



RICK SCOTT
GOVERNOR


Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: December 13, 2012

To: Angela Ramsey, Acting Chief, Medicaid Contract Management

From:  Thomas Parker, Medicaid Cost Reimbursement Planning Administrator

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.	Heartland of Jacksonville	0 201511-00	4
2.	MCHS – Carrollwood	0 202525-00	2
3.	Atlantic Shores Nursing & Rehab	0 263389-00	18
4.	Bonifay Nursing & Rehab	0 263443-00	2
5.	Riviera Palms Nursing & Rehab	0 263451-00	18
6.	Arbor Trail Nursing & Rehab	0 263478-00	18
7.	Pinellas Point Nursing & Rehab	0 263486-00	18
8.	Jacksonville Nursing & Rehab	0 263494-00	2
9.	Port Orange Nursing & Rehab	0 263508-00	12
10.	Tiffany Hall Nursing & Rehab	0 263532-00	18
11.	Metrowest Nursing & Rehab	0 263541-00	5
12.	Moultrie Creek Nursing & Rehab	0 263559-00	18
13.	Orange City Nursing & Rehab	0 263567-00	2
14.	Royal Oaks Nursing & Rehab	0 263583-00	18
15.	Tuskawilla Nursing & Rehab	0 263591-00	16
16.	Hunter's Creek Nursing & Rehab	0 263605-00	18
17.	Boulevard Rehab Center	0 263613-00	18
18.	Palm City Nursing & Rehab	0 263621-00	18
19.	MCHS – Naples	0 309958-00	2
20.	SandalWood Nursing Center	0 312045-00	18
21.	MCHS – Carrollwood	0 319350-00	3
22.	Heartland of Jacksonville FL, LLC	0 325236-00	13
23.	Manor Care – Carrollwood of Tampa FL, LLC	0 325678-00	13
		Total	274

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

TP/dm
Attachments



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		
020151100	20060101	151.39	276.50	151.39	151.39	376.88	71988-12	NH06-195J
020151100	20060701	154.05	281.18	154.05	154.05	383.18	71988-12	NH06-195J
020151100	20070101	162.46	292.06	162.46	162.46	396.05	71988-12	NH06-195J
020151100	20070701	173.36	305.30	173.36	173.36	411.16	71988-12	NH06-195J
020252500	20060101	170.22	295.33	170.22	170.22	395.71	71988-12	NH06-197J
020252500	20060701	173.10	300.23	173.10	173.10	402.23	71988-12	NH06-197J
026338900	20060101	156.96	282.07	156.96	156.96	382.45	71988-12	NH06-165J
026338900	20060701	160.06	287.19	160.06	160.06	389.19	71988-12	NH06-165J
026338900	20070101	166.58	296.18	166.58	166.58	400.17	71988-12	NH06-165J
026338900	20070201	169.93	299.53	169.93	169.93	403.52	71988-12	NH06-165J
026338900	20070301	166.58	296.18	166.58	166.58	400.17	71988-12	NH06-165J
026338900	20070701	190.43	322.37	190.43	190.43	428.23	71988-12	NH06-165J
026338900	20080101	188.92	322.92	188.92	188.92	430.44	71988-12	NH06-165J
026338900	20080701	190.84	327.12	190.84	190.84	436.47	71988-12	NH06-165J
026338900	20090101	173.69	312.04	173.69	173.69	423.05	71988-12	NH06-165J
026338900	20090301	159.13	297.48	159.13	159.13	408.49	71988-12	NH06-165J
026338900	20090401	196.83	335.18	196.83	196.83	446.19	71988-12	NH06-165J
026338900	20090701	199.75	340.10	199.75	199.75	452.72	71988-12	NH06-165J
026338900	20100101	196.62	338.54	196.62	196.62	452.42	71988-12	NH06-165J
026338900	20100701	209.45	352.79	209.45	209.45	467.82	71988-12	NH06-165J
026338900	20110101	211.64	356.50	211.64	211.64	472.75	71988-12	NH06-165J
026338900	20110701	204.28	350.48	204.28	204.28	467.81	71988-12	NH06-165J
026338900	20120101	199.93	347.54	199.93	199.93	466.00	71988-12	NH06-165J
026338900	20120701	205.68	354.89	205.68	205.68	474.64	71988-12	NH06-165J
026344300	20060101	142.24	267.35	142.24	142.24	367.73	71988-12	NH06-166J
026344300	20060701	145.09	272.22	145.09	145.09	374.22	71988-12	NH06-166J
026345100	20060101	156.67	281.78	156.67	156.67	382.16	71988-12	NH06-155J
026345100	20060701	159.78	286.91	159.78	159.78	388.91	71988-12	NH06-155J
026345100	20070101	162.44	292.04	162.44	162.44	396.03	71988-12	NH06-155J
026345100	20070201	164.02	293.62	164.02	164.02	397.61	71988-12	NH06-155J
026345100	20070301	162.44	292.04	162.44	162.44	396.03	71988-12	NH06-155J
026345100	20070701	181.49	313.43	181.49	181.49	419.29	71988-12	NH06-155J
026345100	20080101	176.59	310.59	176.59	176.59	418.11	71988-12	NH06-155J
026345100	20080701	180.66	316.94	180.66	180.66	426.29	71988-12	NH06-155J
026345100	20090101	182.32	320.67	182.32	182.32	431.68	71988-12	NH06-155J
026345100	20090301	167.04	305.39	167.04	167.04	416.40	71988-12	NH06-155J
026345100	20090401	204.85	343.20	204.85	204.85	454.21	71988-12	NH06-155J
026345100	20090701	207.37	347.72	207.37	207.37	460.34	71988-12	NH06-155J
026345100	20100101	196.37	338.29	196.37	196.37	452.17	71988-12	NH06-155J
026345100	20100701	209.18	352.52	209.18	209.18	467.55	71988-12	NH06-155J
026345100	20110101	211.58	356.44	211.58	211.58	472.69	71988-12	NH06-155J
026345100	20110701	202.74	348.94	202.74	202.74	466.27	71988-12	NH06-155J
026345100	20120101	204.06	351.67	204.06	204.06	470.13	71988-12	NH06-155J
026345100	20120701	209.83	359.04	209.83	209.83	478.79	71988-12	NH06-155J
026347800	20060101	158.43	283.54	158.43	158.43	383.92	71988-12	NH06-149J
026347800	20060701	161.58	288.71	161.58	161.58	390.71	71988-12	NH06-149J
026347800	20070101	156.93	286.53	156.93	156.93	390.52	71988-12	NH06-149J
026347800	20070201	159.77	289.37	159.77	159.77	393.36	71988-12	NH06-149J
026347800	20070301	156.93	286.53	156.93	156.93	390.52	71988-12	NH06-149J
026347800	20070701	170.09	302.03	170.09	170.09	407.89	71988-12	NH06-149J
026347800	20080101	168.75	302.75	168.75	168.75	410.27	71988-12	NH06-149J
026347800	20080701	170.32	306.60	170.32	170.32	415.95	71988-12	NH06-149J
026347800	20090101	166.95	305.30	166.95	166.95	416.31	71988-12	NH06-149J
026347800	20090301	152.95	291.30	152.95	152.95	402.31	71988-12	NH06-149J
026347800	20090401	188.91	327.26	188.91	188.91	438.27	71988-12	NH06-149J
026347800	20090701	191.45	331.80	191.45	191.45	444.42	71988-12	NH06-149J
026347800	20100101	184.54	326.46	184.54	184.54	440.34	71988-12	NH06-149J
026347800	20100701	197.64	340.98	197.64	197.64	456.01	71988-12	NH06-149J
026347800	20110101	199.84	344.70	199.84	199.84	460.95	71988-12	NH06-149J
026347800	20110701	192.57	338.77	192.57	192.57	456.10	71988-12	NH06-149J

