

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date: May 1, 2013

To: Gay Munyon, Bureau Chief, Medicaid Contract Management

From: Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject: Retroactive Nursing Facility Per Diem Rates

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

	Provider Name	Provider	Number of Rate
		Number	Change Notices
1.	Okeechobee Healthcare Facility	0 023067-00	1
2.	MCHS – Winter Park	0 204854-00	1
3.	Taylor Care Center Inc.	0 207446-00	1
4.	The Inn at Sarasota Bay Club	0 228621-00	1
5.	Sylvan Health Center	0 229164-00	3
6.	Medicana Nursing and Rehab	0 263524-00	18
7.	Bayshore Pointe Nursing and Rehab	0 263575-00	18
8.	Summer Brook Health Care Center	0 265721-00	2
9.	MCHS – Palm Harbor	0 310395-00	2
10.	St. Mark Village, Inc.	0 310841-00	7
11.	Zephyr Haven Health & Rehab Center Inc.	0 320391-00	7
12.	ManorCare Health Services-Dunedin	0 325686-00	1
13.	ManorCare Health Services-Palm Harbor	0 325694-00	1
		Total	63

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

TP/dm Attachments



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
	Effective Date							
	Format	Intermediate I	Skilled AIDS	Intermediate II				
Provider Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
002306700	20130101	238.26	389.07	238.26	238.26	510.11	72979-13	
020485400	20060701	148.49	275.62	148.49	148.49	377.62	72979-13	NH11-123C
020744600 022862100	20130101 20130101	222.18 252.39	372.99 403.20	222.18	222.18 252.39	494.03 524.24	72979-13 72979-13	
022916400	20090701	204.31	344.66	204.31	204.31	457.28	72979-13	NH11-105W
022916400	20100101	206.76	348.68	206.76	206.76	462.56	72979-13	NH11-105W
022916400	20100701	207.63	350.97	207.63	207.63	466.00	72979-13	NH11-105W
026352400	20060701	159.43	286.56	159.43	159.43	388.56	72979-13	NH06-157J
026352400	20070101	159.72	289.32	159.72	159.72	393.31	72979-13	NH06-157J
026352400	20070201 20070301	163.77 159.72	293.37 289.32	163.77 159.72	163.77 159.72	397.36 393.31	72979-13 72979-13	NH06-157J NH06-157J
026352400	20070301	183.72	315.66	183.72	133.72	421.52	72979-13	NH06-157J
026352400	20080101	176.09	310.09	176.09	176.09	417.61	72979-13	NH06-157J
026352400	20080701	178.76	315.04	178.76	178.76	424.39	72979-13	NH06-157J
026352400	20090101	178.51	316.86	178.51	178.51	427.87	72979-13	NH06-157J
026352400	20090301	163.55	301.90	163.55	163.55	412.91	72979-13	NH06-157J
026352400	20090401	202.73	341.08	202.73	202.73	452.09	72979-13 72979-13	NH06-157J
026352400	20090701 20100101	207.62 209.08	347.97 351.00	207.62	207.62 209.08	460.59 464.88	72979-13	NH06-157J NH06-157J
026352400	20100101	203.08	356.81	213.47	203.08	404.88	72979-13	NH06-157J
026352400	20110101	215.31	360.17	215.31	215.31	476.42	72979-13	NH06-157J
026352400	20110701	207.69	353.89	207.69	207.69	471.22	72979-13	NH06-157J
026352400	20120101	198.92	346.53	198.92	198.92	464.99	72979-13	NH06-157J
026352400	20120701	204.72	353.93	204.72	204.72	473.68	72979-13	NH06-157J
026352400 026357500	20130101 20060701	205.00 159.12	355.81 286.25	205.00 159.12	205.00 159.12	476.85 388.25	72979-13 72979-13	NH06-157J NH07-018J
026357500	20070101	163.97	293.57	163.97	163.97	397.56	72979-13	NH07-018J
026357500	20070201	169.96	299.56	169.96	169.96	403.55	72979-13	NH07-018J
026357500	20070301	163.97	293.57	163.97	163.97	397.56	72979-13	NH07-018J
026357500	20070701	178.99	310.93	178.99	178.99	416.79	72979-13	NH07-018J
026357500	20080101	169.61	303.61	169.61	169.61	411.13	72979-13	NH07-018J
026357500	20080701	171.58	307.86	171.58	171.58	417.21	72979-13	NH07-018J
026357500	20090101	168.44 154.32	306.79 292.67	168.44 154.32	168.44 154.32	417.80 403.68	72979-13 72979-13	NH07-018J NH07-018J
026357500 026357500	20090301 20090401	190.08	328.43	134.52	190.08	405.68	72979-13	NH07-018J
026357500	20090701	193.69	334.04	193.69	193.69	446.66	72979-13	NH07-018J
026357500	20100101	191.22	333.14	191.22	191.22	447.02	72979-13	NH07-018J
026357500	20100701	200.81	344.15	200.81	200.81	459.18	72979-13	NH07-018J
026357500	20110101	203.24	348.10	203.24	203.24	464.35	72979-13	NH07-018J
026357500	20110701	196.27	342.47	196.27	196.27	459.80	72979-13	NH07-018J
026357500	20120101 20120701	197.94	345.55	197.94	197.94	464.01	72979-13 72979-13	NH07-018J NH07-018J
026357500 026357500	20120701 20130101	203.91 205.72	353.12 356.53	203.91 205.72	203.91 205.72	472.87 477.57	72979-13	NH07-018J NH07-018J
026572100	20130101	159.81	306.01	159.81	159.81	423.34	72979-13	
026572100	20120101	160.31	307.92	160.31	160.31	426.38	72979-13	
031039500	20070101	160.69	290.29	160.69	160.69	394.28	72979-13	NH11-121C
031039500	20070701	170.66	302.60	170.66	170.66	408.46	72979-13	NH11-121C
031084100	20100101	196.71	338.63	196.71	196.71	452.51	72979-13	NH11-104W
031084100 031084100	20100701 20110101	196.82 213.41	340.16 358.27	196.82 213.41	196.82 213.41	455.19 474.52	72979-13 72979-13	NH11-104W NH11-104W
031084100	20110701	203.85	350.05	203.85	203.85	467.38	72979-13	NH11-104W
031084100	20120101	205.31	352.92	205.31	205.31	471.38	72979-13	NH11-104W
031084100	20120701	214.07	363.28	214.07	214.07	483.03	72979-13	NH11-104W
031084100	20130101	215.90	366.71	215.90	215.90	487.75	72979-13	NH11-104W
032039100	20100101	192.80	334.72	192.80	192.80	448.60	72979-13	NH11-012W
032039100	20100701	202.94	346.28	202.94	202.94	461.31	72979-13	NH11-012W
032039100 032039100	20110101 20110701	205.38 198.35	350.24 344.55	205.38 198.35	205.38 198.35	466.49 461.88	72979-13 72979-13	NH11-012W NH11-012W
032039100	20110701	198.55	344.55	198.55	198.33	461.88	72979-13	NH11-012W
032039100	20120101	201.13	350.34	201.13	201.13	470.09	72979-13	NH11-012W
032039100	20130101	197.23	348.04	197.23	197.23	469.08	72979-13	NH11-012W
032568600	20130101	190.81	341.62	190.81	190.81	462.66	72979-13	
032569400	20071220	170.66	302.60	170.66	170.66	408.46	72979-13	NH11-121C



Okeechobee Healthcar	re Facility		Provider Number:	0 023067-00
1646 Highway 441 No	orth		Date:	2/28/2013
Okeechobee FL 34972	2		Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	235.19	238.26	1/1/2013
	Level H: AIDS	386.00	389.07	1/1/2013
	Level U: Fragile Under 21	507.04	510.11	1/1/2013

Interim	X Prospective				
Total Interim	X Total Prospective				
Interim Component	Prospective Adjusted for New Costs				
Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data					
Basis:	Changes:				
Budget	Licensure Rating Change				
X Unaudited costs	Usual and Customary Limitation				
Field audited costs	Target Rate limitation change				
Field audit - interim portion	FRVS Change				
Desk audited costs	X Retro for 1/13 rate semester FYE 9/30/2012				
Desk audit - Interim Portion	Rate Semester Change				
Desk Audit - Prospective portion	On FRV [2] as of 03/01/2005				
Distribution:	Thomas Parker				
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	Medicald Cost Reinfoursement Flamming and Finance				
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office					



MCHS - Winter Park	۲		Provider Number:	0 204854-00
2075 Loch Lomond	Drive		Date:	4/9/2013
Winter Park FL 3279	2		Fiscal Year End:	9/30/2005
			Audit Status:	Field Audited [2]
Provider Type:				· · ·
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	150.55	148.49	7/1/2006
	Level H: AIDS	277.68	275.62	7/1/2006
	Level U: Fragile Under 21	379.68	377.62	7/1/2006

Rate Type :			
Interim		X	Prospective
Tot	al Interim		X Total Prospective
Inte	erim Component		Prospective Adjusted for New Costs
	tlement based on costs		Total Prospective with Interim Component
Pric	or Provider Prospective data		
Basis:		Changes:	
Budget			Licensure Rating Change
Unaudited cos	its		Usual and Customary Limitation
X Field audited	costs		Target Rate limitation change
Field audit - in	nterim portion		FRVS Change
Desk audited		<u> </u>	Field Audit #NH11 - 123C FYE 9/30/2005
Desk audit - In	nterim Portion Prospective portion		Rate Semester Change
Distribution:	rospective portion		
		/	Thomas Parker
Contract Managem	ent / Fiscal Agent	Me	dicaid Cost Reimbursement Planning and Finance
Permanent File			-
For informati	ion Only		
No Change i	n Rate		
Home Office:	HCR Manor Care		
	Julie Yoxtheimer		
	333 North Summit Street Toledo OH 43604		
	101000 011 43004		



Rate Type .

