344.93	1/1/2010

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715

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FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 8/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.41	198.45	7/1/2010
	Level H: Aids	341.75	341.79	7/1/2010

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715


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FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0324248-00
Date: 3/19/2015
Fiscal Year End: 8/31/2009
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.08	201.12	1/1/2011
	Level H: Aids	345.94	345.98	1/1/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715

Distribution:

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 _____ For Information Only
 _____ No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Brookdale Senior Living, Inc.
 6737 West Washington Street
 Suite 2300
 Milwaukee, WI 53214



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

<u>FREEDOM SQUARE REHABILITATION & NURSING SERVICES</u>	Provider Number:	<u>0 324248-00</u>
<u>10801 JOHNSON BLVD</u>	Date:	<u>3/19/2015</u>
<u>SEMINOLE, FL 33772</u>	Fiscal Year End:	<u>8/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>191.56</u>	<u>191.60</u>	<u>7/1/2011</u>
	Level H: Aids	<u>337.76</u>	<u>337.80</u>	<u>7/1/2011</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715

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 Milwaukee, WI 53214



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10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
 Date: 3/19/2015
 Fiscal Year End: 8/31/2010
 Audit Status: Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>192.88</u>	<u>192.92</u>	<u>1/1/2012</u>
	Level H: Aids	<u>340.49</u>	<u>340.53</u>	<u>1/1/2012</u>

Rate Type:

 Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

 X Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA #NH06-114W FYE
 12/31/2002 for prior provider # 253715

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10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.74	199.78	7/1/2012
	Level H: Aids	348.95	348.99	7/1/2012

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715

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FREEDOM SQUARE REHABILITATION & NURSING SERVICES
10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.38</u>	<u>202.42</u>	<u>1/1/2013</u>
	Level H: Aids	<u>353.19</u>	<u>353.23</u>	<u>1/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
Date: 3/19/2015
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
207.60 **207.64** **7/1/2013**

Rate Type:

Interim
_____ Total Interim
_____ Interim Component
_____ Settlement based on cost
_____ Prior Provider Prospective data

Prospective
_____ Total Prospective
_____ Total Prospective with Interim Component

Basis:

_____ Budget
 Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
 Effects of FA & RFA #NH06-114W FYE
12/31/2002 for prior provider # 253715

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10801 JOHNSON BLVD
SEMINOLE, FL 33772

Provider Number: 0 324248-00
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 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>209.44</u>	<u>209.48</u>	<u>1/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


 Budget
 X Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Effects of FA & RFA #NH06-114W FYE
 12/31/2002 for prior provider # 253715

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<u>10801 JOHNSON BLVD</u>	Date:	<u>3/19/2015</u>
<u>SEMINOLE, FL 33772</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>216.74</u>	<u>216.79</u>	<u>7/1/2014</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> Total Prospective with Interim Component	
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of FA & RFA #NH06-114W FYE 12/31/2002 for prior provider # 253715

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10801 JOHNSON BLVD
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Date: 3/19/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>221.12</u>	<u>221.17</u>	<u>1/1/2015</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
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