



FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: June 3, 2013

To: Gay Munyon, Bureau Chief, Medicaid Contract Management

From: *TP* 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.

| | <u>Provider Name</u> | <u>Provider Number</u> | <u>Number of Rate Change Notices</u> |
|-----|--|------------------------|--------------------------------------|
| 1. | Miami Jewish Health Systems | 0 200506-00 | 1 |
| 2. | Memorial Manor Nursing Home | 0 201006-00 | 1 |
| 3. | Lake Harris Health Center | 0 228966-00 | 8 |
| 4. | Gainesville Health Care Center | 0 229288-00 | 1 |
| 5. | Pinebrook Care & Rehab Center | 0 252662-00 | 12 |
| 6. | Orchard Ridge Care & Rehab Center | 0 252689-00 | 4 |
| 7. | Boynton Beach Rehab Center | 0 263460-00 | 4 |
| 8. | Macclenny Nursing & Rehab | 0 263516-00 | 18 |
| 9. | Cypress Village | 0 307998-00 | 13 |
| 10. | MCHS – Delray | 0 309761-00 | 2 |
| 11. | MCHS – Ft. Myers | 0 310174-00 | 2 |
| 12. | Harbour Health Center | 0 319333-00 | 8 |
| 13. | East Orlando Health & Rehab Center, Inc. | 0 320421-00 | 6 |
| 14. | Coral Gables Nursing & Rehab | 0 323772-00 | 8 |
| 15. | ManorCare Health Services | 0 325384-00 | 14 |
| 16. | HCR Manor Care Health Services – Delray | 0 325520-00 | 2 |
| | | Total | 104 |

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 | | |
|-----------------|--------------------------------|----------------------|--------------------|-----------------------|---------------|---------------|------------|--------------|
| Provider Number | Effective Date Format YYYYMMDD | Intermediate I (IN1) | Skilled AIDS (SKA) | Intermediate II (IN2) | Skilled (SKD) | Level U | MCM number | Audit Number |
| 020050600 | 20130101 | 229.15 | 379.96 | 229.15 | 229.15 | 501.00 | 73223-13 | |
| 020100600 | 20130101 | 222.30 | 373.11 | 222.30 | 222.30 | 494.15 | 73223-13 | |
| 022896600 | 20090701 | 191.98 | 332.33 | 191.98 | 191.98 | 444.95 | 73223-13 | NH11-107W |
| 022896600 | 20100101 | 194.15 | 336.07 | 194.15 | 194.15 | 449.95 | 73223-13 | NH11-107W |
| 022896600 | 20100701 | 195.01 | 338.35 | 195.01 | 195.01 | 453.38 | 73223-13 | NH11-107W |
| 022896600 | 20110101 | 199.39 | 344.25 | 199.39 | 199.39 | 460.50 | 73223-13 | NH11-107W |
| 022896600 | 20110701 | 190.64 | 336.84 | 190.64 | 190.64 | 454.17 | 73223-13 | NH11-107W |
| 022896600 | 20120101 | 192.37 | 339.98 | 192.37 | 192.37 | 458.44 | 73223-13 | NH11-107W |
| 022896600 | 20120701 | 198.19 | 347.40 | 198.19 | 198.19 | 467.15 | 73223-13 | NH11-107W |
| 022896600 | 20130101 | 201.39 | 352.20 | 201.39 | 201.39 | 473.24 | 73223-13 | NH11-107W |
| 022928800 | 20130101 | 211.27 | 362.08 | 211.27 | 211.27 | 483.12 | 73223-13 | |
| 025266200 | 20080701 | 183.11 | 319.39 | 183.11 | 183.11 | 428.74 | 73223-13 | NH11-114W |
| 025266200 | 20090101 | 183.21 | 321.56 | 183.21 | 183.21 | 432.57 | 73223-13 | NH11-114W |
| 025266200 | 20090301 | 167.85 | 306.20 | 167.85 | 167.85 | 417.21 | 73223-13 | NH11-114W |
| 025266200 | 20090401 | 206.10 | 344.45 | 206.10 | 206.10 | 455.46 | 73223-13 | NH11-114W |
| 025266200 | 20090701 | 202.74 | 343.09 | 202.74 | 202.74 | 455.71 | 73223-13 | NH11-114W |
| 025266200 | 20100101 | 204.81 | 346.73 | 204.81 | 204.81 | 460.61 | 73223-13 | NH11-114W |
| 025266200 | 20100701 | 212.56 | 355.90 | 212.56 | 212.56 | 470.93 | 73223-13 | NH11-114W |
| 025266200 | 20110101 | 216.16 | 361.02 | 216.16 | 216.16 | 477.27 | 73223-13 | NH11-114W |
| 025266200 | 20110701 | 208.24 | 354.44 | 208.24 | 208.24 | 471.77 | 73223-13 | NH11-114W |
| 025266200 | 20120101 | 211.49 | 359.10 | 211.49 | 211.49 | 477.56 | 73223-13 | NH11-114W |
| 025266200 | 20120701 | 217.83 | 367.04 | 217.83 | 217.83 | 486.79 | 73223-13 | NH11-114W |
| 025266200 | 20130101 | 220.82 | 371.63 | 220.82 | 220.82 | 492.67 | 73223-13 | NH11-114W |
| 025268900 | 20080701 | 176.84 | 313.12 | 176.84 | 176.84 | 422.47 | 73223-13 | NH11-111W |
| 025268900 | 20090101 | 176.47 | 314.82 | 176.47 | 176.47 | 425.83 | 73223-13 | NH11-111W |
| 025268900 | 20090301 | 161.68 | 300.03 | 161.68 | 161.68 | 411.04 | 73223-13 | NH11-111W |
| 025268900 | 20090401 | 198.39 | 336.74 | 198.39 | 198.39 | 447.75 | 73223-13 | NH11-111W |
| 026346000 | 20060701 | 161.72 | 288.85 | 161.72 | 161.72 | 390.85 | 73223-13 | NH06-169J |
| 026346000 | 20070701 | 189.68 | 321.62 | 189.68 | 189.68 | 427.48 | 73223-13 | NH06-169J |
| 026346000 | 20090701 | 213.29 | 353.64 | 213.29 | 213.29 | 466.26 | 73223-13 | NH06-169J |
| 026346000 | 20100101 | 201.77 | 343.69 | 201.77 | 201.77 | 457.57 | 73223-13 | NH06-169J |
| 026351600 | 20060701 | 161.84 | 288.97 | 161.84 | 161.84 | 390.97 | 73223-13 | NH06-170J |
| 026351600 | 20070101 | 148.55 | 278.15 | 148.55 | 148.55 | 382.14 | 73223-13 | NH06-170J |
| 026351600 | 20070201 | 151.53 | 281.13 | 151.53 | 151.53 | 385.12 | 73223-13 | NH06-170J |
| 026351600 | 20070301 | 148.55 | 278.15 | 148.55 | 148.55 | 382.14 | 73223-13 | NH06-170J |
| 026351600 | 20070701 | 166.92 | 298.86 | 166.92 | 166.92 | 404.72 | 73223-13 | NH06-170J |
| 026351600 | 20080101 | 165.62 | 299.62 | 165.62 | 165.62 | 407.14 | 73223-13 | NH06-170J |
| 026351600 | 20080701 | 167.33 | 303.61 | 167.33 | 167.33 | 412.96 | 73223-13 | NH06-170J |
| 026351600 | 20090101 | 162.47 | 300.82 | 162.47 | 162.47 | 411.83 | 73223-13 | NH06-170J |
| 026351600 | 20090301 | 148.85 | 287.20 | 148.85 | 148.85 | 398.21 | 73223-13 | NH06-170J |
| 026351600 | 20090401 | 185.35 | 323.70 | 185.35 | 185.35 | 434.71 | 73223-13 | NH06-170J |
| 026351600 | 20090701 | 189.62 | 329.97 | 189.62 | 189.62 | 442.59 | 73223-13 | NH06-170J |
| 026351600 | 20100101 | 186.89 | 328.81 | 186.89 | 186.89 | 442.69 | 73223-13 | NH06-170J |
| 026351600 | 20100701 | 192.16 | 335.50 | 192.16 | 192.16 | 450.53 | 73223-13 | NH06-170J |
| 026351600 | 20110101 | 194.31 | 339.17 | 194.31 | 194.31 | 455.42 | 73223-13 | NH06-170J |
| 026351600 | 20110701 | 189.18 | 335.38 | 189.18 | 189.18 | 452.71 | 73223-13 | NH06-170J |
| 026351600 | 20120101 | 190.36 | 337.97 | 190.36 | 190.36 | 456.43 | 73223-13 | NH06-170J |
| 026351600 | 20120701 | 198.76 | 347.97 | 198.76 | 198.76 | 467.72 | 73223-13 | NH06-170J |
| 026351600 | 20130101 | 201.02 | 351.83 | 201.02 | 201.02 | 472.87 | 73223-13 | NH06-170J |
| 030799800 | 20080101 | 185.27 | 319.27 | 185.27 | 185.27 | 426.79 | 73223-13 | NH11-046L |
| 030799800 | 20080701 | 187.23 | 323.51 | 187.23 | 187.23 | 432.86 | 73223-13 | NH11-046L |
| 030799800 | 20090101 | 192.16 | 330.51 | 192.16 | 192.16 | 441.52 | 73223-13 | NH11-046L |
| 030799800 | 20090301 | 176.05 | 314.40 | 176.05 | 176.05 | 425.41 | 73223-13 | NH11-046L |
| 030799800 | 20090401 | 207.54 | 345.89 | 207.54 | 207.54 | 456.90 | 73223-13 | NH11-046L |
| 030799800 | 20090701 | 210.91 | 351.26 | 210.91 | 210.91 | 463.88 | 73223-13 | NH11-046L |
| 030799800 | 20100101 | 208.66 | 350.58 | 208.66 | 208.66 | 464.46 | 73223-13 | NH11-046L |
| 030799800 | 20100701 | 210.59 | 353.93 | 210.59 | 210.59 | 468.96 | 73223-13 | NH11-046L |
| 030799800 | 20110101 | 212.84 | 357.70 | 212.84 | 212.84 | 473.95 | 73223-13 | NH11-046L |
| 030799800 | 20110701 | 202.72 | 348.92 | 202.72 | 202.72 | 466.25 | 73223-13 | NH11-046L |
| 030799800 | 20120101 | 202.91 | 350.52 | 202.91 | 202.91 | 468.98 | 73223-13 | NH11-046L |