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
026347800	20120101	190.72	338.33	190.72	190.72	456.79	71988-12	NH06-149J
026347800	20120701	196.68	345.89	196.68	196.68	465.64	71988-12	NH06-149J
026348600	20060101	156.10	281.21	156.10	156.10	381.59	71988-12	NH06-150J
026348600	20060701	159.16	286.29	159.16	159.16	388.29	71988-12	NH06-150J
026348600	20070101	157.86	287.46	157.86	157.86	391.45	71988-12	NH06-150J
026348600	20070201	160.97	290.57	160.97	160.97	394.56	71988-12	NH06-150J
026348600	20070301	157.86	287.46	157.86	157.86	391.45	71988-12	NH06-150J
026348600	20070701	190.76	322.70	190.76	190.76	428.56	71988-12	NH06-150J
026348600	20080101	189.30	323.30	189.30	189.30	430.82	71988-12	NH06-150J
026348600	20080701	191.29	327.57	191.29	191.29	436.92	71988-12	NH06-150J
026348600	20090101	186.53	324.88	186.53	186.53	435.89	71988-12	NH06-150J
026348600	20090301	170.90	309.25	170.90	170.90	420.26	71988-12	NH06-150J
026348600	20090401	210.62	348.97	210.62	210.62	459.98	71988-12	NH06-150J
026348600	20090701	219.82	360.17	219.82	219.82	472.79	71988-12	NH06-150J
026348600	20100101	222.37	364.29	222.37	222.37	478.17	71988-12	NH06-150J
026348600	20100701	227.04	370.38	227.04	227.04	485.41	71988-12	NH06-150J
026348600	20110101	226.08	370.94	226.08	226.08	487.19	71988-12	NH06-150J
026348600	20110701	218.00	364.20	218.00	218.00	481.53	71988-12	NH06-150J
026348600	20120101	212.40	360.01	212.40	212.40	478.47	71988-12	NH06-150J
026348600	20120701	221.08	370.29	221.08	221.08	490.04	71988-12	NH06-150J
026349400	20060101	148.45	273.56	148.45	148.45	373.94	71988-12	NH06-163J
026349400	20060701	151.47	278.60	151.47	151.47	380.60	71988-12	NH06-163J
026350800	20060101	159.01	284.12	159.01	159.01	384.50	71988-12	NH06-152J
026350800	20060701	162.11	289.24	162.11	162.11	391.24	71988-12	NH06-152J
026350800	20070101	168.45	298.05	168.45	168.45	402.04	71988-12	NH06-152J
026350800	20070301	168.45	298.05	168.45	168.45	402.04	71988-12	NH06-152J
026350800	20080101	186.79	320.79	186.79	186.79	428.31	71988-12	NH06-152J
026350800	20080701	188.52	324.80	188.52	188.52	434.15	71988-12	NH06-152J
026350800	20090301	170.11	308.46	170.11	170.11	419.47	71988-12	NH06-152J
026350800	20090401	207.38	345.73	207.38	207.38	456.74	71988-12	NH06-152J
026350800	20090701	212.49	352.84	212.49	212.49	465.46	71988-12	NH06-152J
026350800	20100701	213.10	356.44	213.10	213.10	471.47	71988-12	NH06-152J
026350800	20110101	216.08	360.94	216.08	216.08	477.19	71988-12	NH06-152J
026350800	20110701	208.42	354.62	208.42	208.42	471.95	71988-12	NH06-152J
026353200	20060101	162.05	287.16	162.05	162.05	387.54	71988-12	NH06-156J
026353200	20060701	165.23	292.36	165.23	165.23	394.36	71988-12	NH06-156J
026353200	20070101	169.39	298.99	169.39	169.39	402.98	71988-12	NH06-156J
026353200	20070201	172.35	301.95	172.35	172.35	405.94	71988-12	NH06-156J
026353200	20070301	169.39	298.99	169.39	169.39	402.98	71988-12	NH06-156J
026353200	20070701	191.60	323.54	191.60	191.60	429.40	71988-12	NH06-156J
026353200	20080101	189.48	323.48	189.48	189.48	431.00	71988-12	NH06-156J
026353200	20080701	192.05	328.33	192.05	192.05	437.68	71988-12	NH06-156J
026353200	20090101	177.59	315.94	177.59	177.59	426.95	71988-12	NH06-156J
026353200	20090301	162.70	301.05	162.70	162.70	412.06	71988-12	NH06-156J
026353200	20090401	201.08	339.43	201.08	201.08	450.44	71988-12	NH06-156J
026353200	20090701	203.64	343.99	203.64	203.64	456.61	71988-12	NH06-156J
026353200	20100101	192.45	334.37	192.45	192.45	448.25	71988-12	NH06-156J
026353200	20100701	208.85	352.19	208.85	208.85	467.22	71988-12	NH06-156J
026353200	20110101	211.23	356.09	211.23	211.23	472.34	71988-12	NH06-156J
026353200	20110701	203.74	349.94	203.74	203.74	467.27	71988-12	NH06-156J
026353200	20120101	200.93	348.54	200.93	200.93	467.00	71988-12	NH06-156J
026353200	20120701	207.84	357.05	207.84	207.84	476.80	71988-12	NH06-156J
026354100	20060101	156.80	281.91	156.80	156.80	382.29	71988-12	NH06-168J
026354100	20060701	160.30	287.43	160.30	160.30	389.43	71988-12	NH06-168J
026354100	20070101	157.52	287.12	157.52	157.52	391.11	71988-12	NH06-168J
026354100	20070201	159.79	289.39	159.79	159.79	393.38	71988-12	NH06-168J
026354100	20070301	157.52	287.12	157.52	157.52	391.11	71988-12	NH06-168J
026355900	20060101	154.37	279.48	154.37	154.37	379.86	71988-12	NH06-167J
026355900	20060701	157.45	284.58	157.45	157.45	386.58	71988-12	NH06-167J
026355900	20070101	150.04	279.64	150.04	150.04	383.63	71988-12	NH06-167J
026355900	20070201	154.43	284.03	154.43	154.43	388.02	71988-12	NH06-167J