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

TAYLOR CARE CE	NTER, INC.		Provider Number:	0 207446-00
6635 CHESTER AV			Date:	4/29/2013
Jacksonville FL 3221	7		Fiscal Year End:	8/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.90	222.18	1/1/2013
	Level H: AIDS	373.71	372.99	1/1/2013
	Level U: Fragile Under 21	494.75	494.03	1/1/2013

Interim		Х	Prospective		
To	tal Interim		X Total Prospective		
Int	terim Component	Prospective Adjusted for New Costs			
Set	ttlement based on costs		Total Prospective with Interim Component		
Pri	or Provider Prospective data				
Basis:		Changes:			
Budget			Licensure Rating Change		
X Unaudited co			Usual and Customary Limitation		
Field audited	costs		Target Rate limitation change		
Field audit -	interim portion	FRVS Change			
Desk audited		X Retro for 1/13 using FYE 8/31/2012 CR Rate Semester Change			
	nterim Portion				
Desk Audit -	Prospective portion		On FRV [2] as of 01/01/2004		
<u>Distribution:</u>			Thomas Parker		
Contract Managen	nent / Fiscal Agent		0		
Permanent File	-	Me	dicaid Cost Reimbursement Planning and Finance		
For informat	tion Only				
No Change	*				
Home Office:	Taylor Foundation Services.	Inc.			
	James T. Price				
	6601 Chester Avenue				
	Jacksonville FL 32217				



ne Inn at Sarasota B		-		Provider Number:	0 228621-00
03 N Tamiami Tra	il			Date:	2/28/2013
rasota Fl 34236		-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
rovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level	_	263.96	252.39	1/1/2013
	Level H: AIDS		414.77	403.20	1/1/2013
	Level U: Fragile Under 21	_	535.81	524.24	1/1/2013
r					
Rate Type :					
Interim		X	Prospective		
	Fotal Interim		<u> </u>	otal Prospective	
]	Interim Component		P	rospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
I	Prior Provider Prospective data				
Basis:		Changes			
Budget			Licensure	Rating Change	
X Unaudited	costs		- Usual and	Customary Limitatio	on
Field audit	ed costs		-	e limitation change	
	- interim portion		FRVS Cha	-	
Desk audite		<u> </u>	_	1/13 rate semester	
	- Interim Portion - Prospective portion			ster Change ?] as of 06/20/2001	
Distribution:			$\frac{1}{2}$,
	ement / Fiscal Agent	_/	V	Thomas Parker	
Permanent File	ement / Piscal Agent	Me	dicaid Cost l	Reimbursement Plan	ning and Finance
	nation Only				
No Chang	-				
	U III IVAIC				
Home Office:	I - No Home Office				



Sylvan Health Center	·		Provider Number:	0 229164-00
2770 Regency Oaks F	3lvd.		Date:	1/23/2013
Clearwater FL 33759			Fiscal Year End:	12/31/2008
			Audit Status:	Field Audited [2]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.31	204.31	7/1/2009
	Level H: AIDS	347.66	344.66	7/1/2009
	Level U: Fragile Under 21	460.28	457.28	7/1/2009

Interim		X	Prospective		
Tc	otal Interim		X Total Prospective		
Int	terim Component		Prospective Adjusted for New Costs		
Se	ttlement based on costs		Total Prospective with Interim Component		
Pri	or Provider Prospective data				
Basis:		Changes:			
Budget	,		Licensure Rating Change		
Unaudited co			Usual and Customary Limitation		
X Field audited costs Field audit - interim portion		Target Rate limitation change			
		FRVS Change			
Desk audited		X Field Audit #NH11-105W FYE 12/31/2008			
	Interim Portion		Rate Semester Change		
	Prospective portion		On FRV [2] as of 10/07/1991		
<u>Distribution:</u>		7	Thomas Parker		
Contract Managen	nent / Fiscal Agent	Ma	dicaid Cost Reimbursement Planning and Finance		
Permanent File		IVIC:	neard Cost Remoursement I faining and I manee		
For informa	tion Only				
No Change	in Rate				
Home Office:	Brookdale Senior Living, Inc.				
	Russ Bellora				
	6737 W Washington Street				
	Milwaukee WI 53214				



Rate Type :

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Sylvan Health Center	r		Provider Number:	0 229164-00
2770 Regency Oaks	Blvd.		Date:	1/23/2013
Clearwater FL 33759)		Fiscal Year End:	12/31/2008
			Audit Status:	Field Audited [2]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.80	206.76	1/1/2010
	Level H: AIDS	351.72	348.68	1/1/2010
	Level U: Fragile Under 21	465.60	462.56	1/1/2010

Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on cost	Total Prospective with Interim Component
Prior Provider Prospectiv	ve data
Basis:	Changes:
Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
X Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X Field Audit #NH11-105W FYE 12/31/2008
Desk audit - Interim Portion	Rate Semester Change
Desk Audit - Prospective portion	On FRV [2] as of 10/07/1991
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	-0
Permanent File	Medicaid Cost Reimbursement Planning and Finance
For information Only	
No Change in Rate	
Home Office: Brookdale Senic	or Living. Inc.
Russ Bellora	
6737 W Washing	pton Street
Milwaukee WI 5	
Milwaukee WI 5	3214



Sylvan Health Center				Provider Number:	0 229164-00				
	0 Regency Oaks Blvd.							Date:	1/23/2013
Clearwater FL 33759	}	-		Fiscal Year End:	12/31/2008				
				Audit Status:	Field Audited [2]				
Provider Type:									
			Current Rate	New Rate	Effective Date				
Nursing Home	Single Level		210.67	207.63	7/1/2010				
	Level H: AIDS		354.01	350.97	7/1/2010				
	Level U: Fragile Under 21		469.04	466.00	7/1/2010				
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	_ Prospectiv X	ve Total Prospective Prospective Adjusted Total Prospective with					
Basis:		Change	s:	·					

Intern	m Component	Prospective Adjusted for New Costs
Settle	ment based on costs	Total Prospective with Interim Component
Prior	Provider Prospective data	
Basis:		Changes:
Budget		Licensure Rating Change
Unaudited costs X Field audited co	sts	Usual and Customary Limitation Target Rate limitation change
Field audit - inte	erim portion	FRVS Change
Desk audited cos	sts	X Field Audit #NH11-105W FYE 12/31/2008 Rate Semester Change On FRV [2] as of 10/07/1991
Distribution:		Thomas Parker
Contract Managemen Permanent File	-	Medicaid Cost Reimbursement Planning and Finance
For information	Only	
No Change in I	Rate	
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214	



Medicana Nursing an	d Rehab		Provider Number:	0 263524-00
1710 Lake Worth Ro	ad		Date:	1/10/2013
Lake Worth FL 3346	0		Fiscal Year End:	6/30/2004
			Audit Status:	Revised Field Audit [5]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.51	159.43	7/1/2006
	Level H: AIDS	287.64	286.56	7/1/2006
	Level U: Fragile Under 21	389.64	388.56	7/1/2006

Interim	X Prospective
Total Interim	Total Prospective
Interim Component	Prospective Adjusted for New Costs
X Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
X Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X FA & RFA #NH06-157J FYE 06/30/04
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 02/01/1997
Distribution:	
	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	
For information Only	
No Change in Rate	
Home Office: Southern HealthCare Mar	agement, LLC
R. Mark Cronquist	
5887 Glenridge Drive, Sui	te 150



Medicana Nursing an	d Rehab		Provider Number:	0 263524-00
1710 Lake Worth Ro	ad		Date:	1/10/2013
Lake Worth FL 3346	0		Fiscal Year End:	12/31/2005
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.81	159.72	1/1/2007
	Level H: AIDS	289.41	289.32	1/1/2007
	Level U: Fragile Under 21	393.40	393.31	1/1/2007

Interim	Х	Prospective
Total Interim		X Total Prospective
Interim Component		Prospective Adjusted for New Costs
Settlement based on costs		Total Prospective with Interim Component
Prior Provider Prospective data		
Basis:	Changes	:
Budget		Licensure Rating Change
X Unaudited costs	-	Usual and Customary Limitation
Field audited costs		Target Rate limitation change
Field audit - interim portion		FRVS Change
Desk audited costs Desk audit - Interim Portion	<u> </u>	Effects of FA & RFA #NH06-157J FYE 06/30/04 Rate Semester Change
Desk Audit - Prospective portion		On FRV [2] as of 02/01/1997
Distribution:	-	7 Thomas Parker
Contract Management / Fiscal Agent	M	edicaid Cost Reimbursement Planning and Finance
Permanent File	1*1	cureate cost Reinfoursement Fraining and Finance
For information Only		
No Change in Rate		
Home Office: Southern HealthCare Mana	gement, LLC	
R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	: 150	



Medicana Nursing an	d Rehab			Provider Number:	0 263524-00
1710 Lake Worth Ro	ad			Date:	1/10/2013
Lake Worth FL 3346	0 .			Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
X7 4 TT	a		Rate	Rate	Date
Nursing Home	Single Level		163.86	163.77	2/1/2007
	Level H: AIDS		293.46	293.37	2/1/2007
	Level U: Fragile Under 21		397.45	397.36	2/1/2007
	-				
Basis: Budget X Unaudited Field audit Desk audite Desk audit	ed costs - interim portion	X Change	Licensura Usual and Target Ra FRVS Ch Effects o Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:			22	Thomas Parker	
Contract Manag	ement / Fiscal Agent	<u>````````````````````````````````</u>	Aedicaid Cost	Reimbursement Plan	ning and Finance
Permanent File		N	neuleale Cost	i Kennoui seinent Plän	ning and rinance
For inform	nation Only				
No Chang	ge in Rate				
Home Office:	Southern HealthCare Man R. Mark Cronquist 5887 Glenridge Drive, Suit Atlanta GA 30328				



Medicaid Reimbursement Per Diem Rates

D Fiscal Year Ei	
Figaal Voor Fi	ate: 1/10/2013
FISCAL LEALER	nd: 12/31/2005
Audit Sta	tus: Unaudited [3]
nt New Rate	Effective Date
81 159.72	<u> </u>
41289.32	3/1/2007
40 393.31	3/1/2007
	e isted for New Costs e with Interim Component
Semester Change	nge H06-157J FYE 06/30/04
~ [-]	
Thomas Park	····
	e Semester Change FRV [2] as of 02/01/19 Thomas Park

Permanent File

For information Only

No Change in Rate

Home Office:

Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328



Medicana Nursing and	l Rehab			Provider Number:	0 263 524-00
1710 Lake Worth Roa				Date:	1/10/2013
Lake Worth FL 33460) 			Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 183.81	New Rate 183.72	Effective Date 7/1/2007
	Level H: AIDS	_	315.75	315.66	7/1/2007
	Level U: Fragile Under 21	-	421.61	421.52	7/1/2007
In Solution Basis: Budget X Unaudited c Field audited Field audited Desk audited	d costs - interim portion d costs	X Changes	Licensura Usual and Target Ra FRVS Cl Effects o	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change hange f FA & RFA #NH06	n Interim Component
Desk Audit	Interim Portion - Prospective portion			nester Change [2] as of 02/01/1997	
Distribution:	ment / Fiscal Agent		10	Thomas Parker	
Permanent File	ment / Fiscai Agent	Μ	edicaid Cost	t Reimbursement Plan	ning and Finance
For inform	ation Only				
No Change	e in Rate				
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



edicana Nursing and R	ehab		Provider Number:	0 263524-00
10 Lake Worth Road			Date:	1/10/2013
ake Worth FL 33460			Fiscal Year End:	12/31/2006
			Audit Status:	Field Audited [2]
rovider Type:		Current Rate	New Rate	Effective Date
ursing Home	Single Level	176.18	176.09	1/1/2008
I	Level H: AIDS	310.18	310.09	1/1/2008
1	Level U: Fragile Under 21	417.70	417.61	1/1/2008
Basis: Budget Unaudited cost X Field audited cost	is costs	Licensure Usual and Target Ra	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Field audit - ir Desk audited c Desk audit - In Desk Audit - P	osts	Rate Sem	nange f FA & RFA #NH06- lester Change [2] as of 02/01/1997	157J FYE 06/30/04
Distribution:		78	Thomas Parker	
Contract Manageme Permanent File For informati No Change in	on Only	Medicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Management, LL R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328	с		



edicana Nursing and	d Rehab			Provider Number:	0 263524-00
10 Lake Worth Roa				Date:	1/10/2013
ike Worth FL 33460)			Fiscal Year End:	12/31/2006
				Audit Status:	Field Audited [2]
rovider Type: ursing Home	Single Level		Current Rate 178.85	New Rate 178.76	Effective Date 7/1/2008
	Level H: AIDS		315.13	315.04	7/1/2008
	Level U: Fragile Under 21		424.48	424.39	7/1/2008
	Fotal Interim nterim Component ettlement based on costs	<u> </u>		e Total Prospective Prospective Adjusted Total Prospective with	
Basis:	rior Provider Prospective data	Changes		а. 	
Desk audite Desk audit -	ed costs - interim portion d costs - Interim Portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	f FA & RFA #NH06- ester Change	
Desk Audit Distribution:	- Prospective portion		On FRV	[2] as of 02/01/1997	·
		Me	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Medicaid Reimbursement Per Diem Rates

Medicana Nursing an	d Rehab			Provider Number:	0 263524-00
1710 Lake Worth Road				Date:	1/10/2013
Lake Worth FL 3346	0			Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	178.60	178.51	1/1/2009
	Level H: AIDS		316.95	316.86	1/1/2009
	Level U: Fragile Under 21		427.96	427.87	1/1/2009
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes	:		
Budget			Licensure Rating Change		
X Unaudited	Unaudited costs Usual and Customary Limitation			on	

- Usual and Customary Limitation
- Target Rate limitation change
- **FRVS** Change
- Effects of FA & RFA #NH06-157J FYE 06/30/04 X Rate Semester Change On FRV [2] as of 02/01/1997

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Field audit - interim portion

Desk audit - Interim Portion

Desk Audit - Prospective portion

Permanent File

For information Only

Field audited costs

Desk audited costs

No Change in Rate

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Iedicana Nursing and Rehab				Provider Number:	0 263524-00
710 Lake Worth Road				Date:	1/10/2013
ake Worth FL 33460				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
rovider Type:				i kunt Dutus.	onduction [5]
			Current Rate	New Rate	Effective Date
ursing Home Single I	level		163.63	163.55	3/1/2009
Level H: A	AIDS		301.98	301.90	3/1/2009
Level U: H	ragile Under 21	-	412.99	412.91	3/1/2009
Interim Total Interim Total Interim Interim Comp Settlement ba Prior Provider Basis:		X Changes:	Prospecti X	ve Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim por Desk audited costs Desk audit - Interim Por Desk Audit - Prospective	tion		Licensu Usual an Target F FRVS C Effects Rate Sen	re Rating Change nd Customary Limitation Rate limitation change Change of FA & RFA #NH06- nester Change [2] as of 02/01/1997	
Distribution:			PP (Thomas Parker	
Contract Management / Fisca Permanent File For information Only No Change in Rate	l Agent	Me	edicaid Co	st Reimbursement Plan	ning and Finance
R. Ma 5887	ern HealthCare Manage rk Cronquist Glenridge Drive, Suite 1 a GA 30328				



ledicana Nursing and Rehab			Provider Number:	0 263524-00
710 Lake Worth Road			Date:	1/10/2013
ake Worth FL 33460			Fiscal Year End:	12/31/2007
			Audit Status:	Unaudited [3]
rovider Type:				
		Current	New	Effective
ursing Home Single Level		Rate	Rate	Date
ursing Home Single Level		202.83	202.73	4/1/2009
Level H: AIDS		341.18	341.08	4/1/2009
Level U: Fragile Under 21		452.19	452.09	4/1/2009
-			······	
			Total Prospective	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Changes	······································	Prospective Adjusted Total Prospective with	
Settlement based on costs	Changes:	······································	Prospective Adjusted	
Settlement based on costs Prior Provider Prospective data Basis: Budget	Changes:	Licensure	Prospective Adjusted Total Prospective with e Rating Change	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs	Changes:	Licensure Usual and	Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatic	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis:	Changes:	Licensure Usual and Target Ra	Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatic ate limitation change	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited costs Desk audited costs	Changes:	Licensurd Usual and Target Ra FRVS Cl	Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatic ate limitation change	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion		Licensure Usual and Target Ra FRVS Cl Effects o Rate Sem	Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatic ate limitation change hange f FA & RFA #NH06- hester Change	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		Licensure Usual and Target Ra FRVS Cl Effects o Rate Sem	Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatic ate limitation change hange f FA & RFA #NH06- hester Change [2] as of 02/01/1997	n Interim Component
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion		Licensure Usual and Target Ra FRVS Cl Effects o Rate Sem On FRV	Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatic ate limitation change hange f FA & RFA #NH06- hester Change [2] as of 02/01/1997 Thomas Parker	n Interim Component on 157J FYE 06/30/04
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent		Licensure Usual and Target Ra FRVS Cl Effects o Rate Sem On FRV	Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatic ate limitation change hange f FA & RFA #NH06- hester Change [2] as of 02/01/1997	n Interim Component on 157J FYE 06/30/04
Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion		Licensure Usual and Target Ra FRVS Cl Effects o Rate Sem On FRV	Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatic ate limitation change hange f FA & RFA #NH06- hester Change [2] as of 02/01/1997 Thomas Parker	n Interim Component on 157J FYE 06/30/04



dicana Nursing and	Rehab			Provider Number:	0 263524-00
0 Lake Worth Road				Date:	1/10/2013
e Worth FL 33460				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
ovider Type:					
U I		C	Current	New	Effective
			Rate	Rate	Date
rsing Home	Single Level		207.71	207.62	7/1/2009
	Level H: AIDS	2	348.06	347.97	7/1/2009
	Level U: Fragile Under 21		460.68	460.59	7/1/2009
Rate Type :					
Interim	-	<u> </u>	Prospectiv		
	otal Interim			Total Prospective	for New Costs
	terim Component ttlement based on costs		Real and a second second second second	Prospective Adjusted	n Interim Component
	ior Provider Prospective data			Total i Tospective with	r merun component
Basis:		Changes:			
Dasis.		manges.			
Budget			Licensure	e Rating Change	
X Unaudited co	osts -			d Customary Limitatio	on
Field audited	costs		Target Ra	ate limitation change	
	interim portion _		FRVS Cl	e	
Desk audited		<u>X</u>		f FA & RFA #NH06	-157J FYE 06/30/04
	Interim Portion Prospective portion			ester Change [2] as of 02/01/1997	
Distribution:			20		
Contract Manager	nent / Fiscal Agent		$\frac{0}{100}$	Thomas Parker	• 151
Permanent File		Med	icaid Cost	Reimbursement Plan	ning and Finance
For informa	tion Only				
No Change	in Rate				
	Southern HealthCare Managemen	t LLC		·····	
Home Office:	R. Mark Cronquist	, 111V			
	5887 Glenridge Drive, Suite 150				
	Atlanta GA 30328				



Medicana Nursing ar	nd Rehab			Provider Number:	0 263524-00
1710 Lake Worth Ro	ad	_		Date:	1/10/2013
Lake Worth FL 3346	0	_		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 209.17	Rate	Date 1/1/2010
Nut sing Home	Single Level		209.17	209.08	1/1/2010
	Level H: AIDS		351.09	351.00	1/1/2010
	Level U: Fragile Under 21		464.97	464.88	1/1/2010
		X Change	Licensure Usual and Target Ra	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatic ate limitation change	a Interim Component
Desk audit	- Interim Portion	X	Rate Sem	f FA & RFA #NH06- lester Change	157J FYE 06/30/04
Desk Audi	t - Prospective portion		On FRV	[2] as of 02/01/1997	
	ement / Fiscal Agent		10	Thomas Parker	
Permanent File	ement / Tiseai Agent	Ν	Medicaid Cost	Reimbursement Plan	ning and Finance
	nation Only				
No Chang	-				
Home Office:	Southern HealthCare Man R. Mark Cronquist 5887 Glenridge Drive, Suit Atlanta GA 30328	-			



Medicaid Reimbursement Per Diem Rates

Medicana Nursing ar	nd Rehab			Provider Number:	0 263524-00
1710 Lake Worth Road				Date:	1/10/2013
Lake Worth FL 3346	0			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	213.57	213.47	7/1/2010
	Level H: AIDS		356.91	356.81	7/1/2010
	Level U: Fragile Under 21		471.94	471.84	7/1/2010
	Interim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:		Changes			
Budget			Licensure	e Rating Change	
X Unaudited Field audit				d Customary Limitation ate limitation change	on
	- interim portion		FRVS Cł	-	
Desk audit	-	X	Rate Sem	f FA & RFA #NH06- ester Change [2] as of 02/01/1997	157J FYE 06/30/04
Distribution:		·	7-2	Thomas Parker	
Contract Manag	ement / Fiscal Agent	M	<u>- O</u> edicaid Cost	Reimbursement Plan	ning and Finance