| Provider Number | Effective Date Format YYYYMMDD | Single Level | Level H: AIDS | Single Level | Single Level | Peds under 21 | MCM number | Audit Number |
|-----------------|--------------------------------|----------------------|--------------------|-----------------------|---------------|---------------|------------|--------------|
| | | Intermediate I (IN1) | Skilled AIDS (SKA) | Intermediate II (IN2) | Skilled (SKD) | Level U | | |
| 030799800 | 20120701 | 211.10 | 360.31 | 211.10 | 211.10 | 480.06 | 73223-13 | NH11-046L |
| 030799800 | 20130101 | 213.83 | 364.64 | 213.83 | 213.83 | 485.68 | 73223-13 | NH11-046L |
| 030976100 | 20070101 | 167.93 | 297.53 | 167.93 | 167.93 | 401.52 | 73223-13 | NH11-122C |
| 030976100 | 20070701 | 178.78 | 310.72 | 178.78 | 178.78 | 416.58 | 73223-13 | NH11-122C |
| 031017400 | 20070101 | 165.49 | 295.09 | 165.49 | 165.49 | 399.08 | 73223-13 | NH11-125C |
| 031017400 | 20070701 | 185.19 | 317.13 | 185.19 | 185.19 | 422.99 | 73223-13 | NH11-125C |
| 031933300 | 20090701 | 192.58 | 332.93 | 192.58 | 192.58 | 445.55 | 73223-13 | NH11- 106W |
| 031933300 | 20100101 | 194.25 | 336.17 | 194.25 | 194.25 | 450.05 | 73223-13 | NH11- 106W |
| 031933300 | 20100701 | 196.10 | 339.44 | 196.10 | 196.10 | 454.47 | 73223-13 | NH11- 106W |
| 031933300 | 20110101 | 206.10 | 350.96 | 206.10 | 206.10 | 467.21 | 73223-13 | NH11- 106W |
| 031933300 | 20110701 | 198.99 | 345.19 | 198.99 | 198.99 | 462.52 | 73223-13 | NH11- 106W |
| 031933300 | 20120101 | 200.77 | 348.38 | 200.77 | 200.77 | 466.84 | 73223-13 | NH11- 106W |
| 031933300 | 20120701 | 210.04 | 359.25 | 210.04 | 210.04 | 479.00 | 73223-13 | NH11- 106W |
| 031933300 | 20130101 | 213.42 | 364.23 | 213.42 | 213.42 | 485.27 | 73223-13 | NH11- 106W |
| 032042100 | 20100701 | 224.09 | 367.43 | 224.09 | 224.09 | 482.46 | 73223-13 | NH11- 011W |
| 032042100 | 20110101 | 227.81 | 372.67 | 227.81 | 227.81 | 488.92 | 73223-13 | NH11- 011W |
| 032042100 | 20110701 | 219.40 | 365.60 | 219.40 | 219.40 | 482.93 | 73223-13 | NH11- 011W |
| 032042100 | 20120101 | 220.62 | 368.23 | 220.62 | 220.62 | 486.69 | 73223-13 | NH11- 011W |
| 032042100 | 20120701 | 227.73 | 376.94 | 227.73 | 227.73 | 496.69 | 73223-13 | NH11- 011W |
| 032042100 | 20130101 | 230.50 | 381.31 | 230.50 | 230.50 | 502.35 | 73223-13 | NH11- 011W |
| 032377200 | 20071101 | 192.88 | 324.82 | 192.88 | 192.88 | 430.68 | 73223-13 | NH11-014C |
| 032377200 | 20080101 | 187.90 | 321.90 | 187.90 | 187.90 | 429.42 | 73223-13 | NH11-014C |
| 032377200 | 20080501 | 192.88 | 326.88 | 192.88 | 192.88 | 434.40 | 73223-13 | NH11-014C |
| 032377200 | 20080701 | 195.66 | 331.94 | 195.66 | 195.66 | 441.29 | 73223-13 | NH11-014C |
| 032377200 | 20090101 | 194.70 | 333.05 | 194.70 | 194.70 | 444.06 | 73223-13 | NH11-014C |
| 032377200 | 20090301 | 178.38 | 316.73 | 178.38 | 178.38 | 427.74 | 73223-13 | NH11-014C |
| 032377200 | 20090401 | 220.02 | 358.37 | 220.02 | 220.02 | 469.38 | 73223-13 | NH11-014C |
| 032377200 | 20090701 | 224.52 | 364.87 | 224.52 | 224.52 | 477.49 | 73223-13 | NH11-014C |
| 032538400 | 20071220 | 185.19 | 317.13 | 185.19 | 185.19 | 422.99 | 73223-13 | NH11-125C |
| 032538400 | 20080101 | 180.10 | 314.10 | 180.10 | 180.10 | 421.62 | 73223-13 | NH11-125C |
| 032538400 | 20080701 | 181.69 | 317.97 | 181.69 | 181.69 | 427.32 | 73223-13 | NH11-125C |
| 032538400 | 20090101 | 180.14 | 318.49 | 180.14 | 180.14 | 429.50 | 73223-13 | NH11-125C |
| 032538400 | 20090301 | 165.04 | 303.39 | 165.04 | 165.04 | 414.40 | 73223-13 | NH11-125C |
| 032538400 | 20090401 | 201.73 | 340.08 | 201.73 | 201.73 | 451.09 | 73223-13 | NH11-125C |
| 032538400 | 20090701 | 206.42 | 346.77 | 206.42 | 206.42 | 459.39 | 73223-13 | NH11-125C |
| 032538400 | 20100101 | 204.76 | 346.68 | 204.76 | 204.76 | 460.56 | 73223-13 | NH11-125C |
| 032538400 | 20100701 | 208.02 | 351.36 | 208.02 | 208.02 | 466.39 | 73223-13 | NH11-125C |
| 032538400 | 20110101 | 216.18 | 361.04 | 216.18 | 216.18 | 477.29 | 73223-13 | NH11-125C |
| 032538400 | 20110701 | 207.58 | 353.78 | 207.58 | 207.58 | 471.11 | 73223-13 | NH11-125C |
| 032538400 | 20120101 | 204.44 | 352.05 | 204.44 | 204.44 | 470.51 | 73223-13 | NH11-125C |
| 032538400 | 20120701 | 210.69 | 359.90 | 210.69 | 210.69 | 479.65 | 73223-13 | NH11-125C |
| 032538400 | 20130101 | 203.14 | 353.95 | 203.14 | 203.14 | 474.99 | 73223-13 | NH11-125C |
| 032552000 | 20071220 | 178.78 | 310.72 | 178.78 | 178.78 | 416.58 | 73223-13 | NH11-122C |
| 032552000 | 20080701 | 180.38 | 316.66 | 180.38 | 180.38 | 426.01 | 73223-13 | NH11-122C |