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
026355900	20070301	150.04	279.64	150.04	150.04	383.63	71988-12	NH06-167J
026355900	20070701	170.79	302.73	170.79	170.79	408.59	71988-12	NH06-167J
026355900	20080101	169.46	303.46	169.46	169.46	410.98	71988-12	NH06-167J
026355900	20080701	171.21	307.49	171.21	171.21	416.84	71988-12	NH06-167J
026355900	20090101	163.76	302.11	163.76	163.76	413.12	71988-12	NH06-167J
026355900	20090301	150.03	288.38	150.03	150.03	399.39	71988-12	NH06-167J
026355900	20090401	185.89	324.24	185.89	185.89	435.25	71988-12	NH06-167J
026355900	20090701	189.95	330.30	189.95	189.95	442.92	71988-12	NH06-167J
026355900	20100101	190.18	332.10	190.18	190.18	445.98	71988-12	NH06-167J
026355900	20100701	200.13	343.47	200.13	200.13	458.50	71988-12	NH06-167J
026355900	20110101	202.45	347.31	202.45	202.45	463.56	71988-12	NH06-167J
026355900	20110701	195.16	341.36	195.16	195.16	458.69	71988-12	NH06-167J
026355900	20120101	190.40	338.01	190.40	190.40	456.47	71988-12	NH06-167J
026355900	20120701	201.38	350.59	201.38	201.38	470.34	71988-12	NH06-167J
026356700	20060101	159.12	284.23	159.12	159.12	384.61	71988-12	NH06-164J
026356700	20060701	162.27	289.40	162.27	162.27	391.40	71988-12	NH06-164J
026358300	20060101	156.18	281.29	156.18	156.18	381.67	71988-12	NH06-153J
026358300	20060701	159.26	286.39	159.26	159.26	388.39	71988-12	NH06-153J
026358300	20070101	157.23	286.83	157.23	157.23	390.82	71988-12	NH06-153J
026358300	20070201	160.14	289.74	160.14	160.14	393.73	71988-12	NH06-153J
026358300	20070301	157.23	286.83	157.23	157.23	390.82	71988-12	NH06-153J
026358300	20070701	181.13	313.07	181.13	181.13	418.93	71988-12	NH06-153J
026358300	20080101	179.68	313.68	179.68	179.68	421.20	71988-12	NH06-153J
026358300	20080701	181.16	317.44	181.16	181.16	426.79	71988-12	NH06-153J
026358300	20090101	176.34	314.69	176.34	176.34	425.70	71988-12	NH06-153J
026358300	20090301	161.56	299.91	161.56	161.56	410.92	71988-12	NH06-153J
026358300	20090401	198.02	336.37	198.02	198.02	447.38	71988-12	NH06-153J
026358300	20090701	203.38	343.73	203.38	203.38	456.35	71988-12	NH06-153J
026358300	20100101	188.29	330.21	188.29	188.29	444.09	71988-12	NH06-153J
026358300	20100701	203.29	346.63	203.29	203.29	461.66	71988-12	NH06-153J
026358300	20110101	206.07	350.93	206.07	206.07	467.18	71988-12	NH06-153J
026358300	20110701	199.20	345.40	199.20	199.20	462.73	71988-12	NH06-153J
026358300	20120101	201.16	348.77	201.16	201.16	467.23	71988-12	NH06-153J
026358300	20120701	208.12	357.33	208.12	208.12	477.08	71988-12	NH06-153J
026359100	20060101	150.05	275.16	150.05	150.05	375.54	71988-12	NH06-159J
026359100	20060701	153.03	280.16	153.03	153.03	382.16	71988-12	NH06-159J
026359100	20070201	154.36	283.96	154.36	154.36	387.95	71988-12	NH06-159J
026359100	20070701	169.08	301.02	169.08	169.08	406.88	71988-12	NH06-159J
026359100	20080101	168.08	302.08	168.08	168.08	409.60	71988-12	NH06-159J
026359100	20080701	170.49	306.77	170.49	170.49	416.12	71988-12	NH06-159J
026359100	20090101	171.91	310.26	171.91	171.91	421.27	71988-12	NH06-159J
026359100	20090301	157.50	295.85	157.50	157.50	406.86	71988-12	NH06-159J
026359100	20090401	193.05	331.40	193.05	193.05	442.41	71988-12	NH06-159J
026359100	20090701	194.55	334.90	194.55	194.55	447.52	71988-12	NH06-159J
026359100	20100101	194.26	336.18	194.26	194.26	450.06	71988-12	NH06-159J
026359100	20100701	203.04	346.38	203.04	203.04	461.41	71988-12	NH06-159J
026359100	20110101	205.40	350.26	205.40	205.40	466.51	71988-12	NH06-159J
026359100	20110701	198.48	344.68	198.48	198.48	462.01	71988-12	NH06-159J
026359100	20120101	199.77	347.38	199.77	199.77	465.84	71988-12	NH06-159J
026359100	20120701	209.22	358.43	209.22	209.22	478.18	71988-12	NH06-159J
026360500	20060101	172.40	297.51	172.40	172.40	397.89	71988-12	NH06-151J
026360500	20060701	175.73	302.86	175.73	175.73	404.86	71988-12	NH06-151J
026360500	20070101	174.27	303.87	174.27	174.27	407.86	71988-12	NH06-151J
026360500	20070201	178.57	308.17	178.57	178.57	412.16	71988-12	NH06-151J
026360500	20070301	174.27	303.87	174.27	174.27	407.86	71988-12	NH06-151J
026360500	20070701	190.47	322.41	190.47	190.47	428.27	71988-12	NH06-151J
026360500	20080101	188.77	322.77	188.77	188.77	430.29	71988-12	NH06-151J
026360500	20080701	190.49	326.77	190.49	190.49	436.12	71988-12	NH06-151J
026360500	20090101	185.46	323.81	185.46	185.46	434.82	71988-12	NH06-151J
026360500	20090301	169.91	308.26	169.91	169.91	419.27	71988-12	NH06-151J
026360500	20090401	207.50	345.85	207.50	207.50	456.86	71988-12	NH06-151J