Medicaid Cost Reimbursement Planning and Finance

Permanent File

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No Change in Rate

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Medicana Nursing an	d Rehab			Provider Number:	0 263524-00
710 Lake Worth Road				Date:	1/10/2013
Lake Worth FL 3346	ake Worth FL 33460			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 215.40	Rate	Date 1/1/2011
autsing frome	Single Level		215.40		1/1/2011
	Level H: AIDS		360.26	360.17	1/1/2011
	Level U: Fragile Under 21		476.51	476.42	1/1/2011
	U U				
Basis: Budget X Unaudited of Field audited Field audited Desk audited Desk audited	ed costs - interim portion	X Change	Licensur Usual an Target R FRVS Ci Effects o Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:			7-8	Thomas Parker	
Contract Manage	ement / Fiscal Agent	^	Aedicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					0
The contract of the second	nation Only				
No Chang					
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	-			



Medicaid Reimbursement Per Diem Rates

Medicana Nursing an				Provider Number:	0 263524-00
	710 Lake Worth Road			Date:	1/10/2013
Lake Worth FL 3346	0			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					<u> </u>
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		207.77	207.69	7/1/2011
	Level H: AIDS		353.97	353.89	7/1/2011
	Level U: Fragile Under 21		471.30	471.22	7/1/2011
Rate Type : Interim		Х	Prospective	X	
2000 AND	Total Interim			Total Prospective	
	Interim Component			rospective Adjusted	for New Costs
	Settlement based on costs		Т	otal Prospective with	n Interim Component
]	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited			Usual and Customary Limitation		
Field audit	ed costs		Target Rat	te limitation change	

FRVS Change

 Desk audited costs
 X
 Effects of FA & RFA #NH06-157J FYE 06/30/04

 Desk audit - Interim Portion
 Rate Semester Change

 Desk Audit - Prospective portion
 On FRV [2] as of 02/01/1997

 Distribution:
 Thomas Parker

 Contract Management / Fiscal Agent
 Medicaid Cost Reimbursement Planning and Finance

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No Change in Rate

Field audit - interim portion

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Medicaid Reimbursement Per Diem Rates

Medicana Nursing an	d Rehab	_		Provider Number:	0 263524-00
	10 Lake Worth Road			Date:	1/10/2013
Lake Worth FL 33460)			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	~	-	Rate	Rate	Date
Nursing Home	Single Level	-	199.01	198.92	1/1/2012
	Level H: AIDS		346.62	346.53	1/1/2012
	Level U: Fragile Under 21		465.08	464.99	1/1/2012
Rate Type :					
Interim		<u> </u>	Prospectiv	ve	
	Fotal Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
P	Prior Provider Prospective data				
Basis:		Changes			
			т /	Detine Observe	
Budget X Unaudited (e Rating Change	
X Unaudited of Field audited				d Customary Limitation ate limitation change	n
	- interim portion		FRVS C	-	
Desk audite	-	X		of FA & RFA #NH06-	157.J FYE 06/30/04
	- Interim Portion			nester Change	
Desk Audit	- Prospective portion			[2] as of 02/01/1997	
Distribution:		/	7-2	Thomas Parker	
Contract Manage	ement / Fiscal Agent				uine au J Finance
Permanent File	_	M	ledicald Cos	t Reimbursement Plan	ning and rinance
	nation Only				
No Chang	Ŧ				
		accompant TT A			
Home Office:	Southern HealthCare Mana	agement, LLC			

R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328



Medicana Nursing an	d Rehab		Provider Number:	0 263524-00
1710 Lake Worth Roa	ad		Date:	1/10/2013
Lake Worth FL 33460	0		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.81	204.72	7/1/2012
	Level H: AIDS	354.02	353.93	7/1/2012
	Level U: Fragile Under 21	473.77	473.68	7/1/2012

Interim	х	Prospective		
Total Interim	A	X Total Prospective		
Interim Component		Prospective Adjusted for New Costs		
Settlement based on costs		Total Prospective with Interim Component		
Prior Provider Prospective data				
Basis:	Changes	:		
Budget		Licensure Rating Change		
X Unaudited costs		Usual and Customary Limitation		
Field audited costs		Target Rate limitation change		
Field audit - interim portion		FRVS Change		
Desk audited costs	X Effects of FA & RFA #NH06-157J FYE 06/30/04			
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 02/01/1997			
Distribution:		$\neg \land$		
Contract Management / Fiscal Agent		Thomas Parker		
5 5	М	edicaid Cost Reimbursement Planning and Finance		
Permanent File				
For information Only				
No Change in Rate				
Home Office: Southern HealthCare Manag	gement, LLC			
R. Mark Cronquist				
5887 Glenridge Drive, Suite Atlanta GA 30328	150			



Medicaid Reimbursement Per Diem Rates

Medicana Nursing an	d Rehab			Provider Number:	0 263524-00
1710 Lake Worth Ro				Date:	1/10/2013
Lake Worth FL 3346	0			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					<u></u>
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		205.08	205.00	1/1/2013
	Level H: AIDS		355.89	355.81	1/1/2013
	Level U: Fragile Under 21		476.93	476.85	1/1/2013
]	Interim Component Settlement based on costs Prior Provider Prospective data	Change		Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion	Change	Licensurd Usual and Target R FRVS Cl Effects o Rate Sem	e Rating Change d Customary Limitatio ate limitation change hange f FA & RFA #NH06 - nester Change [2] as of 02/01/1997	
Permanent File	ement / Fiscal Agent	N	2-D Medicaid Cost	Thomas Parker t Reimbursement Plan	ning and Finance

No Change in Rate

Home Office:

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ayshore Pointe Nurs	sing and Rehab			Provider Number:	0 263575-00		
17 West Gandy Bl	vd.			Date:	3/28/2013		
ampa FL 33611				Fiscal Year End:	11/30/2004		
				Audit Status:	Revised Field Audit [5]		
rovider Type:							
			Current	New	Effective		
• •	C' I I I	-	Rate	Rate	Date		
ursing Home	Single Level		159.69	159.12	7/1/2006		
	Level H: AIDS		286.82	286.25	7/1/2006		
	Level U: Fragile Under 21		388.82	388.25	7/1/2006		
Rate Type :		X	Prospective				
	Total Interim			otal Prospective			
	Interim Component	Prospective Adjusted for New Costs					
***********	Settlement based on costs		T	otal Prospective with	h Interim Component		
1	Prior Provider Prospective data			_			
Basis:		Change	s:				
Budget			Licensure	Rating Change			
Unaudited	costs			Customary Limitatio	on		
X Field audit	ed costs		Target Rat	e limitation change			
Field audit	- interim portion		FRVS Cha	ange			
Desk audite		<u> </u>		A #NH07-018J FYE	E 11/30/2004		
	- Interim Portion t - Prospective portion			ester Change 2] as of 01/01/1986			
Distribution:		·	78	Thomas Parker			
Contract Manag	ement / Fiscal Agent		edicaid Cost	Reimbursement Plan	ning and Finance		
Permanent File		1.		termoursement i fun	ining and i manoe		
For inform	nation Only						
No Chang	ge in Rate						
Home Office:	Southern HealthCare Mana	ement, LLC					
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150					



ayshore Pointe Nurs	ing and Rehab			Provider Number:	0 263575-00	
117 West Gandy Blv	rd			Date:	3/28/2013	
ampa FL 33611				Fiscal Year End:	12/31/2005	
				Audit Status:	Unaudited [3]	
rovider Type:			Current Rate	New Rate	Effective Date	
ursing Home	Single Level		164.01	163.97	1/1/2007	
	Level H: AIDS	-	293.61	293.57	1/1/2007	
	Level U: Fragile Under 21		397.60	397.56	1/1/2007	
		X Changes	Licensur Usual and	ve Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component	
Desk audite Desk audit -	 interim portion d costs Interim Portion Prospective portion 	X	Rate Sem	-	-018J FYE 11/30/2004	
Distribution:	geronoonuur]	······································	78	Thomas Parker		
Contract Manage Permanent File For inform No Change	·	M	edicaid Cost	t Reimbursement Plan	ning and Finance	
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Bayshore Pointe Nur	sing and Rehab	_		Provider Number:	0 263575-00	
117 West Gandy Blvd.		-		Date:	3/28/2013	
Fampa FL 33611				Fiscal Year End:	12/31/2005	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	170.01	<u> </u>	<u> </u>	
turing mome	Single Level	-	1/0.01		2/1/2007	
	Level H: AIDS		299.61	299.56	2/1/2007	
	Level U: Fragile Under 21		403.60	403.55	2/1/2007	
Rate Type :						
Interim		X	- Prospectiv			
	Total Interim			Total Prospective	for Norre Coato	
	Interim Component Settlement based on costs		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Prospective Adjusted Total Prospective with		
	Prior Provider Prospective data			Total Prospective with	i internir Component	
Basis:						
Dasis:		Changes				
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audit	ed costs			ate limitation change		
Field audit	- interim portion		FRVS Cl	hange		
Desk audite		<u> </u>			-018J FYE 11/30/2004	
	- Interim Portion t - Prospective portion			ester Change [2] as of 01/01/1986		
Distribution:	- Hospeenve portion					
	ement / Fiscal Agent		10	Thomas Parker	- Mer	
Permanent File	ement / Fiscal Agent	М	edicaid Cost	t Reimbursement Plan	ning and Finance	
	nation Only					
	-					
No Chang	-					
Home Office:	Southern HealthCare Mana	gement, LLC				
	R. Mark Cronquist	150				
	5887 Glenridge Drive, Suite Atlanta GA 30328	150				



yshore Pointe Nursi				Provider Number:	0 263575-00
17 West Gandy Blvc				Date:	3/28/2013
mpa FL 33611				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
rovider Type:			Current Rate	New Rate	Effective Date
ursing Home	Single Level		164.01	163.97	3/1/2007
	Level H: AIDS	_	293.61	293.57	3/1/2007
	Level U: Fragile Under 21	-	397.60	397.56	3/1/2007
	otal Interim terim Component	X		e Total Prospective Prospective Adjusted	for New Costs
Se Pr	ior Provider Prospective data				a Interim Component
Basis:	×	Changes	:		
Desk audited Desk audit -	l costs interim portion l costs Interim Portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	f FA & RFA #NH07 ester Change	on -018J FYE 11/30/2004
Distribution:	Prospective portion		$7 \sim 2$	[2] as of 01/01/1986	
	-		edicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



ayshore Pointe Nursing	g and Rehab			Provider Number:	0 263575-00
17 West Gandy Blvd.				Date:	3/28/2013
ampa FL 33611		,		Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
rovider Type: ursing Home	Single Level	_	Current Rate 179.04	New <u>Rate</u>	Effective Date 7/1/2007
]	Level H: AIDS	_	310.98	310.93	7/1/2007
]	Level U: Fragile Under 21	-	416.84	416.79	7/1/2007
Inte	al Interim erim Component flement based on costs or Provider Prospective data	<u> </u>		re Total Prospective Prospective Adjusted Total Prospective with	
Desk audited o Desk audit - Ir	costs nterim portion costs	Changes	Licensurd Usual and Target Ra FRVS Cl Effects o Rate Ser	-	on -018J FYE 11/30/2004
Distribution:			FP	Thomas Parker	
Contract Manageme Permanent File For informati No Change in	ion Only	 M	edicaid Cost	t Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	-			