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

Miami Jewish Health Systems
5200 N.E. 2nd Avenue
Miami FL 33137

Provider Number: 0 200506-00
 Date: 5/21/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>228.64</u> | <u>229.15</u> | <u>1/1/2013</u> |
| | Level H: AIDS | <u>379.45</u> | <u>379.96</u> | <u>1/1/2013</u> |
| | Level U: Fragile Under 21 | <u>500.49</u> | <u>501.00</u> | <u>1/1/2013</u> |

| | |
|--|---|
| Rate Type : <input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on costs <input type="checkbox"/> Prior Provider Prospective data <input checked="" type="checkbox"/> Prospective <input checked="" type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Costs <input type="checkbox"/> Total Prospective with Interim Component | |
| Basis: <input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited costs <input type="checkbox"/> Field audited costs <input type="checkbox"/> Field audit - interim portion <input type="checkbox"/> Desk audited costs <input type="checkbox"/> Desk audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective portion | Changes: <input type="checkbox"/> Licensure Rating Change <input type="checkbox"/> Usual and Customary Limitation <input type="checkbox"/> Target Rate limitation change <input type="checkbox"/> FRVS Change <input checked="" type="checkbox"/> Retro for 1/2013 using FYE 6/30/2012 <input type="checkbox"/> Rate Semester Change |

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

Medicaid Reimbursement Per Diem Rates

Memorial Manor Nursing Home
 777 S. Douglas Road
 Pembroke Pines FL 33025

Provider Number: 0 201006-00
 Date: 5/21/2013
 Fiscal Year End: 4/30/2012
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------------------|--------------|----------|----------------|
| Nursing Home | Single Level | 222.54 | 222.30 | 1/1/2013 |
| | Level H: AIDS | 373.35 | 373.11 | 1/1/2013 |
| | Level U: Fragile Under 21 | 494.39 | 494.15 | 1/1/2013 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 1/13 R/S using 4/30/12 C/R
- Rate Semester Change
- On FRV [2] as of 07/14/1989

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Memorial Healthcare System
 James Ziebarth, Dir. Reimburs.
 3501 Johnson Street
 Hollywood FL 33021



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

Lake Harris Health Center
 701 Lake Port Boulevard
 Leesburg FL 34748

Provider Number: 0 228966-00
 Date: 1/31/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 194.57 | 191.98 | 7/1/2009 |
| | Level H: AIDS | 334.92 | 332.33 | 7/1/2009 |
| | Level U: Fragile Under 21 | 447.54 | 444.95 | 7/1/2009 |

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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11- 107W FYE 12/31/2008
- Rate Semester Change
- On FRV [2] as of 08/17/1990

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 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

Lake Harris Health Center
 701 Lake Port Boulevard
 Leesburg FL 34748

Provider Number: 0 228966-00
 Date: 1/31/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------|---------------|---------------|-----------------|
| Nursing Home | | | |
| Single Level | 196.76 | 194.15 | 1/1/2010 |
| Level H: AIDS | 338.68 | 336.07 | 1/1/2010 |
| Level U: Fragile Under 21 | 452.56 | 449.95 | 1/1/2010 |

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

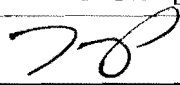
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11- 107W FYE 12/31/2008
 Rate Semester Change
 On FRV [2] as of 08/17/1990

Distribution:

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


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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lake Harris Health Center
 701 Lake Port Boulevard
 Leesburg FL 34748

Provider Number: 0 228966-00
 Date: 1/31/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 197.64 | 195.01 | 7/1/2010 |
| Level H: AIDS | 340.98 | 338.35 | 7/1/2010 |
| Level U: Fragile Under 21 | 456.01 | 453.38 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11- 107W FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 08/17/1990

Distribution:

- Contract Management / Fiscal Agent
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Thomas Parker

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lake Harris Health Center
 701 Lake Port Boulevard
 Leesburg FL 34748

Provider Number: 0 228966-00
 Date: 1/31/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>199.40</u> | <u>199.39</u> | <u>1/1/2011</u> |
| | Level H: AIDS | <u>344.26</u> | <u>344.25</u> | <u>1/1/2011</u> |
| | Level U: Fragile Under 21 | <u>460.51</u> | <u>460.50</u> | <u>1/1/2011</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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:


- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH11- 107W FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 08/17/1990

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 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

Lake Harris Health Center
 701 Lake Port Boulevard
 Leesburg FL 34748

Provider Number: 0 228966-00
 Date: 1/31/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 190.65 | 190.64 | 7/1/2011 |
| | Level H: AIDS | 336.85 | 336.84 | 7/1/2011 |
| | Level U: Fragile Under 21 | 454.18 | 454.17 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

| |
|---|
| <input type="checkbox"/> Budget |
| <input checked="" type="checkbox"/> Unaudited costs |
| <input type="checkbox"/> Field audited costs |
| <input type="checkbox"/> Field audit - interim portion |
| <input type="checkbox"/> Desk audited costs |
| <input type="checkbox"/> Desk audit - Interim Portion |
| <input type="checkbox"/> Desk Audit - Prospective portion |

Changes:

| |
|---|
| <input type="checkbox"/> Licensure Rating Change |
| <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> FRVS Change |
| <input checked="" type="checkbox"/> Effects of Field Audit NH11- 107W FYE 12/31/2008 |
| <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> On FRV [2] as of 08/17/1990 |

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Lake Harris Health Center
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 Leesburg FL 34748

Provider Number: 0 228966-00
 Date: 1/31/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 201.41 | 201.39 | 1/1/2013 |
| | Level H: AIDS | 352.22 | 352.20 | 1/1/2013 |
| | Level U: Fragile Under 21 | 473.26 | 473.24 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH11- 107W FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 08/17/1990

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Medicaid Reimbursement Per Diem Rates

Pinebrook Care & Rehabilitation Center
 1240 Pinebrook Road
 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------------------|--------------|----------|----------------|
| Nursing Home | Single Level | 183.40 | 183.11 | 7/1/2008 |
| | Level H: AIDS | 319.68 | 319.39 | 7/1/2008 |
| | Level U: Fragile Under 21 | 429.03 | 428.74 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:


- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-114W FYE 7/31/2007
- Rate Semester Change
- On FRV [2] as of 01/01/2005

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Sun Healthcare Group, Inc.
 Reimbursement Department
 101 Sun Avenue NE
 Albuquerque NM 87109



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

Pinebrook Care & Rehabilitation Center
 1240 Pinebrook Road
 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 186.08 | 183.21 | 1/1/2009 |
| | Level H: AIDS | 324.43 | 321.56 | 1/1/2009 |
| | Level U: Fragile Under 21 | 435.44 | 432.57 | 1/1/2009 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-114W FYE 7/31/2007**
- Rate Semester Change
- On FRV [2] as of 01/01/2005

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Pinebrook Care & Rehabilitation Center
 1240 Pinebrook Road
 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 170.48 | 167.85 | 3/1/2009 |
| | Level H: AIDS | 308.83 | 306.20 | 3/1/2009 |
| | Level U: Fragile Under 21 | 419.84 | 417.21 | 3/1/2009 |