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
026360500	20090701	214.23	354.58	214.23	214.23	467.20	71988-12	NH06-151J
026360500	20100101	213.53	355.45	213.53	213.53	469.33	71988-12	NH06-151J
026360500	20100701	223.80	367.14	223.80	223.80	482.17	71988-12	NH06-151J
026360500	20110101	226.29	371.15	226.29	226.29	487.40	71988-12	NH06-151J
026360500	20110701	219.30	365.50	219.30	219.30	482.83	71988-12	NH06-151J
026360500	20120101	221.52	369.13	221.52	221.52	487.59	71988-12	NH06-151J
026360500	20120701	228.37	377.58	228.37	228.37	497.33	71988-12	NH06-151J
026361300	20060101	169.67	294.78	169.67	169.67	395.16	71988-12	NH06-154J
026361300	20060701	173.00	300.13	173.00	173.00	402.13	71988-12	NH06-154J
026361300	20070101	171.14	300.74	171.14	171.14	404.73	71988-12	NH06-154J
026361300	20070201	174.04	303.64	174.04	174.04	407.63	71988-12	NH06-154J
026361300	20070301	171.14	300.74	171.14	171.14	404.73	71988-12	NH06-154J
026361300	20070701	183.86	315.80	183.86	183.86	421.66	71988-12	NH06-154J
026361300	20080101	175.35	309.35	175.35	175.35	416.87	71988-12	NH06-154J
026361300	20080701	177.89	314.17	177.89	177.89	423.52	71988-12	NH06-154J
026361300	20090101	177.12	315.47	177.12	177.12	426.48	71988-12	NH06-154J
026361300	20090301	162.28	300.63	162.28	162.28	411.64	71988-12	NH06-154J
026361300	20090401	200.63	338.98	200.63	200.63	449.99	71988-12	NH06-154J
026361300	20090701	203.27	343.62	203.27	203.27	456.24	71988-12	NH06-154J
026361300	20100101	198.10	340.02	198.10	198.10	453.90	71988-12	NH06-154J
026361300	20100701	202.28	345.62	202.28	202.28	460.65	71988-12	NH06-154J
026361300	20110101	203.35	348.21	203.35	203.35	464.46	71988-12	NH06-154J
026361300	20110701	196.28	342.48	196.28	196.28	459.81	71988-12	NH06-154J
026361300	20120101	190.92	338.53	190.92	190.92	456.99	71988-12	NH06-154J
026361300	20120701	197.57	346.78	197.57	197.57	466.53	71988-12	NH06-154J
026362100	20060101	161.48	286.59	161.48	161.48	386.97	71988-12	NH06-158J
026362100	20060701	164.65	291.78	164.65	164.65	393.78	71988-12	NH06-158J
026362100	20070101	165.61	295.21	165.61	165.61	399.20	71988-12	NH06-158J
026362100	20070201	168.94	298.54	168.94	168.94	402.53	71988-12	NH06-158J
026362100	20070301	165.61	295.21	165.61	165.61	399.20	71988-12	NH06-158J
026362100	20070701	180.19	312.13	180.19	180.19	417.99	71988-12	NH06-158J
026362100	20080101	178.77	312.77	178.77	178.77	420.29	71988-12	NH06-158J
026362100	20080701	180.59	316.87	180.59	180.59	426.22	71988-12	NH06-158J
026362100	20090101	178.60	316.95	178.60	178.60	427.96	71988-12	NH06-158J
026362100	20090301	163.63	301.98	163.63	163.63	412.99	71988-12	NH06-158J
026362100	20090401	201.32	339.67	201.32	201.32	450.68	71988-12	NH06-158J
026362100	20090701	205.97	346.32	205.97	205.97	458.94	71988-12	NH06-158J
026362100	20100101	195.77	337.69	195.77	195.77	451.57	71988-12	NH06-158J
026362100	20100701	204.94	348.28	204.94	204.94	463.31	71988-12	NH06-158J
026362100	20110101	207.30	352.16	207.30	207.30	468.41	71988-12	NH06-158J
026362100	20110701	201.57	347.77	201.57	201.57	465.10	71988-12	NH06-158J
026362100	20120101	202.88	350.49	202.88	202.88	468.95	71988-12	NH06-158J
026362100	20120701	212.93	362.14	212.93	212.93	481.89	71988-12	NH06-158J
030995800	20060101	145.01	270.12	145.01	145.01	370.50	71988-12	NH06-196J
030995800	20060701	147.34	274.47	147.34	147.34	376.47	71988-12	NH06-196J
031204500	20060101	155.43	280.54	155.43	155.43	380.92	71988-12	NH11-030C