Bayshore Pointe Nur	sing and Rehab			Provider Number:	0 263575-00	
3117 West Gandy Bl	vd.			Date:	3/28/2013	
Tampa FL 33611				Fiscal Year End:	12/31/2006	
				Audit Status:	Field Audited [2]	
Provider Type:						
			Current	New	Effective	
NT			Rate	Rate	Date	
Nursing Home	Single Level		169.66		1/1/2008	
	Level H: AIDS		303.66	303.61	1/1/2008	
	Level U: Fragile Under 21	_	411.18	411.13	1/1/2008	
					1/1/2000	
Rate Type :						
Interim		Х	Prospectiv	e		
	Total Interim		X	Total Prospective		
]	Interim Component			Prospective Adjusted	for New Costs	
	Settlement based on costs			Total Prospective with	Interim Component	
I	Prior Provider Prospective data					
Basis:		Changes:				
<u> </u>			7			
Budget			Licensure	e Rating Change		
Unaudited		Usual and Customary Limitation				
X Field audit			-	ate limitation change		
	- interim portion		FRVS Cl	+		
Desk audit	ed costs - Interim Portion	<u> </u>			018J FYE 11/30/2004	
	- Prospective portion			ester Change [2] as of 01/01/1986		
Distribution:			7-2)		
Contract Manag	ement / Fiscal Agent		$\frac{1}{2}$	Thomas Parker		
Permanent File	<u> </u>	Me	dicaid Cost	Reimbursement Plan	ning and Finance	
	nation Only					
No Chang	·					
	Southern HealthCare Manag	rement 11C				
Home Office:		somoni, LLC				
	R. Mark Cronquist 5887 Glenridge Drive, Suite	150				
	Atlanta GA 30328	150				



yshore Pointe Nurs	ing and Rehab			Provider Number:	0 263575-00	
7 West Gandy Bl	/d			Date:	3/28/2013	
npa FL 33611			Fiscal Year End		12/31/2006	
				Audit Status:	Field Audited [2]	
ovider Type:						
			Current	New	Effective	
wain a Home	Simple Level		Rate	Rate		
irsing Home	Single Level		171.62		7/1/2008	
	Level H: AIDS		307.90	307.86	7/1/2008	
	Level U: Fragile Under 21	_	417.25	417.21	7/1/2008	
		_				
Rate Type :						
Interim		Х	Prospective	;		
	Fotal Interim		<u> </u>	otal Prospective		
Interim Component			P	rospective Adjusted	for New Costs	
S	Settlement based on costs		T	otal Prospective with	h Interim Component	
l	Prior Provider Prospective data					
Basis:		Changes:				
Budget				Rating Change		
Unaudited				Customary Limitation	on	
X Field audit			FRVS Cha	te limitation change		
Pield audit	- interim portion	<u> </u>	-	-	-018J FYE 11/30/2004	
	- Interim Portion	A	-	ester Change	-016J F I E 11/50/2004	
	- Prospective portion			2] as of 01/01/1986		
Distribution:		-	7-5-) Thomas Parker		
Contract Manag	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File						
For inform	nation Only					
No Chang	e in Rate					
		ement IIC				
Home Office:	Southern HealthCare Manag	, onionic, LDC				
Home Office:	Southern HealthCare Manag R. Mark Cronquist	,onioni, DDC				
Home Office:						



yshore Pointe Nurs	ing and Rehab			Provider Number:	0 263575-00
17 West Gandy Blv	′d.			Date:	3/28/2013
mpa FL 33611				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
ovider Type:		C	Current	New	Effective
		-	Rate	Rate	Date
irsing Home	Single Level	1	68.48	168.44	1/1/2009
	Level H: AIDS	3	06.83	306.79	1/1/2009
	Level U: Fragile Under 21	4	17.84	417.80	1/1/2009
Rate Type :	Total Interim	F	rospectiv	e Total Prospective	
Total Interim Interim Component				Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	
P	rior Provider Prospective data				
Basis:		Changes:			
Budget X Unaudited of Field audited	ed costs		Usual an Target R	e Rating Change d Customary Limitatic ate limitation change	on
Desk audite Desk audit	 interim portion d costs Interim Portion Prospective portion 	X	Rate Sem	-	-018J FYE 11/30/2004
Distribution:			25	Thomas Parker	
-	ement / Fiscal Agent	Medi	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	ation Only				
For inform					· · · · · · · · · · · · · · · · · · ·
No Chang	e in kale				
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	-			



shore Pointe Nursing	g and Rehab			Provider Number:	0 263575-00
7 West Gandy Blvd.				Date:	3/28/2013
npa FL 33611				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
ovider Type:			Current	Marri	Effective
			Rate	New Rate	Date
rsing Home	Single Level		154.36	154.32	3/1/2009
]	Level H: AIDS		292.71	292.67	3/1/2009
I	Level U: Fragile Under 21		403.72	403.68	3/1/2009
Rate Type :					
Interim		X	Prospectiv	ve	
Tot	al Interim			Total Prospective	
Interim Component				Prospective Adjusted	
	lement based on costs			Total Prospective with	1 Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
X Unaudited cos	ts		Usual and	d Customary Limitatio	n
Field audited				ate limitation change	
Field audit - in	-		FRVS Ch	-	
Desk audited of Desk audit - Ir		<u> </u>		f FA & RFA #NH07- nester Change	018J FYE 11/30/2004
	Prospective portion			[2] as of 01/01/1986	
Distribution:			78) Thomas Parker	
Contract Manageme	ent / Fiscal Agent		dicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File					<i>-</i>
For informati	on Only				
No Change in	n Rate				
Home Office:	Southern HealthCare Managem	ent, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suite 150				



yshore Pointe Nurs	ing and Rehab			Provider Number:	0 263575-00
17 West Gandy Blv	/d			Date:	3/28/2013
mpa FL 33611				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
ovider Type: ursing Home	Single Level	_	Current Rate 190.13	New Rate 190.08	Effective Date 4/1/2009
	Level H: AIDS		328.48	328.43	4/1/2009
	Level U: Fragile Under 21		439.49	439.44	4/1/2009
	Fotal Interim nterim Component Settlement based on costs Prior Provider Prospective data	X	Prospectiv X	/e Total Prospective Prospective Adjusted Total Prospective wit	
Desk audite	ed costs - interim portion	Changes:	Licensur Usual an Target R FRVS C Effects o Rate Sen	•	on -018J FYE 11/30/2004
Distribution:			75) Thomas Parker	, , , , , , , , , , , , , , , , , , ,
Permanent File	ement / Fiscal Agent nation Only e in Rate	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Medicaid Reimbursement Per Diem Rates

ayshore Pointe Nur	sing and Rehab			Provider Number:	0 263575-00
17 West Gandy Bl	vd.			Date:	3/28/2013
ampa FL 33611			Fiscal Year End:		12/31/2007
				Audit Status:	Unaudited [3]
rovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		193.74	193.69	7/1/2009
	Level H: AIDS		334.09	334.04	7/1/2009
	Level U: Fragile Under 21		446.71	446.66	7/1/2009
Rate Type :					
Interim		х	Prospective	e	
	Total Interim		 X	Total Prospective	
······································	Interim Component]	Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	h Interim Component
	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs		Usual and	l Customary Limitatio	on
Field audit	ted costs.		Target Ra	te limitation change	
Field audit	t - interim portion		FRVS Ch	lange	
Desk audit		<u> </u>			-018J FYE 11/30/2004
	- Interim Portion			ester Change	
	t - Prospective portion			[2] as of 01/01/1986	· · · · · · · · · · · · · · · · · · ·
Distribution:		-	アロ	/ Thomas Parker	
-	ement / Fiscal Agent	N	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					-
For inform	nation Only				
No Chang	ge in Rate				
Home Office:	Southern HealthCare Ma	nagement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive Su	ite 150			

5887 Glenridge Drive, Suite 150

Atlanta GA 30328



Medicaid Reimbursement Per Diem Rates

ayshore Pointe Nursi				Provider Number:	0 263575-00
17 West Gandy Blvd.		-		Date:	3/28/2013
ampa FL 33611	mpa_FL 33611			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
rovider Type:			Current Rate	New Rate	Effective Date
ursing Home	Single Level		191.26	<u> </u>	1/1/2010
	Level H: AIDS		333.18	333.14	1/1/2010
	Level U: Fragile Under 21		447.06	447.02	1/1/2010
	otal Interim nterim Component ettlement based on costs rior Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Change	S:	<u>1</u>	
Desk audited Desk audit -	d costs - interim portion	X	Usual and Target Ra FRVS Cl Effects o Rate Sem	0	on -018J FYE 11/30/2004
Distribution:			76	Thomas Parker	a
Contract Manage Permanent File For informa No Change	•	N	Medicaid Cost	t Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	-			