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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-114W FYE 7/31/2007**
- Rate Semester Change
- On FRV [2] as of 01/01/2005

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 1240 Pinebrook Road
 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 209.14 | 206.10 | 4/1/2009 |
| | Level H: AIDS | 347.49 | 344.45 | 4/1/2009 |
| | Level U: Fragile Under 21 | 458.50 | 455.46 | 4/1/2009 |

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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-114W FYE 7/31/2007**
- Rate Semester Change
- On FRV [2] as of 01/01/2005

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 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>202.80</u> | <u>202.74</u> | <u>7/1/2009</u> |
| | Level H: AIDS | <u>343.15</u> | <u>343.09</u> | <u>7/1/2009</u> |
| | Level U: Fragile Under 21 | <u>455.77</u> | <u>455.71</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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

| | |
|---|---|
| Basis: | Changes: |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Licensure Rating Change |
| <input checked="" type="checkbox"/> Unaudited costs | <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Field audited costs | <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> Field audit - interim portion | <input type="checkbox"/> FRVS Change |
| <input type="checkbox"/> Desk audited costs | <input checked="" type="checkbox"/> Effects of FA NH11-114W FYE 7/31/07 |
| <input type="checkbox"/> Desk audit - Interim Portion | <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> Desk Audit - Prospective portion | <input type="checkbox"/> On FRV [2] as of 01/01/2005 |

Distribution:

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 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 204.87 | 204.81 | 1/1/2010 |
| | Level H: AIDS | 346.79 | 346.73 | 1/1/2010 |
| | Level U: Fragile Under 21 | 460.67 | 460.61 | 1/1/2010 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH11-114W FYE 7/31/07
- Rate Semester Change
- On FRV [2] as of 01/01/2005

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 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2009
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 212.63 | 212.56 | 7/1/2010 |
| | Level H: AIDS | 355.97 | 355.90 | 7/1/2010 |
| | Level U: Fragile Under 21 | 471.00 | 470.93 | 7/1/2010 |

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data
 Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH11-114W FYE 7/31/07
 Rate Semester Change
 On FRV [2] as of 01/01/2005

Distribution:

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 1240 Pinebrook Road
 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>216.22</u> | <u>216.16</u> | <u>1/1/2011</u> |
| | Level H: AIDS | <u>361.08</u> | <u>361.02</u> | <u>1/1/2011</u> |
| | Level U: Fragile Under 21 | <u>477.33</u> | <u>477.27</u> | <u>1/1/2011</u> |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH11-114W FYE 7/31/07
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 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>208.30</u> | <u>208.24</u> | <u>7/1/2011</u> |
| | Level H: AIDS | <u>354.50</u> | <u>354.44</u> | <u>7/1/2011</u> |
| | Level U: Fragile Under 21 | <u>471.83</u> | <u>471.77</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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH11-114W FYE 7/31/07
- Rate Semester Change
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 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 211.55 | 211.49 | 1/1/2012 |
| | Level H: AIDS | 359.16 | 359.10 | 1/1/2012 |
| | Level U: Fragile Under 21 | 477.62 | 477.56 | 1/1/2012 |

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH11-114W FYE 7/31/07
- Rate Semester Change
- On FRV [2] as of 01/01/2005

Distribution:

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Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>217.89</u> | <u>217.83</u> | <u>7/1/2012</u> |
| | Level H: AIDS | <u>367.10</u> | <u>367.04</u> | <u>7/1/2012</u> |
| | Level U: Fragile Under 21 | <u>486.85</u> | <u>486.79</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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH11-114W FYE 7/31/07
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Pinebrook Care & Rehabilitation Center
 1240 Pinebrook Road
 Venice FL 34292

Provider Number: 0 252662-00
 Date: 4/11/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 220.88 | 220.82 | 1/1/2013 |
| | Level H: AIDS | 371.69 | 371.63 | 1/1/2013 |
| | Level U: Fragile Under 21 | 492.73 | 492.67 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH11-114W FYE 7/31/07
 Rate Semester Change
 On FRV [2] as of 01/01/2005

Distribution:

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 Permanent File
 For information Only
 No Change in Rate

Home Office:

Sun Healthcare Group, Inc.
 Reimbursement Department
 101 Sun Avenue NE
 Albuquerque NM 87109

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

Orchard Ridge Care & Rehabilitation Center
4927 Voorhees Road
New Port Richey FL 34653

Provider Number: 0 252689-00
 Date: 4/12/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>184.10</u> | <u>176.84</u> | <u>7/1/2008</u> |
| | Level H: AIDS | <u>320.38</u> | <u>313.12</u> | <u>7/1/2008</u> |
| | Level U: Fragile Under 21 | <u>429.73</u> | <u>422.47</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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

| |
|---|
| Basis: |
| <input type="checkbox"/> Budget |
| <input type="checkbox"/> Unaudited costs |
| <input checked="" type="checkbox"/> Field audited costs |
| <input type="checkbox"/> Field audit - interim portion |
| <input type="checkbox"/> Desk audited costs |
| <input type="checkbox"/> Desk audit - Interim Portion |
| <input type="checkbox"/> Desk Audit - Prospective portion |

| |
|---|
| Changes: |
| <input type="checkbox"/> Licensure Rating Change |
| <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> FRVS Change |
| <input checked="" type="checkbox"/> Field Audit NH11-111W FYE 7/31/2007 |
| <input type="checkbox"/> Rate Semester Change |

Distribution:

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Medicaid Reimbursement Per Diem Rates

Orchard Ridge Care & Rehabilitation Center
 4927 Voorhees Road
 New Port Richey FL 34653

Provider Number: 0 252689-00
 Date: 4/12/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|-------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 183.80 | 176.47 | 1/1/2009 |
| Level H: AIDS | 322.15 | 314.82 | 1/1/2009 |
| Level U: Fragile Under 21 | 433.16 | 425.83 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-111W FYE 7/31/2007
- Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

Orchard Ridge Care & Rehabilitation Center
 4927 Voorhees Road
 New Port Richey FL 34653

Provider Number: 0 252689-00
 Date: 4/12/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 168.39 | 161.68 | 3/1/2009 |
| | Level H: AIDS | 306.74 | 300.03 | 3/1/2009 |
| | Level U: Fragile Under 21 | 417.75 | 411.04 | 3/1/2009 |

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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-111W FYE 7/31/2007
- Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

Orchard Ridge Care & Rehabilitation Center
 4927 Voorhees Road
 New Port Richey FL 34653

Provider Number: 0 252689-00
 Date: 4/12/2013
 Fiscal Year End: 7/31/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------------|-------------------------|---------------------|---------------------------|
| Nursing Home | Single Level | 206.15 | 198.39 | 4/1/2009 |
| | Level H: AIDS | 344.50 | 336.74 | 4/1/2009 |
| | Level U: Fragile Under 21 | 455.51 | 447.75 | 4/1/2009 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-111W FYE 7/31/2007
 Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

Boynnton Beach Rehabilitation Center
 9600 Lawrence Road
 Boynnton Beach FL 33436

Provider Number: 0 263460-00
 Date: 4/8/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 189.69 | 189.68 | 7/1/2007 |
| | Level H: AIDS | 321.63 | 321.62 | 7/1/2007 |
| | Level U: Fragile Under 21 | 427.49 | 427.48 | 7/1/2007 |

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data
 Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH06-169J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 07/01/1998

Distribution:

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 Atlanta GA 30328

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Medicaid Reimbursement Per Diem Rates

Boynnton Beach Rehabilitation Center
 9600 Lawrence Road
 Boynnton Beach FL 33436

Provider Number: 0 263460-00
 Date: 4/8/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 213.28 | 213.29 | 7/1/2009 |
| | Level H: AIDS | 353.63 | 353.64 | 7/1/2009 |
| | Level U: Fragile Under 21 | 466.25 | 466.26 | 7/1/2009 |

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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA #NH06-169J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 07/01/1998

Distribution:

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 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
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Medicaid Reimbursement Per Diem Rates

Boynnton Beach Rehabilitation Center
 9600 Lawrence Road
 Boynnton Beach FL 33436