031204500	20060701	157.04	284.17	157.04	157.04	386.17	71988-12	NH11-030C
031204500	20070101	165.79	295.39	165.79	165.79	399.38	71988-12	NH11-030C
031204500	20070201	170.64	300.24	170.64	170.64	404.23	71988-12	NH11-030C
031204500	20070301	165.79	295.39	165.79	165.79	399.38	71988-12	NH11-030C
031204500	20070701	167.46	299.40	167.46	167.46	405.26	71988-12	NH11-030C
031204500	20080101	166.27	300.27	166.27	166.27	407.79	71988-12	NH11-030C
031204500	20080701	168.25	304.53	168.25	168.25	413.88	71988-12	NH11-030C
031204500	20090101	168.58	306.93	168.58	168.58	417.94	71988-12	NH11-030C
031204500	20090301	154.45	292.80	154.45	154.45	403.81	71988-12	NH11-030C
031204500	20090401	191.68	330.03	191.68	191.68	441.04	71988-12	NH11-030C
031204500	20090701	194.57	334.92	194.57	194.57	447.54	71988-12	NH11-030C
031204500	20100101	179.80	321.72	179.80	179.80	435.60	71988-12	NH11-030C
031204500	20100701	193.81	337.15	193.81	193.81	452.18	71988-12	NH11-030C
031204500	20110101	195.85	340.71	195.85	195.85	456.96	71988-12	NH11-030C
031204500	20110701	199.39	345.59	199.39	199.39	462.92	71988-12	NH11-030C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
031204500	20120101	200.72	348.33	200.72	200.72	466.79	71988-12	NH11-030C
031204500	20120701	206.48	355.69	206.48	206.48	475.44	71988-12	NH11-030C
031935000	20061231	173.10	300.23	173.10	173.10	402.23	71988-12	NH06-197J
031935000	20070101	171.43	301.03	171.43	171.43	405.02	71988-12	NH06-197J
031935000	20070701	179.27	311.21	179.27	179.27	417.07	71988-12	NH06-197J
032523600	20071220	173.36	305.30	173.36	173.36	411.16	71988-12	NH06-195J
032523600	20080101	171.27	305.27	171.27	171.27	412.79	71988-12	NH06-195J
032523600	20080701	172.84	309.12	172.84	172.84	418.47	71988-12	NH06-195J
032523600	20090101	176.65	315.00	176.65	176.65	426.01	71988-12	NH06-195J
032523600	20090301	161.85	300.20	161.85	161.85	411.21	71988-12	NH06-195J
032523600	20090401	198.90	337.25	198.90	198.90	448.26	71988-12	NH06-195J
032523600	20090701	206.06	346.41	206.06	206.06	459.03	71988-12	NH06-195J
032523600	20100101	208.19	350.11	208.19	208.19	463.99	71988-12	NH06-195J
032523600	20100701	194.88	338.22	194.88	194.88	453.25	71988-12	NH06-195J
032523600	20110101	202.34	347.20	202.34	202.34	463.45	71988-12	NH06-195J
032523600	20110701	194.93	341.13	194.93	194.93	458.46	71988-12	NH06-195J
032523600	20120101	196.89	344.50	196.89	196.89	462.96	71988-12	NH06-195J
032523600	20120701	190.90	340.11	190.90	190.90	459.86	71988-12	NH06-195J
032567800	20071220	179.27	311.21	179.27	179.27	417.07	71988-12	NH06-197J
032567800	20080101	179.42	313.42	179.42	179.42	420.94	71988-12	NH06-197J
032567800	20080701	181.33	317.61	181.33	181.33	426.96	71988-12	NH06-197J
032567800	20090101	186.86	325.21	186.86	186.86	436.22	71988-12	NH06-197J
032567800	20090301	171.20	309.55	171.20	171.20	420.56	71988-12	NH06-197J
032567800	20090401	208.96	347.31	208.96	208.96	458.32	71988-12	NH06-197J
032567800	20090701	212.61	352.96	212.61	212.61	465.58	71988-12	NH06-197J
032567800	20100101	210.92	352.84	210.92	210.92	466.72	71988-12	NH06-197J
032567800	20100701	214.39	357.73	214.39	214.39	472.76	71988-12	NH06-197J
032567800	20110101	212.92	357.78	212.92	212.92	474.03	71988-12	NH06-197J
032567800	20110701	204.27	350.47	204.27	204.27	467.80	71988-12	NH06-197J
032567800	20120101	205.32	352.93	205.32	205.32	471.39	71988-12	NH06-197J
032567800	20120701	211.09	360.30	211.09	211.09	480.05	71988-12	NH06-197J