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yshore Pointe Nursir				Provider Number:	0 263575-00
17 West Gandy Blvd	.			Date:	3/28/2013
mpa FL 33611				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:		_	Current Rate	New Rate	Effective Date
ursing Home	Single Level		200.86	200.81	7/1/2010
	Level H: AIDS	_	344.20	344.15	7/1/2010
	Level U: Fragile Under 21	-	459.23	459.18	7/1/2010
In Se	otal Interim terim Component ttlement based on costs ior Provider Prospective data	X Changes		Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit -	l costs interim portion	X	Usual and Target R FRVS Cl Effects o Rate Serr	-	on -018J FYE 11/30/2004
	nent / Fiscal Agent		0	Thomas Parker	······
Permanent File For informa No Change	tion Only	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	,			



yshore Pointe Nurs	ing and Rehab			Provider Number:	0 263575-00
7 West Gandy Blv	/d			Date:	3/28/2013
mpa FL 33611				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
ovider Type:			Current	New	Effective
			Rate	Rate	Date
irsing Home	Single Level	-	203.29	203.24	1/1/2011
	Level H: AIDS		348.15	348.10	1/1/2011
	Level U: Fragile Under 21	-	464.40	464.35	1/1/2011
	.				
Rate Type :					
Interim		х	Prospectiv	e	
]	Fotal Interim		-	Total Prospective	
I	nterim Component]	Prospective Adjusted	for New Costs
s	Settlement based on costs			Total Prospective with	n Interim Component
F	rior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure	e Rating Change	
X Unaudited	costs			d Customary Limitatio	n
Field audite				ate limitation change	
Field audit	- interim portion		FRVS Ch	ange	
Desk audite	ed costs	x	Effects of	f FA & RFA #NH07-	-018J FYE 11/30/2004
	- Interim Portion			ester Change	
	- Prospective portion	· · · · · · · · · · · · · · · · · · ·	On FRV	[2] as of 01/01/1986	
Distribution:	ement / Fiscal Agent		15	Thomas Parker	
Permanent File	ement / Fiscal Agent	М	edicaid Cost	Reimbursement Plan	ning and Finance
	nation Only				
	•				
No Chang	e in kate				
Home Office:	Southern HealthCare Manag	ement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				



shore Pointe Nurs	ing and Rehab			Provider Number:	0 263575-00
7 West Gandy Bly	/d.			Date:	3/28/2013
npa FL 33611				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
ovider Type:					
			Current Rate	New Rate	Effective Date
rsing Home	Single Level	_	196.31	<u>196.27</u>	7/1/2011
		-			
	Level H: AIDS		342.51	342.47	7/1/2011
	Level U: Fragile Under 21		459.84	459.80	7/1/2011
		-			
Dete Torres					
Rate Type :					
Interim		<u> </u>	Prospectiv		
	Fotal Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs		······································	Total Prospective with	n Interim Component
F	rior Provider Prospective data				
Basis:		Changes	:		
Budget			-	e Rating Change	
X Unaudited				d Customary Limitation	on
Field audito				ate limitation change	
	- interim portion		- FRVS Ch	•	A101 EVE 11/30/3004
Desk audite	d costs - Interim Portion	<u> </u>		i FA & RFA #NHU7- lester Change	-018J FYE 11/30/2004
	- Prospective portion			[2] as of 01/01/1986	
Distribution:	* •		7-0	Thomas Parker	
Contract Manage	ement / Fiscal Agent				· . 1 D'
Permanent File		M	edicaid Cost	Reimbursement Plan	ning and Finance
	ation Only				
No Chang	-				
		gement 11 C			
	Southern Health are Mana	gomoni, LLC		1	
Home Office:	Southern HealthCare Mana	•			
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite	150			



Medicaid Reimbursement Per Diem Rates

Bayshore Pointe Nurs	ing and Rehab	_		Provider Number:	0 263575-00
117 West Gandy Blv	d.			Date:	3/28/2013
ampa FL 33611	npa FL 33611			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		197.98	197.94 -	1/1/2012
	Level H: AIDS		345.59	345.55	1/1/2012
	Level U: Fragile Under 21		464.05	464.01	1/1/2012
	otal Interim nterim Component ettlement based on costs rior Provider Prospective data	<u> </u>	Prospectiv	ve Total Prospective Prospective Adjusted Total Prospective wit	
Basis:		Change	·s:		
Desk audite Desk audit -	d costs - interim portion	X	Usual an Target R FRVS C Effects o Rate Sen	-	on -018J FYE 11/30/2004
Distribution:		-	78	Thomas Parker	
Contract Manage Permanent File For inform	ment / Fiscal Agent ation Only	N	Aedicaid Cos	t Reimbursement Plan	ning and Finance
No Change	e in Rate				
Home Office:	Southern HealthCare Mar R. Mark Cronquist	agement, LLC			

5887 Glenridge Drive, Suite 150

Atlanta GA 30328



shore Pointe Nurs	ing and Rehab	_		Provider Number:	0 263575-00
7 West Gandy Blv	/d.	_	,	Date:	3/28/2013
npa FL 33611		-		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
ovider Type:			_		
			Current Rate	New Rate	Effective Date
rsing Home	Single Level		203.96	203.91	7/1/2012
	Level H: AIDS		353.17	353.12	7/1/2012
	Level U: Fragile Under 21	-	472.92	472.87	7/1/2012
Rate Type :					
Interim		x	Prospectiv	e	
	Total Interim			Total Prospective	
I	nterim Component]	Prospective Adjusted	for New Costs
S	ettlement based on costs		, ,	Total Prospective with	n Interim Component
P	rior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure	e Rating Change	
X Unaudited of	costs			d Customary Limitatio	on
Field audite	ed costs		Target Ra	ate limitation change	
	- interim portion		FRVS Ch	•	
Desk audite	d costs - Interim Portion	X			-018J FYE 11/30/2004
	- Interim Portion - Prospective portion			ester Change [2] as of 01/01/1986	
Distribution:			R	Thomas Parker	
Contract Manage	ement / Fiscal Agent	 	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					o
For inform	ation Only				
No Chang	e in Rate				
Home Office:	Southern HealthCare Mana	agement, LLC			
nome onice.	R. Mark Cronquist	- 1			
	5887 Glenridge Drive, Suite	e 150			
	Atlanta GA 30328				



yshore Pointe Nurs	ing and Rehab			Provider Number:	0 263575-00
17 West Gandy Bly	/d.			Date:	3/28/2013
mpa FL 33611				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
rovider Type:					
			Current Rate	New Rate	Effective Date
ursing Home	Single Level		205.76	<u>205.72</u>	1/1/2013
arsing frome	Single Level		203.70		1/1/2013
	Level H: AIDS		356.57	356.53	1/1/2013
	Level U: Fragile Under 21	-	477.61	477.57	1/1/2013
Rate Type :				**************************************	
Interim		х	Prospectiv	70	
	Fotal Interim			Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	settlement based on costs			Total Prospective with	
P	rior Provider Prospective data			-	-
Basis:		Changes	•		
			<u> </u>		
Budget			Licensur	e Rating Change	
X Unaudited of	costs		Usual and	d Customary Limitatic	on
Field audite	ed costs		Target R	ate limitation change	
Field audit	- interim portion		_ FRVS Cl	hange	
Desk audite		<u> </u>	-		018J FYE 11/30/2004
	- Interim Portion			lester Change	
Distribution:	- Prospective portion			[2] as of 01/01/1986	
	ement / Fiscal Agent		10	Thomas Parker	
Permanent File	Silont / Tibour Agont	Me	edicaid Cost	t Reimbursement Plan	ning and Finance
For inform	ation Only				
	-				
No Chang					
Home Office:	Southern HealthCare Manag	gement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				



Summer Brook Health	Care Center			Provider Number:	0 265721-00
5377 Moncrief Road				Date:	2/26/2013
Jacksonville FL 32209	acksonville FL 32209			Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 161.70	New Rate 159.81	Effective Date 7/1/2011
	Level H: AIDS		307.90	306.01	7/1/2011
	Level U: Fragile Under 21		425.23	423.34	7/1/2011
Int Set	tal Interim erim Component tlement based on costs or Provider Prospective data	X		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes	:		
Budget X Unaudited con Field audited Field audit - i Desk audited	costs interim portion		Usual and Target Ra	e Rating Change d Customary Limitatio ate limitation change nange d Cost Report FYE 6	
Desk Audit -	nterim Portion Prospective portion			nester Change [2] as of 10/01/1985	
<u>Distribution:</u>			20	Thomas Parker	
Contract Managem Permanent File For informat	-	M	edicaid Cost	t Reimbursement Plan	ning and Finance
No Change i	in Rate				
Home Office:	Innovative Health Care Mana Angela Williams 2333 Hansen Lane, Suite 4 Tallahassee FL 32301	agement Servio	ces, Inc.		



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summer Brook Health	h Care Center		Provider Number:	0 265721-00
5377 Moncrief Road			Date:	2/26/2013
Jacksonville FL 32209			Fiscal Year End:	6/30/2010
<i>'</i>			Audit Status:	
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.22	160.31	1/1/2012
	Level H: AIDS	309.83	307.92	1/1/2012
	Level U: Fragile Under 21	428.29	426.38	1/1/2012

Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on cos	ts Total Prospective with Interim Component
Prior Provider Prospecti	ve data
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X Amended Cost Report FYE 6/30/2010
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 10/01/1985
Distribution:	
	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	
For information Only	
No Change in Rate	
Home Office: Innovative Hea	Ith Care Management Services, Inc.
Angela Williams	
2333 Hansen La	ne, Suite 4



r		Provider Number:	0 310395-00
		Date:	1/22/2013
34		Fiscal Year End:	5/31/2006
		Audit Status:	Field Audited [2]
	,		
	Current Rate	New Rate	Effective Date
Single Level	160.57	160.69	1/1/2007
Level H: AIDS	290.17	290.29	1/1/2007
Level U: Fragile Under 21	394.16	394.28	1/1/2007
	Single Level Level H: AIDS	34 Current Rate Single Level 160.57 Level H: AIDS 290.17	B4 Date: 34 Fiscal Year End: Audit Status: Audit Status: Current New Rate Rate 160.57 160.69 Level H: AIDS 290.17 290.29