Provider Number: 0 263460-00
 Date: 4/8/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 201.76 | 201.77 | 1/1/2010 |
| | Level H: AIDS | 343.68 | 343.69 | 1/1/2010 |
| | Level U: Fragile Under 21 | 457.56 | 457.57 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH06-169J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 07/01/1998

Distribution:

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Medicaid Reimbursement Per Diem Rates

MacClenny Nursing and Rehab
755 South 5th Street
MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>162.87</u> | <u>161.84</u> | <u>7/1/2006</u> |
| | Level H: AIDS | <u>290.00</u> | <u>288.97</u> | <u>7/1/2006</u> |
| | Level U: Fragile Under 21 | <u>392.00</u> | <u>390.97</u> | <u>7/1/2006</u> |

Rate Type :

| | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

| |
|---|
| <input type="checkbox"/> Budget |
| <input type="checkbox"/> Unaudited costs |
| <input checked="" type="checkbox"/> Field audited costs |
| <input type="checkbox"/> Field audit - interim portion |
| <input type="checkbox"/> Desk audited costs |
| <input type="checkbox"/> Desk audit - Interim Portion |
| <input type="checkbox"/> Desk Audit - Prospective portion |

Changes:

| |
|--|
| <input type="checkbox"/> Licensure Rating Change |
| <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> FRVS Change |
| <input checked="" type="checkbox"/> FA & RFA NH 06-170J FYE 6/30/2004 |
| <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> On FRV [2] as of 08/27/1990 |

Distribution:

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 5887 Glenridge Drive, Suite 150
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Medicaid Reimbursement Per Diem Rates

Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 148.83 | 148.55 | 1/1/2007 |
| Level H: AIDS | 278.43 | 278.15 | 1/1/2007 |
| Level U: Fragile Under 21 | 382.42 | 382.14 | 1/1/2007 |

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA NH 06-170J FYE 6/30/2004**
- Rate Semester Change
- On FRV [2] as of 08/27/1990

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 5887 Glenridge Drive, Suite 150
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Medicaid Reimbursement Per Diem Rates

Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 148.83 | 148.55 | 3/1/2007 |
| Level H: AIDS | 278.43 | 278.15 | 3/1/2007 |
| Level U: Fragile Under 21 | 382.42 | 382.14 | 3/1/2007 |

Rate Type :

| | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

| |
|---|
| <input type="checkbox"/> Budget |
| <input checked="" type="checkbox"/> Unaudited costs |
| <input type="checkbox"/> Field audited costs |
| <input type="checkbox"/> Field audit - interim portion |
| <input type="checkbox"/> Desk audited costs |
| <input type="checkbox"/> Desk audit - Interim Portion |
| <input type="checkbox"/> Desk Audit - Prospective portion |

Changes:

| |
|---|
| <input type="checkbox"/> Licensure Rating Change |
| <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> FRVS Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA NH 06-170J FYE 6/30/2004 |
| <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> On FRV [2] as of 08/27/1990 |

Distribution:

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Medicaid Reimbursement Per Diem Rates

Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 166.96 | 166.92 | 7/1/2007 |
| Level H: AIDS | 298.90 | 298.86 | 7/1/2007 |
| Level U: Fragile Under 21 | 404.76 | 404.72 | 7/1/2007 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA NH 06-170J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 08/27/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 165.66 | 165.62 | 1/1/2008 |
| | Level H: AIDS | 299.66 | 299.62 | 1/1/2008 |
| | Level U: Fragile Under 21 | 407.18 | 407.14 | 1/1/2008 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA NH 06-170J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 08/27/1990

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Medicaid Reimbursement Per Diem Rates

Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------------|-------------------------|---------------------|---------------------------|
| Nursing Home | Single Level | 167.37 | 167.33 | 7/1/2008 |
| | Level H: AIDS | 303.65 | 303.61 | 7/1/2008 |
| | Level U: Fragile Under 21 | 413.00 | 412.96 | 7/1/2008 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA NH 06-170J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 08/27/1990

Distribution:

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 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 162.51 | 162.47 | 1/1/2009 |
| | Level H: AIDS | 300.86 | 300.82 | 1/1/2009 |
| | Level U: Fragile Under 21 | 411.87 | 411.83 | 1/1/2009 |

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA & RFA NH 06-170J FYE 6/30/2004

Rate Semester Change

On FRV [2] as of 08/27/1990

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 148.89 | 148.85 | 3/1/2009 |
| | Level H: AIDS | 287.24 | 287.20 | 3/1/2009 |
| | Level U: Fragile Under 21 | 398.25 | 398.21 | 3/1/2009 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA NH 06-170J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 08/27/1990

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



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

Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 185.39 | 185.35 | 4/1/2009 |
| Level H: AIDS | 323.74 | 323.70 | 4/1/2009 |
| Level U: Fragile Under 21 | 434.75 | 434.71 | 4/1/2009 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA NH 06-170J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 08/27/1990

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 189.66 | 189.62 | 7/1/2009 |
| Level H: AIDS | 330.01 | 329.97 | 7/1/2009 |
| Level U: Fragile Under 21 | 442.63 | 442.59 | 7/1/2009 |

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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

| |
|---|
| <input type="checkbox"/> Budget |
| <input checked="" type="checkbox"/> Unaudited costs |
| <input type="checkbox"/> Field audited costs |
| <input type="checkbox"/> Field audit - interim portion |
| <input type="checkbox"/> Desk audited costs |
| <input type="checkbox"/> Desk audit - Interim Portion |
| <input type="checkbox"/> Desk Audit - Prospective portion |

Changes:

| |
|--|
| <input type="checkbox"/> Licensure Rating Change |
| <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> FRVS Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA NH 06-170J FYE 6/30/2004 |
| <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> On FRV [2] as of 08/27/1990 |

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 Tallahassee, Florida 32308

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Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|-------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 194.35 | 194.31 | 1/1/2011 |
| Level H: AIDS | 339.21 | 339.17 | 1/1/2011 |
| Level U: Fragile Under 21 | 455.46 | 455.42 | 1/1/2011 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA NH 06-170J FYE 6/30/2004**
- Rate Semester Change
- On FRV [2] as of 08/27/1990

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

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 Tallahassee, Florida 32308

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Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 189.22 | 189.18 | 7/1/2011 |
| | Level H: AIDS | 335.42 | 335.38 | 7/1/2011 |
| | Level U: Fragile Under 21 | 452.75 | 452.71 | 7/1/2011 |

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA & RFA NH 06-170J FYE 6/30/2004

Rate Semester Change

On FRV [2] as of 08/27/1990

Distribution:

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Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------------|---------------------|-----------------|-----------------------|
| Nursing Home | Single Level | 190.40 | 190.36 | 1/1/2012 |
| | Level H: AIDS | 338.01 | 337.97 | 1/1/2012 |
| | Level U: Fragile Under 21 | 456.47 | 456.43 | 1/1/2012 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA NH 06-170J FYE 6/30/2004**
- Rate Semester Change
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 Atlanta GA 30328

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 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 198.80 | 198.76 | 7/1/2012 |
| | Level H: AIDS | 348.01 | 347.97 | 7/1/2012 |
| | Level U: Fragile Under 21 | 467.76 | 467.72 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

| |
|---|
| <input type="checkbox"/> Budget |
| <input checked="" type="checkbox"/> Unaudited costs |
| <input type="checkbox"/> Field audited costs |
| <input type="checkbox"/> Field audit - interim portion |
| <input type="checkbox"/> Desk audited costs |
| <input type="checkbox"/> Desk audit - Interim Portion |
| <input type="checkbox"/> Desk Audit - Prospective portion |

Changes:

| |
|--|
| <input type="checkbox"/> Licensure Rating Change |
| <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> FRVS Change |
| <input checked="" type="checkbox"/> Effects of FA & RFA NH 06-170J FYE 6/30/2004 |
| <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> On FRV [2] as of 08/27/1990 |

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 Tallahassee, Florida 32308

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Macclenny Nursing and Rehab
 755 South 5th Street
 MacClenny FL 32063