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Jacksonville
 8495 Normandy Blvd.
 Jacksonville FL 32221

Provider Number: 0 201511-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	156.66	151.39	1/1/2006
Level H: AIDS	281.77	276.50	1/1/2006
Level U: Fragile Under 21	382.15	376.88	1/1/2006

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:

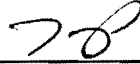
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit RFA NH06-195J FYE 06/30/2005**
- Rate Semester Change
- On FRV [2] as of 01/12/1990

Distribution:

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 Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Jacksonville
 8495 Normandy Blvd.
 Jacksonville FL 32221

Provider Number: 0 201511-00
 Date: 10/30/2012
 Fiscal Year End: 6/30/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	159.41	154.05	7/1/2006
Level H: AIDS	286.54	281.18	7/1/2006
Level U: Fragile Under 21	388.54	383.18	7/1/2006

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 RFA NH06-195J FYE 06/30/2005**
- Rate Semester Change
- On FRV [2] as of 01/12/1990

Distribution:

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- No Change in Rate


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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Jacksonville
 8495 Normandy Blvd.
 Jacksonville FL 32221

Provider Number: 0 201511-00
 Date: 11/8/2012
 Fiscal Year End: 6/30/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.54	162.46	1/1/2007
	Level H: AIDS	292.14	292.06	1/1/2007
	Level U: Fragile Under 21	396.13	396.05	1/1/2007

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 NH06-195J FYE 06/30/05
- Rate Semester Change
- On FRV [2] as of 01/12/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

Heartland of Jacksonville
 8495 Normandy Blvd.
 Jacksonville FL 32221

Provider Number: 0 201511-00
 Date: 11/8/2012
 Fiscal Year End: 6/30/2006
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	173.44	173.36	7/1/2007
	Level H: AIDS	305.38	305.30	7/1/2007
	Level U: Fragile Under 21	411.24	411.16	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 NH06-195J FYE 06/30/05
- Rate Semester Change
- On FRV [2] as of 01/12/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

MCHS - Carrollwood
 3030 W. Bearss Avenue
 Tampa FL 33618

Provider Number: 0 202525-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	173.30	170.22	1/1/2006
Level H: AIDS	298.41	295.33	1/1/2006
Level U: Fragile Under 21	398.79	395.71	1/1/2006

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 & Revised FA NH06-197J FYE 5/31/05
- Rate Semester Change
- On FRV [2] as of 07/20/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

MCCHS - Carrollwood
 3030 W. Bearss Avenue
 Tampa FL 33618

Provider Number: 0 202525-00
 Date: 10/2/2012
 Fiscal Year End: 5/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.53	173.10	7/1/2006
	Level H: AIDS	303.66	300.23	7/1/2006
	Level U: Fragile Under 21	405.66	402.23	7/1/2006

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 & Revised FA NH06-197J FYE 5/31/05
 Rate Semester Change
 On FRV [2] as of 07/20/1990

Distribution:

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Medicaid Reimbursement Per Diem Rates

Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	158.22	156.96	1/1/2006
	Level H: AIDS	283.33	282.07	1/1/2006
	Level U: Fragile Under 21	383.71	382.45	1/1/2006