Interim		X I	rospect	tive
Tc	tal Interim		X	Total Prospective
Int	terim Component			Prospective Adjusted for New Costs
Set	ttlement based on costs			Total Prospective with Interim Component
Pri	or Provider Prospective data			
Basis:		Changes:		2 a
Budget			Licensu	ure Rating Change
Unaudited co				and Customary Limitation
X Field audited	costs		-	Rate limitation change
Field audit -	interim portion	FRVS Change		
Desk audited		X Field Audit #NH11-121C FYE 05/31/06		
	Interim Portion	Rate Semester Change		
	Prospective portion			V [2] as of 09/28/1990
<u>Distribution:</u>			4	Thomas Parker
Contract Managen	nent / Fiscal Agent	Med	icaid Co	ost Reimbursement Planning and Finance
Permanent File		Wica		sst itemioursement i lamining and i maree
For information	tion Only			
No Change	in Rate			
Home Office:	HCR Manor Care			
	Julie Yoxtheimer			
	333 North Summit Street			



MCHS - Palm Harbor			Provider Numbe	r: 0 310395-00
2851 Tampa Rd			Date	e: 1/22/2013
Palm Harbor FL 3468			Fiscal Year End	: 5/31/2006
			Audit Statu	s: Field Audited [2]
Provider Type: Nursing Home	Single Level	Curre Rate 170.	e Rate	Effective Date 7/1/2007
	Level H: AIDS	302	54 302.60	7/1/2007
	Level U: Fragile Under 21	408.	40 408.46	7/1/2007
	Fotal Interim nterim Component Settlement based on costs Prior Provider Prospective data		Mective Total Prospective Prospective Adjust Total Prospective v	ed for New Costs vith Interim Component
Desk audite	ed costs - interim portion	Usu Targ FR X Fiel Rate	ensure Rating Change al and Customary Limita get Rate limitation chang /S Change d Audit #NH11-121C F e Semester Change FRV [2] as of 09/28/199	ge FYE 05/31/06
Distribution: Contract Manage Permanent File For inform No Chang	•	Medicaid	Cost Reimbursement P	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



55 Nebraska Avenue Im Harbor FL 34684 rovider Type: ursing Home Single Level	Current Rate 205.98	Date: Fiscal Year End: Audit Status: New	1/22/2013 12/31/2008 Field Audited [2]
rovider Type:	Current Rate	Audit Status: New	Field Audited [2]
	Rate	New	
	Rate		
ursing Home Single Level	Rate		TD 00 11
ursing Home Single Level	205.98	Rate	Effective Date
		196.71	1/1/2010
Level H: AIDS	347.90	338.63	1/1/2010
Level U: Fragile Under 21	461.78	452.51	1/1/2010
Rate Type :			
Interim	X Prospective		
Total Interim		tal Prospective	
Interim Component		ospective Adjusted	
Settlement based on costs	10	tal Prospective with	h Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure R	lating Change	
Unaudited costs		Customary Limitation	on
X Field audited costs		limitation change	
Field audit - interim portion	FRVS Char	nge	
Desk audited costs	X Field Audit	t #NH11-104W FY	'E 12/31/08
Desk audit - Interim Portion	Rate Semes		
Desk Audit - Prospective portion	On FRV [2]	as of 08/15/2005	
Distribution:	7B	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost R	eimbursement Plan	ning and Finance
Permanent File			8
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office		······	
Home Office: 1 - No Home Office			



	-		Provider Number:	0 310841-00
55 Nebraska Avenue	-		Date:	1/22/2013
m Harbor FL 34684	-		Fiscal Year End:	12/31/2008
			Audit Status:	Field Audited [2]
ovider Type:				
	(Current Rate	New Rate	Effective Date
irsing Home Single Level		206.19	196.82	7/1/2010
Level H: AIDS		40.52	240.16	7/1/2010
		49.53		
Level U: Fragile Under 21		64.56	455.19	7/1/2010
Data Tuma a				
Rate Type :	NZ 1			
Interim Total Interim	I	Prospectiv X	e Total Prospective	
Interim Component		********	Prospective Adjusted	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data			-	-
Basis:	Changes:			
Budget		Licensur	e Rating Change	
Unaudited costs			d Customary Limitatio	n
X Field audited costs		-	ate limitation change	
Field audit - interim portion Desk audited costs		FRVS C	dit #NH11-104W FY	F 12/31/08
Desk audit - Interim Portion			lester Change	1, 12/31/08
Desk Audit - Prospective portion		On FRV	[2] as of 08/15/2005	
Distribution:	7	R	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cos	t Reimbursement Plan	ning and Finance
Permanent File				0
For information Only				
No Change in Rate				
Home Office: I - No Home Office				



St. Mark Village, Inc			Provider Number:	0 310841-00
2655 Nebraska Aven	ue		Date:	1/22/2013
Palm Harbor FL 346	84		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.67	213.41	1/1/2011
	Level H: AIDS	357.53	358.27	1/1/2011
	Level U: Fragile Under 21	473.78	474.52	1/1/2011

Interim	X Prospective
Total Interim Interim Component Settlement based on cos Prior Provider Prospect	
Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of Field Audit #NH11-104W FYE 12/31/08 Rate Semester Change On FRV [2] as of 08/15/2005 Thomas Parker Medicaid Cost Reimbursement Planning and Finance
Home Office: 1 - No Home C	office



St. Mark Village, Inc			Provider Number:	0 310841-00
2655 Nebraska Aver	ue		Date:	1/22/2013
Palm Harbor FL 346	84		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.15	203.85	7/1/2011
	Level H: AIDS	349.35	350.05	7/1/2011
	Level U: Fragile Under 21	466.68	467.38	7/1/2011

Rate Type :	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Basis:	Changes:
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of Field Audit #NH11-104W FYE 12/31/08 Rate Semester Change On FRV [2] as of 08/15/2005
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Thomas Parker Medicaid Cost Reimbursement Planning and Finance
Home Office: 1 - No Home Office	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

St. Mark Village, Inc			Provider Number:	0 310841-00
2655 Nebraska Aven	ue		Date:	1/22/2013
Palm Harbor FL 346	84		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	204.61	205.31	1/1/2012
	Level H: AIDS	352.22	352.92	1/1/2012
	Level U: Fragile Under 21	470.68	471.38	1/1/2012

Rate Type :	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X Effects of Field Audit #NH11-104W FYE 12/31/08
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 08/15/2005
Distribution:	
	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	
For information Only	
No Change in Rate	
Home Office: 1 - No Home Office	
1	



Mark Village, Inc				Provider Number:	0 310841-00
55 Nebraska Aven				Date:	1/22/2013
Im Harbor FL 3468				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
	~		Rate	Rate	Date
ursing Home	Single Level		213.35	214.07	7/1/2012
	Level H: AIDS		362.56	363.28	7/1/2012
	Level U: Fragile Under 21		482.31	483.03	7/1/2012
Rate Type :					
Interim		<u> </u>	Prospective		
	Total Interim		<u>X</u> T	otal Prospective	
	Interim Component		P:	rospective Adjusted	for New Costs
	Settlement based on costs		T	otal Prospective with	h Interim Component
1	Prior Provider Prospective data				
Basis:		Change	s:		
Budget			Licensure	Rating Change	
X Unaudited	costs			Customary Limitation	on
Field audit	ed costs			e limitation change	
	- interim portion		FRVS Cha	inge	
Desk audit		<u> </u>			-104W FYE 12/31/08
	- Interim Portion			ster Change	
Distribution:	t - Prospective portion			2] as of 08/15/2005	
	ement / Fiscal Agent		10	Thomas Parker	
Permanent File	ement / Fiscal Agent	Ν	fedicaid Cost I	Reimbursement Plan	ning and Finance
	nation Only				
No Chang	-				
10 chung					
Home Office:	1 - No Home Office				



Mark Village, Inc.			Provider Number:	0 310841-00
5 Nebraska Avenu			Date:	1/22/2013
m Harbor FL 3468	4		Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
rsing Home	Single Level	215.18		1/1/2013
	Level H: AIDS	365.99	366.71	1/1/2013
	Level U: Fragile Under 21	487.03	487.75	1/1/2013
Rate Type :				
Interim		X Prospec	tive	
	Total Interim	<u> </u>	_ Total Prospective	
	nterim Component		Prospective Adjusted	
	ettlement based on costs		Total Prospective with	h Interim Component
P	rior Provider Prospective data			
Basis:		Changes:		
Budget		Licens	ure Rating Change	
X Unaudited of	costs	Usual a	and Customary Limitatio	on
Field audite	ed costs	Target	Rate limitation change	
	- interim portion	FRVS	Change	
Desk audite	1		of Field Audit #NH11	-104W FYE 12/31/08
	 Interim Portion Prospective portion 		emester Change	
Distribution:			V [2] as of 08/15/2005	
	ement / Fiscal Agent		Thomas Parker	
Permanent File	mont / 1 loval / Solit	Medicaid Co	ost Reimbursement Plan	ning and Finance
For inform	ation Only			
No Chang	•			
Home Office:	1 - No Home Office			



hyr Haven Health &	Rehab Center, Inc.			Provider Number:	0 320391-00
50 A Avenue				Date:	4/10/2013
hyrhills FL 33542				Fiscal Year End:	2/28/2009
				Audit Status:	Field Audited [2]
ovider Type:					
			Current Rate	New Rate	Effective Date
rsing Home	Single Level		196.39	<u>192.80</u>	1/1/2010
·	Level H: AIDS		338.31	334.72	1/1/2010
		-			
	Level U: Fragile Under 21	-	452.19	448.60	1/1/2010
Rate Type :					
Interim		х	Prospective	•	
	al Interim	-	-	Fotal Prospective	
Inte	erim Component		I	Prospective Adjusted	for New Costs
Sett	tlement based on costs		7	Total Prospective with	n Interim Component
Pric	or Provider Prospective data				
Basis:		Changes	:		
				Detine Channel	
Budget Unaudited cos	te.			Rating Change Customary Limitation	
X Field audited				te limitation change	Л
	nterim portion		FRVS Ch	-	
Desk audited of	-	X	-	lit #NH11- 012W FY	YE 2/28/2009
Desk audit - Ir			-	ester Change	
	Prospective portion		On FRV [2] as of 06/28/1989	
Distribution:	and (D'and 1 A cont		'V	Thomas Parker	
Contract Managem	ent / Fiscal Agent	M	edicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	Control of the				
For informati	•				
No Change in	n Kate				
Home Office:	Adventist Care Centers				



Zephyr Haven Health & Rehab Center, Inc. 38250 A Avenue				Provider Number:	0 320391-00
			Date:		4/10/2013
Zephyrhills FL 33542	Zephyrhills FL 33542			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		205.13	202.94	7/1/2010
	Level H: AIDS		348.47	346.28	7/1/2010
	Level U: Fragile Under 21		463.50	461.31	7/1/2010
Rate Type : Interim		x	Prospectiv	/e	
	Total Interim		X	Total Prospective	
······································	Interim Component			Prospective A diusted	for Now Costs