Provider Number: 0 263516-00
 Date: 1/17/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 201.06 | 201.02 | 1/1/2013 |
| | Level H: AIDS | 351.87 | 351.83 | 1/1/2013 |
| | Level U: Fragile Under 21 | 472.91 | 472.87 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA NH 06-170J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 08/27/1990

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Thomas Parker

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Home Office:

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



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Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>191.99</u> | <u>187.23</u> | <u>7/1/2008</u> |
| | Level H: AIDS | <u>328.27</u> | <u>323.51</u> | <u>7/1/2008</u> |
| | Level U: Fragile Under 21 | <u>437.62</u> | <u>432.86</u> | <u>7/1/2008</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-046L FYE 12/31/2006
 Rate Semester Change
 On FRV [2] as of 10/14/1991

Distribution:

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Thomas Parker

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Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 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

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 192.18 | 192.16 | 1/1/2009 |
| | Level H: AIDS | 330.53 | 330.51 | 1/1/2009 |
| | Level U: Fragile Under 21 | 441.54 | 441.52 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH11-046L FYE 12/31/06
- Rate Semester Change
- On FRV [2] as of 10/14/1991

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 Milwaukee WI 53214



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>176.07</u> | <u>176.05</u> | <u>3/1/2009</u> |
| | Level H: AIDS | <u>314.42</u> | <u>314.40</u> | <u>3/1/2009</u> |
| | Level U: Fragile Under 21 | <u>425.43</u> | <u>425.41</u> | <u>3/1/2009</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH11-046L FYE 12/31/06
 Rate Semester Change
 On FRV [2] as of 10/14/1991

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 Russ Bellora
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 Milwaukee WI 53214



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Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|----------------------|----------------------|------------------------|
| Nursing Home Single Level | <u>207.56</u> | <u>207.54</u> | <u>4/1/2009</u> |
| Level H: AIDS | <u>345.91</u> | <u>345.89</u> | <u>4/1/2009</u> |
| Level U: Fragile Under 21 | <u>456.92</u> | <u>456.90</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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

| |
|---|
| <input type="checkbox"/> Budget |
| <input checked="" type="checkbox"/> Unaudited costs |
| <input type="checkbox"/> Field audited costs |
| <input type="checkbox"/> Field audit - interim portion |
| <input type="checkbox"/> Desk audited costs |
| <input type="checkbox"/> Desk audit - Interim Portion |
| <input type="checkbox"/> Desk Audit - Prospective portion |

Changes:

| |
|--|
| <input type="checkbox"/> Licensure Rating Change |
| <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> FRVS Change |
| <input checked="" type="checkbox"/> Effects of Field Audit NH11-046L FYE 12/31/06 |
| <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> On FRV [2] as of 10/14/1991 |

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 No Change in Rate

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 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|----------------------|----------------------|------------------------|
| Nursing Home Single Level | <u>210.93</u> | <u>210.91</u> | <u>7/1/2009</u> |
| Level H: AIDS | <u>351.28</u> | <u>351.26</u> | <u>7/1/2009</u> |
| Level U: Fragile Under 21 | <u>463.90</u> | <u>463.88</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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH11-046L FYE 12/31/06
 Rate Semester Change
 On FRV [2] as of 10/14/1991

Distribution:

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Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 208.68 | 208.66 | 1/1/2010 |
| | Level H: AIDS | 350.60 | 350.58 | 1/1/2010 |
| | Level U: Fragile Under 21 | 464.48 | 464.46 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:


- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH11-046L FYE 12/31/06**
- Rate Semester Change
- On FRV [2] as of 10/14/1991

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 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

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 210.61 | 210.59 | 7/1/2010 |
| | Level H: AIDS | 353.95 | 353.93 | 7/1/2010 |
| | Level U: Fragile Under 21 | 468.98 | 468.96 | 7/1/2010 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH11-046L FYE 12/31/06
 Rate Semester Change
 On FRV [2] as of 10/14/1991

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 202.74 | 202.72 | 7/1/2011 |
| Level H: AIDS | 348.94 | 348.92 | 7/1/2011 |
| Level U: Fragile Under 21 | 466.27 | 466.25 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH11-046L FYE 12/31/06
 Rate Semester Change
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Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 202.93 | 202.91 | 1/1/2012 |
| | Level H: AIDS | 350.54 | 350.52 | 1/1/2012 |
| | Level U: Fragile Under 21 | 469.00 | 468.98 | 1/1/2012 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH11-046L FYE 12/31/06
 Rate Semester Change
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 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 211.12 | 211.10 | 7/1/2012 |
| | Level H: AIDS | 360.33 | 360.31 | 7/1/2012 |
| | Level U: Fragile Under 21 | 480.08 | 480.06 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH11-046L FYE 12/31/06**
- Rate Semester Change
- On FRV [2] as of 10/14/1991

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Cypress Village
 4600 Middleton Park, Circle East
 Jacksonville FL 32224

Provider Number: 0 307998-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 213.85 | 213.83 | 1/1/2013 |
| | Level H: AIDS | 364.66 | 364.64 | 1/1/2013 |
| | Level U: Fragile Under 21 | 485.70 | 485.68 | 1/1/2013 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH11-046L FYE 12/31/06
 Rate Semester Change
 On FRV [2] as of 10/14/1991

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MCHS-Ft. Myers
 13881 Eagle Ridge Drive
 Ft. Myers Fl 33912

Provider Number: 0 310174-00
 Date: 4/4/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 163.41 | 165.49 | 1/1/2007 |
| | Level H: AIDS | 293.01 | 295.09 | 1/1/2007 |
| | Level U: Fragile Under 21 | 397.00 | 399.08 | 1/1/2007 |

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data
 Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-125C FYE 5/31/06
 Rate Semester Change
 On FRV [2] as of 05/01/2000

Distribution:

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

Home Office:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MCHS-Ft. Myers
 13881 Eagle Ridge Drive
 Ft. Myers FL 33912

Provider Number: 0 310174-00
 Date: 4/4/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 183.09 | 185.19 | 7/1/2007 |
| | Level H: AIDS | 315.03 | 317.13 | 7/1/2007 |
| | Level U: Fragile Under 21 | 420.89 | 422.99 | 7/1/2007 |

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-125C FYE 5/31/06
- Rate Semester Change
- On FRV [2] as of 05/01/2000

Distribution:

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Home Office:

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Thomas Parker
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Harbour Health Center
 23013 Westchester Boulevard
 Port Charlotte FL 33980

Provider Number: 0 319333-00
 Date: 4/29/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 208.26 | 192.58 | 7/1/2009 |
| | Level H: AIDS | 348.61 | 332.93 | 7/1/2009 |
| | Level U: Fragile Under 21 | 461.23 | 445.55 | 7/1/2009 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-106W FYE 12/31/2008
 Rate Semester Change
 On FRV [2] as of 11/01/2000

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 Milwaukee WI 53214



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Harbour Health Center
 23013 Westchester Boulevard
 Port Charlotte FL 33980

Provider Number: 0 319333-00
 Date: 4/29/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 210.57 | 194.25 | 1/1/2010 |
| | Level H: AIDS | 352.49 | 336.17 | 1/1/2010 |
| | Level U: Fragile Under 21 | 466.37 | 450.05 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-106W FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 11/01/2000

Distribution:

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Medicaid Reimbursement Per Diem Rates

Harbour Health Center
 23013 Westchester Boulevard
 Port Charlotte FL 33980

Provider Number: 0 319333-00
 Date: 4/29/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 211.45 | 196.10 | 7/1/2010 |
| | Level H: AIDS | 354.79 | 339.44 | 7/1/2010 |
| | Level U: Fragile Under 21 | 469.82 | 454.47 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-106W FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 11/01/2000

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Harbour Health Center
 23013 Westchester Boulevard
 Port Charlotte FL 33980

Provider Number: 0 319333-00
 Date: 4/29/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>206.16</u> | <u>206.10</u> | <u>1/1/2011</u> |
| | Level H: AIDS | <u>351.02</u> | <u>350.96</u> | <u>1/1/2011</u> |
| | Level U: Fragile Under 21 | <u>467.27</u> | <u>467.21</u> | <u>1/1/2011</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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH11-106W FYE 12/31/2008
- Rate Semester Change
- On FRV [2] as of 11/01/2000