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 & RFA NH06-165J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 12/08/1995

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Atlanta GA 30328



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Medicaid Reimbursement Per Diem Rates

Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.34	160.06	7/1/2006
	Level H: AIDS	288.47	287.19	7/1/2006
	Level U: Fragile Under 21	390.47	389.19	7/1/2006

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 & RFA NH06-165J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 12/08/1995

Distribution:

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Medicaid Reimbursement Per Diem Rates

Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	166.65	166.58	1/1/2007
	Level H: AIDS	296.25	296.18	1/1/2007
	Level U: Fragile Under 21	400.24	400.17	1/1/2007

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 NH06-165J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 12/08/1995

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 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	170.01	169.93	2/1/2007
	Level H: AIDS	299.61	299.53	2/1/2007
	Level U: Fragile Under 21	403.60	403.52	2/1/2007

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
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- FRVS Change
- Effects of FA & RFA NH06-165J FYE 6/30/04
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Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	166.65	166.58	3/1/2007
Level H: AIDS	296.25	296.18	3/1/2007
Level U: Fragile Under 21	400.24	400.17	3/1/2007

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
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Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.50	190.43	7/1/2007
	Level H: AIDS	322.44	322.37	7/1/2007
	Level U: Fragile Under 21	428.30	428.23	7/1/2007

Rate Type : <input type="checkbox"/> Interim <input checked="" 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"/> Effects of FA & RFA NH06-165J FYE 6/30/04 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 12/08/1995		

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Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.99	188.92	1/1/2008
	Level H: AIDS	322.99	322.92	1/1/2008
	Level U: Fragile Under 21	430.51	430.44	1/1/2008

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
- Effects of FA & RFA NH06-165J FYE 6/30/04
- Rate Semester Change
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 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.91	190.84	7/1/2008
	Level H: AIDS	327.19	327.12	7/1/2008
	Level U: Fragile Under 21	436.54	436.47	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
- Effects of FA & RFA NH06-165J FYE 6/30/04**
- Rate Semester Change
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Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>173.76</u>	<u>173.69</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>312.11</u>	<u>312.04</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>423.12</u>	<u>423.05</u>	<u>1/1/2009</u>


Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 NH06-165J FYE 6/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 12/08/1995

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 Date: 11/13/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.20	159.13	3/1/2009
	Level H: AIDS	297.55	297.48	3/1/2009
	Level U: Fragile Under 21	408.56	408.49	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
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- FRVS Change
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Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.90	196.83	4/1/2009
	Level H: AIDS	335.25	335.18	4/1/2009
	Level U: Fragile Under 21	446.26	446.19	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 NH06-165J FYE 6/30/04

Rate Semester Change

On FRV [2] as of 12/08/1995

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 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.83</u>	<u>199.75</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>340.18</u>	<u>340.10</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>452.80</u>	<u>452.72</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
 Effects of FA & RFA NH06-165J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 12/08/1995

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 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.69	196.62	1/1/2010
Level H: AIDS	338.61	338.54	1/1/2010
Level U: Fragile Under 21	452.49	452.42	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 NH06-165J FYE 6/30/04
- Rate Semester Change
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Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home			
Single Level	209.53	209.45	7/1/2010
Level H: AIDS	352.87	352.79	7/1/2010
Level U: Fragile Under 21	467.90	467.82	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 FA & RFA NH06-165J FYE 6/30/04
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Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	211.72	211.64	1/1/2011
Level H: AIDS	356.58	356.50	1/1/2011
Level U: Fragile Under 21	472.83	472.75	1/1/2011

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 NH06-165J FYE 6/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 12/08/1995

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Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.35</u>	<u>204.28</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>350.55</u>	<u>350.48</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>467.88</u>	<u>467.81</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:
<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 NH06-165J FYE 6/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 12/08/1995

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 Date: 11/13/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.00	199.93	1/1/2012
	Level H: AIDS	347.61	347.54	1/1/2012
	Level U: Fragile Under 21	466.07	466.00	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:

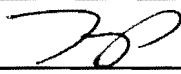
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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Medicaid Reimbursement Per Diem Rates

Atlantic Shores Nursing and Rehab
 4251 Stack Blvd.
 Melbourne FL 32901

Provider Number: 0 263389-00
 Date: 11/13/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.76</u>	<u>205.68</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>354.97</u>	<u>354.89</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>474.72</u>	<u>474.64</u>	<u>7/1/2012</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:

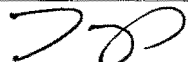
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA NH06-165J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 12/08/1995

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Medicaid Reimbursement Per Diem Rates

Bonifay Nursing and Rehab
 306 West Brock Avenue
 Bonifay FL 32425

Provider Number: 0 263443-00
 Date: 11/16/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	142.85	142.24	1/1/2006
Level H: AIDS	267.96	267.35	1/1/2006
Level U: Fragile Under 21	368.34	367.73	1/1/2006

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
- FA & RFA NH06-166J FYE 6/30/2004**
- Rate Semester Change
- On FRV [2] as of 10/01/2003

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Medicaid Reimbursement Per Diem Rates

Bonifay Nursing and Rehab
 306 West Brock Avenue
 Bonifay FL 32425

Provider Number: 0 263443-00
 Date: 11/16/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	145.71	145.09	7/1/2006
	Level H: AIDS	272.84	272.22	7/1/2006
	Level U: Fragile Under 21	374.84	374.22	7/1/2006