Tot	al Interim		X	Total Prospec	tive
Inte	erim Component			Prospective A	djusted for New Costs
Set	llement based on costs			Total Prospec	tive with Interim Component
Pric	or Provider Prospective data				
Basis:		Changes	:		
Budget			Licens	ure Rating Chan	ge
X Unaudited cos Field audited				and Customary I Rate limitation	
Field audit - i	nterim portion		FRVS	Change	
Desk audited of Desk audited of Desk audit - In	costs	<u> </u>	Rate Se	s of Field Audit emester Change V [2] as of 06/28	#NH11- 012W FYE 2/28/2009 3/1989
Distribution:			20	Thomas Pa	
Contract Managem	ent / Fiscal Agent		dicaid C		ent Planning and Finance
Permanent File					5
For information	ion Only				
No Change i	n Rate				
Home Office:	Adventist Care Centers				_
	602 Courtland Street, Suite 20 Orlando FL 32804	0	×		



Rehab Center, Inc.		Provider Number:	0 320391-00
		Date:	4/10/2013
		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
	Current Rate	New Rate	Effective Date
Single Level	207.59	205.38	1/1/2011
Level H: AIDS	352.45	350.24	1/1/2011
Level U: Fragile Under 21	468.70	466.49	1/1/2011
	Single Level	Single Level Current Rate 207.59 Level H: AIDS	Date:Fiscal Year End:Audit Status:CurrentRateRate207.59205.38Level H: AIDS352.45350.24

Interim		X	Prospective
	tal Interim erim Component		X Total Prospective Prospective Adjusted for New Costs
Set	tlement based on costs or Provider Prospective data		Total Prospective with Interim Component
Basis:		Changes:]
Budget			Licensure Rating Change
X Unaudited co			Usual and Customary Limitation
Field audited			Target Rate limitation change FRVS Change
Field audited	interim portion	x	Effects of Field Audit #NH11-012W FYE 2/28/2009
	nterim Portion		Rate Semester Change
Desk Audit -	Prospective portion		On FRV [2] as of 06/28/1989
Distribution:		-	Thomas Parker
Contract Managem	nent / Fiscal Agent	/	
Permanent File	-	IVIE	dicaid Cost Reimbursement Planning and Finance
For informat	tion Only		
No Change	in Rate		
Home Office:	Adventist Care Centers		
	602 Courtland Street, Suite 200 Orlando FL 32804		



ohyr Haven Health	& Rehab Center, Inc.		Provider Number:	0 320391-00
250 A Avenue			Date:	4/10/2013
ohyrhills FL 33542	2		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
•••		Current		Effective
	C , I , X , I	Rate	Rate	Date
irsing Home	Single Level	200.43	198.35	7/1/2011
	Level H: AIDS	346.63	344.55	7/1/2011
	Level U: Fragile Under 21	463.96	6 461.88	7/1/2011
Rate Type :				
Interim		X Prospe	ctive	
	Total Interim	X	Total Prospective	
	Interim Component		Prospective Adjusted	
	Settlement based on costs		Total Prospective wit	h Interim Component
	Prior Provider Prospective data			
Basis:		Changes:		
D 1 4		Licon	aura Bating Change	
Budget X Unaudited	costs		sure Rating Change and Customary Limitati	on
Field audit			t Rate limitation change	011
Field audit	- interim portion		S Change	
Desk audite		X Effec	ts of Field Audit #NH1	I- 012W FYE 2/28/2009
	- Interim Portion		Semester Change	
	- Prospective portion	Un FI	XV [2] as of 06/28/1989	
Distribution:		-75	Thomas Parker	
-	ement / Fiscal Agent	Medicaid (Cost Reimbursement Plan	nning and Finance
Permanent File	nation Only	t.		
	•			
No Chang	e in kate			
Home Office:	Adventist Care Centers			
	602 Courtland Street, Suite 2 Orlando FL 32804	200		



phyr Haven Health &	Rehab Center, Inc.			Provider Number:	0 320391-00
250 A Avenue				Date:	4/10/2013
phyrhills FL 33542				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective Date
ming Uomo	Single Level	_	Rate	Rate	
irsing Home	Single Level	_	197.55	195.42	1/1/2012
	Level H: AIDS		345.16	343.03	1/1/2012
	Level U: Fragile Under 21	_	463.62	461.49	1/1/2012
Rate Type :					
Interim		x	Prospectiv	e	
To	tal Interim		<u> </u>	Total Prospective	
Int	erim Component			Prospective Adjusted	for New Costs
Set	tlement based on costs			Total Prospective with	n Interim Component
Prie	or Provider Prospective data				
Basis:		Changes:			
			-		
Budget			•	e Rating Change	
X Unaudited cos Field audited				d Customary Limitation ate limitation change	n
	interim portion		FRVS Cl	-	
Desk audited	-	<u> </u>		-	- 012W FYE 2/28/2009
	nterim Portion			lester Change	
Desk Audit -	Prospective portion		On FRV	[2] as of 06/28/1989	
Distribution:			7-5	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For informat	ion Only				
No Change	in Rate				
Home Office:	Adventist Care Centers				
	602 Courtland Street, Suite 200				



Medicaid Reimbursement Per Diem Rates

ephyr Haven Health & Rehab Center, Inc.	_		Provider Number:	0 320391-00
8250 A Avenue	_		Date:	4/10/2013
Cephyrhills FL 33542	-		Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Aursing Home Single Level		203.31	201.13	7/1/2012
Level H: AIDS		352.52	350.34	7/1/2012
Level U: Fragile Under 21		472.27	470.09	7/1/2012
Rate Type : Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>		e Total Prospective Prospective Adjusted Total Prospective with	
Basis:	Change	s:		
Budget X Unaudited costs		Usual an	e Rating Change d Customary Limitatic	on
Field audited costs		Target R FRVS C	ate limitation change	
Field audit - interim portion Desk audited costs Desk audit - Interim Portion	<u> </u>	Effects o Rate Sem	•	- 012W FYE 2/28/2009
Desk Audit - Prospective portion		$\neg \bigcirc$		
Desk Audit - Prospective portion	-	17	Thomas Parkar	
	N	/officaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
Distribution: Contract Management / Fiscal Agent	 	/ O Aedicaid Cos		ning and Finance

602 Courtland Street, Suite 200 Orlando FL 32804



ohyr Haven Health	& Rehab Center, Inc.			Provider Number:	0 320391-00
250 A Avenue				Date:	4/10/2013
ohyrhills FL 33542				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
ovider Type:					
			Current	New	Effective
wing Uomo	Single Level		Rate	Rate	Date
rsing Home	Single Level		199.41	197.23	1/1/2013
	Level H: AIDS		350.22	348.04	1/1/2013
	Level U: Fragile Under 21	_	471.26	469.08	1/1/2013
	Fotal Interim Interim Component	<u> </u>	Prospectiv X	ve Total Prospective Prospective Adjusted	for New Costs
	Settlement based on costs Prior Provider Prospective data	Changes		Total Prospective with	Interim Component
Budget X Unaudited Field audit Field audit Desk audit Desk audit	costs ed costs - interim portion	Changes:	Usual an Target R FRVS C Effects o Rate Sen	•	on - 012W FYE 2/28/2009
Distribution:			7-8	Thomas Parker	
Contract Manage	ement / Fiscal Agent	/	Jicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File		14160			ung and r manee
For inform	nation Only				
No Chang	e in Rate				
Home Office:	Adventist Care Centers				
	602 Courtland Street, Suite 200 Orlando FL 32804				



norCare Health Servi	ices-Dunedin			Provider Number:	0 325686-00
) Patricia Ave				Date:	2/26/2013
nedin FL 34698				Fiscal Year End:	9/30/2012
				Audit Status:	Unaudited [3]
ovider Type:				N.	
			Current Rate	New Rate	Effective Date
rsing Home	Single Level	-	185.96	190.81	1/1/2013
					1/1/2012
	Level H: AIDS	-	336.77	341.62	1/1/2013
	Level U: Fragile Under 21		457.81	462.66	1/1/2013
Rate Type :					
Interim		<u> </u>	Prospectiv		
	al Interim erim Component			Total Prospective Prospective Adjusted	for New Costs
	tlement based on costs			Total Prospective with	
	or Provider Prospective data			Total Trospective with	r internir Component
Basis:		Changes	:		
			Licensur	e Rating Change	
Budget X Unaudited cos	at o		_	d Customary Limitatio	n an
Field audited				ate limitation change	511
	nterim portion		FRVS C	-	
Desk audited	-	X	- Retro fo	r 1/13 using FYE 9/3	0/2012
	nterim Portion		Rate Sem	nester Change	
Desk Audit -	Prospective portion		On FRV	[2] as of 05/01/1996	
<u>Distribution:</u>			P	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Μ	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For informat	ion Only				
No Change i	n Rate			-	
Home Office:	HCR Manor Care				
	Julie Yoxtheimer				
	333 North Summit Street				
	Toledo OH 43604				



norCare Health Se	ervices-Palm Harbor			Provider Number:	0 325694-00
1 Tampa Road				Date:	1/22/2013
m Harbor FL 346				Fiscal Year End:	5/31/2006
				Audit Status:	Field Audited [2]
ovider Type:					
			Current	New	Effective
• •		_	Rate	Rate	Date
rsing Home	Single Level	_	170.60	170.66	12/20/2007
	Level H: AIDS		302.54	302.60	12/20/2007
	Level U: Fragile Under 21	-	408.40	408.46	12/20/2007
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	th Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
Unaudited	costs		-	d Customary Limitati	on
X Field audit				ate limitation change	
Field audit	- interim portion		FRVS Cł	hange	
Desk audite	ed costs	X			06 prior prov 310395
	- Interim Portion		-	ester Change	
Desk Audit	- Prospective portion			[2] as of 09/28/1990	
	ement / Fiscal Agent		N	Thomas Parker	
Permanent File		Me	dicaid Cost	t Reimbursement Pla	nning and Finance
	nation Only				
	e in Rate				
No Chang					
Home Office:	HCR Manor Care				
	Julie Yoxtheimer				