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Medicaid Reimbursement Per Diem Rates

Harbour Health Center
 23013 Westchester Boulevard
 Port Charlotte FL 33980

Provider Number: 0 319333-00
 Date: 4/29/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 199.04 | 198.99 | 7/1/2011 |
| | Level H: AIDS | 345.24 | 345.19 | 7/1/2011 |
| | Level U: Fragile Under 21 | 462.57 | 462.52 | 7/1/2011 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH11-106W FYE 12/31/2008
 Rate Semester Change
 On FRV [2] as of 11/01/2000

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Harbour Health Center
 23013 Westchester Boulevard
 Port Charlotte FL 33980

Provider Number: 0 319333-00
 Date: 4/29/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 200.83 | 200.77 | 1/1/2012 |
| Level H: AIDS | 348.44 | 348.38 | 1/1/2012 |
| Level U: Fragile Under 21 | 466.90 | 466.84 | 1/1/2012 |

Rate Type :

| | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

| |
|---|
| <input type="checkbox"/> Budget |
| <input checked="" type="checkbox"/> Unaudited costs |
| <input type="checkbox"/> Field audited costs |
| <input type="checkbox"/> Field audit - interim portion |
| <input type="checkbox"/> Desk audited costs |
| <input type="checkbox"/> Desk audit - Interim Portion |
| <input type="checkbox"/> Desk Audit - Prospective portion |

Changes:

| |
|--|
| <input type="checkbox"/> Licensure Rating Change |
| <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> FRVS Change |
| <input checked="" type="checkbox"/> Effects of Field Audit NH11-106W FYE 12/31/2008 |
| <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> On FRV [2] as of 11/01/2000 |

Distribution:

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 Date: 4/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 210.09 | 210.04 | 7/1/2012 |
| Level H: AIDS | 359.30 | 359.25 | 7/1/2012 |
| Level U: Fragile Under 21 | 479.05 | 479.00 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH11-106W FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 11/01/2000

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Harbour Health Center
 23013 Westchester Boulevard
 Port Charlotte FL 33980

Provider Number: 0 319333-00
 Date: 4/29/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 213.48 | 213.42 | 1/1/2013 |
| | Level H: AIDS | 364.29 | 364.23 | 1/1/2013 |
| | Level U: Fragile Under 21 | 485.33 | 485.27 | 1/1/2013 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH11-106W FYE 12/31/2008
 Rate Semester Change
 On FRV [2] as of 11/01/2000

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 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

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 4/15/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>229.39</u> | <u>227.81</u> | <u>1/1/2011</u> |
| | Level H: AIDS | <u>374.25</u> | <u>372.67</u> | <u>1/1/2011</u> |
| | Level U: Fragile Under 21 | <u>490.50</u> | <u>488.92</u> | <u>1/1/2011</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH11-011W FYE 7/31/2009
 Rate Semester Change
 On FRV [2] as of 02/08/1993

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sunbelt Health Care Centers, Inc.
 Kevin Sadler
 602 Courtland Street
 Orlando FL 32804



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

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 4/15/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------------------|--------------|----------|----------------|
| Nursing Home | Single Level | 220.89 | 219.40 | 7/1/2011 |
| | Level H: AIDS | 367.09 | 365.60 | 7/1/2011 |
| | Level U: Fragile Under 21 | 484.42 | 482.93 | 7/1/2011 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH11-011W FYE 7/31/2009
 Rate Semester Change
 On FRV [2] as of 02/08/1993

Distribution:

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 No Change in Rate

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 4/15/2013
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 222.11 | 220.62 | 1/1/2012 |
| | Level H: AIDS | 369.72 | 368.23 | 1/1/2012 |
| | Level U: Fragile Under 21 | 488.18 | 486.69 | 1/1/2012 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA #NH11-011W FYE 7/31/2009
- Rate Semester Change
- On FRV [2] as of 02/08/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
 250 S. Chickasaw Trail
 Orlando FL 32825

Provider Number: 0 320421-00
 Date: 4/15/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>232.06</u> | <u>230.50</u> | <u>1/1/2013</u> |
| | Level H: AIDS | <u>382.87</u> | <u>381.31</u> | <u>1/1/2013</u> |
| | Level U: Fragile Under 21 | <u>503.91</u> | <u>502.35</u> | <u>1/1/2013</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH11-011W FYE 7/31/2009
 Rate Semester Change
 On FRV [2] as of 02/08/1993

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing and Rehabilitation
 7060 SW 8th Street
 Miami FL 33144

Provider Number: 0 323772-00
 Date: 5/17/2013
 Fiscal Year End: 4/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|------------------|
| Nursing Home | Single Level | <u>196.06</u> | <u>192.88</u> | <u>11/1/2007</u> |
| | Level H: AIDS | <u>328.00</u> | <u>324.82</u> | <u>11/1/2007</u> |
| | Level U: Fragile Under 21 | <u>433.86</u> | <u>430.68</u> | <u>11/1/2007</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-014C FYE 4/30/08
 Rate Semester Change
 On FRV [2] as of 11/01/1988

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing and Rehabilitation
 7060 SW 8th Street
 Miami FL 33144

Provider Number: 0 323772-00
 Date: 5/17/2013
 Fiscal Year End: 4/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 191.00 | 187.90 | 1/1/2008 |
| | Level H: AIDS | 325.00 | 321.90 | 1/1/2008 |
| | Level U: Fragile Under 21 | 432.52 | 429.42 | 1/1/2008 |

Rate Type :

| | |
|---|---|
| <input checked="" type="checkbox"/> Interim | <input type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-014C FYE 4/30/08
 Rate Semester Change
 On FRV [2] as of 11/01/1988

Distribution:

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Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing and Rehabilitation
 7060 SW 8th Street
 Miami FL 33144

Provider Number: 0 323772-00
 Date: 5/17/2013
 Fiscal Year End: 4/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>196.05</u> | <u>192.88</u> | <u>5/1/2008</u> |
| | Level H: AIDS | <u>330.05</u> | <u>326.88</u> | <u>5/1/2008</u> |
| | Level U: Fragile Under 21 | <u>437.57</u> | <u>434.40</u> | <u>5/1/2008</u> |

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-014C FYE 4/30/08
 Rate Semester Change
 On FRV [2] as of 11/01/1988

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Coral Gables Nursing and Rehabilitation
 7060 SW 8th Street
 Miami FL 33144

Provider Number: 0 323772-00
 Date: 5/17/2013
 Fiscal Year End: 4/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 198.86 | 195.66 | 7/1/2008 |
| | Level H: AIDS | 335.14 | 331.94 | 7/1/2008 |
| | Level U: Fragile Under 21 | 444.49 | 441.29 | 7/1/2008 |

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH11-014C FYE 4/30/08

Rate Semester Change

On FRV [2] as of 11/01/1988

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing and Rehabilitation
 7060 SW 8th Street
 Miami FL 33144

Provider Number: 0 323772-00
 Date: 5/17/2013
 Fiscal Year End: 4/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 197.64 | 194.70 | 1/1/2009 |
| | Level H: AIDS | 335.99 | 333.05 | 1/1/2009 |
| | Level U: Fragile Under 21 | 447.00 | 444.06 | 1/1/2009 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-014C FYE 4/30/08
- Rate Semester Change
- On FRV [2] as of 11/01/1988

Distribution:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing and Rehabilitation
 7060 SW 8th Street
 Miami FL 33144

Provider Number: 0 323772-00
 Date: 5/17/2013
 Fiscal Year End: 4/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>181.07</u> | <u>178.38</u> | <u>3/1/2009</u> |
| | Level H: AIDS | <u>319.42</u> | <u>316.73</u> | <u>3/1/2009</u> |
| | Level U: Fragile Under 21 | <u>430.43</u> | <u>427.74</u> | <u>3/1/2009</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-014C FYE 4/30/08
 Rate Semester Change
 On FRV [2] as of 11/01/1988

Distribution:

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Home Office:

I - No Home Office

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing and Rehabilitation
 7060 SW 8th Street
 Miami FL 33144

Provider Number: 0 323772-00
 Date: 5/16/2013
 Fiscal Year End: 4/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 223.13 | 220.02 | 4/1/2009 |
| | Level H: AIDS | 361.48 | 358.37 | 4/1/2009 |
| | Level U: Fragile Under 21 | 472.49 | 469.38 | 4/1/2009 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-014C FYE 4/30/08
- Rate Semester Change
- On FRV [2] as of 11/01/1988

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing and Rehabilitation
 7060 SW 8th Street
 Miami FL 33144

Provider Number: 0 323772-00
 Date: 5/17/2013
 Fiscal Year End: 4/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>227.80</u> | <u>224.52</u> | <u>7/1/2009</u> |
| | Level H: AIDS | <u>368.15</u> | <u>364.87</u> | <u>7/1/2009</u> |
| | Level U: Fragile Under 21 | <u>480.77</u> | <u>477.49</u> | <u>7/1/2009</u> |

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH11-014C FYE 4/30/08

Rate Semester Change

On FRV [2] as of 11/01/1988

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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Home Office:

I - No Home Office

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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

ManorCare Health Services
 13881 Eagle Ridge Drive
 Ft. Myers Fl 33912

Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------------------|--------------|----------|----------------|
| Nursing Home | Single Level | 183.09 | 185.19 | 12/20/2007 |
| | Level H: AIDS | 315.03 | 317.13 | 12/20/2007 |
| | Level U: Fragile Under 21 | 420.89 | 422.99 | 12/20/2007 |

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

FA #NH11-125C FYE 5/31/06 for prior prov. 310174

Rate Semester Change

On FRV [2] as of 05/01/2000

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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

ManorCare Health Services
 13881 Eagle Ridge Drive
 Ft. Myers Fl 33912

Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>179.77</u> | <u>180.10</u> | <u>1/1/2008</u> |
| | Level H: AIDS | <u>313.77</u> | <u>314.10</u> | <u>1/1/2008</u> |
| | Level U: Fragile Under 21 | <u>421.29</u> | <u>421.62</u> | <u>1/1/2008</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA #NH11-125C for Prior Prov. 310174
 Rate Semester Change
 On FRV [2] as of 05/01/2000

Distribution:

Contract Management / Fiscal Agent
 Permanent File
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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

ManorCare Health Services
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 Ft. Myers Fl 33912

Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>181.35</u> | <u>181.69</u> | <u>7/1/2008</u> |
| | Level H: AIDS | <u>317.63</u> | <u>317.97</u> | <u>7/1/2008</u> |
| | Level U: Fragile Under 21 | <u>426.98</u> | <u>427.32</u> | <u>7/1/2008</u> |

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA #NH11-125C for Prior Prov. 310174

Rate Semester Change

On FRV [2] as of 05/01/2000

Distribution:

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

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 Medicaid Cost Reimbursement Planning and Finance

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ManorCare Health Services
 13881 Eagle Ridge Drive
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Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>179.97</u> | <u>180.14</u> | <u>1/1/2009</u> |
| | Level H: AIDS | <u>318.32</u> | <u>318.49</u> | <u>1/1/2009</u> |
| | Level U: Fragile Under 21 | <u>429.33</u> | <u>429.50</u> | <u>1/1/2009</u> |

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA #NH11-125C for Prior Prov. 310174
 Rate Semester Change
 On FRV [2] as of 05/01/2000

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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

ManorCare Health Services
 13881 Eagle Ridge Drive
 Ft. Myers Fl 33912

Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|---------------------------------------|---------------|---------------|-----------------|
| Nursing Home Single Level | 201.55 | 201.73 | 4/1/2009 |
| Level H: AIDS | 339.90 | 340.08 | 4/1/2009 |
| Level U: Fragile Under 21 | 450.91 | 451.09 | 4/1/2009 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA #NH11-125C for Prior Prov. 310174
- Rate Semester Change
- On FRV [2] as of 05/01/2000

Distribution:

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 Ft. Myers Fl 33912

Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 206.24 | 206.42 | 7/1/2009 |
| | Level H: AIDS | 346.59 | 346.77 | 7/1/2009 |
| | Level U: Fragile Under 21 | 459.21 | 459.39 | 7/1/2009 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA #NH11-125C for Prior Prov. 310174
- Rate Semester Change
- On FRV [2] as of 05/01/2000

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 Ft. Myers FL 33912

Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>204.77</u> | <u>204.76</u> | <u>1/1/2010</u> |
| | Level H: AIDS | <u>346.69</u> | <u>346.68</u> | <u>1/1/2010</u> |
| | Level U: Fragile Under 21 | <u>460.57</u> | <u>460.56</u> | <u>1/1/2010</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2009
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | <u>208.04</u> | <u>208.02</u> | <u>7/1/2010</u> |
| | Level H: AIDS | <u>351.38</u> | <u>351.36</u> | <u>7/1/2010</u> |
| | Level U: Fragile Under 21 | <u>466.41</u> | <u>466.39</u> | <u>7/1/2010</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA #NH11-125C for Prior Prov. 310174
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ManorCare Health Services
 13881 Eagle Ridge Drive
 Ft. Myers Fl 33912

Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 216.01 | 216.18 | 1/1/2011 |
| | Level H: AIDS | 360.87 | 361.04 | 1/1/2011 |
| | Level U: Fragile Under 21 | 477.12 | 477.29 | 1/1/2011 |

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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 Ft. Myers Fl 33912

Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 207.59 | 207.58 | 7/1/2011 |
| | Level H: AIDS | 353.79 | 353.78 | 7/1/2011 |
| | Level U: Fragile Under 21 | 471.12 | 471.11 | 7/1/2011 |

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA #NH11-125C for Prior Prov. 310174
- Rate Semester Change
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ManorCare Health Services
 13881 Eagle Ridge Drive
 Ft. Myers Fl 33912

Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 204.45 | 204.44 | 1/1/2012 |
| | Level H: AIDS | 352.06 | 352.05 | 1/1/2012 |
| | Level U: Fragile Under 21 | 470.52 | 470.51 | 1/1/2012 |

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA #NH11-125C for Prior Prov. 310174
 Rate Semester Change
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Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 210.70 | 210.69 | 7/1/2012 |
| | Level H: AIDS | 359.91 | 359.90 | 7/1/2012 |
| | Level U: Fragile Under 21 | 479.66 | 479.65 | 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"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA #NH11-125C for Prior Prov. 310174
- Rate Semester Change
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Provider Number: 0 325384-00
 Date: 4/5/2013
 Fiscal Year End: 5/31/2012
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 203.15 | 203.14 | 1/1/2013 |
| | Level H: AIDS | 353.96 | 353.95 | 1/1/2013 |
| | Level U: Fragile Under 21 | 475.00 | 474.99 | 1/1/2013 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA #NH11-125C for Prior Prov. 310174
 Rate Semester Change
 On FRV [2] as of 05/01/2000

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Medicaid Reimbursement Per Diem Rates

ManorCare Health Services (Delray Beach)
 16200 Jog Road
 Delray Beach FL 33446

Provider Number: 0 325520-00
 Date: 5/23/2013
 Fiscal Year End: 4/30/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-------------------|
| Nursing Home | Single Level | <u>176.84</u> | <u>178.78</u> | <u>12/20/2007</u> |
| | Level H: AIDS | <u>308.78</u> | <u>310.72</u> | <u>12/20/2007</u> |
| | Level U: Fragile Under 21 | <u>414.64</u> | <u>416.58</u> | <u>12/20/2007</u> |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 FA NH11-122C FYE 4/30/06 for prior prov 309761
 Rate Semester Change
 On FRV [2] as of 02/17/1999

Distribution:

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ManorCare Health Services (Delray Beach)
 16200 Jog Road
 Delray Beach FL 33446

Provider Number: 0 325520-00
 Date: 5/23/2013
 Fiscal Year End: 4/30/2007
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 180.29 | 180.38 | 7/1/2008 |
| | Level H: AIDS | 316.57 | 316.66 | 7/1/2008 |
| | Level U: Fragile Under 21 | 425.92 | 426.01 | 7/1/2008 |

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH11-122C FYE 4/30/06 for prior prov
 Rate Semester Change
 On FRV [2] as of 02/17/1999

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