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 & RFA NH06-166J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 10/01/2003

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	157.87	156.67	1/1/2006
	Level H: AIDS	282.98	281.78	1/1/2006
	Level U: Fragile Under 21	383.36	382.16	1/1/2006

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 & RFA NH06-155J FYE 6/30/2004

Rate Semester Change

On FRV [2] as of 03/07/1988

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.00	159.78	7/1/2006
	Level H: AIDS	288.13	286.91	7/1/2006
	Level U: Fragile Under 21	390.13	388.91	7/1/2006

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
 FA & RFA NH06-155J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 03/07/1988

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.50	162.44	1/1/2007
	Level H: AIDS	292.10	292.04	1/1/2007
	Level U: Fragile Under 21	396.09	396.03	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 NH06-155J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	164.09	164.02	2/1/2007
Level H: AIDS	293.69	293.62	2/1/2007
Level U: Fragile Under 21	397.68	397.61	2/1/2007

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 NH06-155J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	162.50	162.44	3/1/2007
Level H: AIDS	292.10	292.04	3/1/2007
Level U: Fragile Under 21	396.09	396.03	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:

- 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 NH06-155J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	181.56	181.49	7/1/2007
Level H: AIDS	313.50	313.43	7/1/2007
Level U: Fragile Under 21	419.36	419.29	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
- Effects of FA & RFA NH06-155J FYE 6/30/04
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	176.66	176.59	1/1/2008
Level H: AIDS	310.66	310.59	1/1/2008
Level U: Fragile Under 21	418.18	418.11	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 NH06-155J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	180.73	180.66	7/1/2008
Level H: AIDS	317.01	316.94	7/1/2008
Level U: Fragile Under 21	426.36	426.29	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
- Effects of FA & RFA NH06-155J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	182.39	182.32	1/1/2009
	Level H: AIDS	320.74	320.67	1/1/2009
	Level U: Fragile Under 21	431.75	431.68	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 NH06-155J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 03/07/1988

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and Rehab
926 Haben Blvd.
Palmetto FL 34221

Provider Number: 0 263451-00
Date: 11/1/2012
Fiscal Year End: 12/31/2007
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>167.10</u>	<u>167.04</u>	<u>3/1/2009</u>
Level H: AIDS	<u>305.45</u>	<u>305.39</u>	<u>3/1/2009</u>
Level U: Fragile Under 21	<u>416.46</u>	<u>416.40</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 FA & RFA NH06-155J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.93	204.85	4/1/2009
	Level H: AIDS	343.28	343.20	4/1/2009
	Level U: Fragile Under 21	454.29	454.21	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
- Effects of FA & RFA NH06-155J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.45	207.37	7/1/2009
	Level H: AIDS	347.80	347.72	7/1/2009
	Level U: Fragile Under 21	460.42	460.34	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 NH06-155J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.44</u>	<u>196.37</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>338.36</u>	<u>338.29</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>452.24</u>	<u>452.17</u>	<u>1/1/2010</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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 NH06-155J FYE 6/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 03/07/1988

Distribution:

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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

Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.26	209.18	7/1/2010
	Level H: AIDS	352.60	352.52	7/1/2010
	Level U: Fragile Under 21	467.63	467.55	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
 Effects of FA & RFA NH06-155J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 03/07/1988

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Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.81	202.74	7/1/2011
	Level H: AIDS	349.01	348.94	7/1/2011
	Level U: Fragile Under 21	466.34	466.27	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 FA & RFA NH06-155J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.13	204.06	1/1/2012
Level H: AIDS	351.74	351.67	1/1/2012
Level U: Fragile Under 21	470.20	470.13	1/1/2012

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 NH06-155J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Riviera Palms Nursing and Rehab
 926 Haben Blvd.
 Palmetto FL 34221

Provider Number: 0 263451-00
 Date: 11/1/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.90	209.83	7/1/2012
Level H: AIDS	359.11	359.04	7/1/2012
Level U: Fragile Under 21	478.86	478.79	7/1/2012

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 NH06-155J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 03/07/1988

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Arbor Trail Nursing and Rehab
 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 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>160.30</u>	<u>158.43</u>	<u>1/1/2006</u>
	Level H: AIDS	<u>285.41</u>	<u>283.54</u>	<u>1/1/2006</u>
	Level U: Fragile Under 21	<u>385.79</u>	<u>383.92</u>	<u>1/1/2006</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 & RFA NH06-149J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 07/17/1987

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 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	163.47	161.58	7/1/2006
Level H: AIDS	290.60	288.71	7/1/2006
Level U: Fragile Under 21	392.60	390.71	7/1/2006

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:

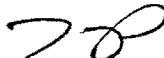
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 FA & RFA NH06-149J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 07/17/1987

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Arbor Trail Nursing and Rehab
 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>158.28</u>	<u>156.93</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>287.88</u>	<u>286.53</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>391.87</u>	<u>390.52</u>	<u>1/1/2007</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 & RFA NH06-149J FYE 6/30/04
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 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	161.12	159.77	2/1/2007
Level H: AIDS	290.72	289.37	2/1/2007
Level U: Fragile Under 21	394.71	393.36	2/1/2007

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 NH06-149J FYE 6/30/04**
- Rate Semester Change
- On FRV [2] as of 07/17/1987

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Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	158.28	156.93	3/1/2007
	Level H: AIDS	287.88	286.53	3/1/2007
	Level U: Fragile Under 21	391.87	390.52	3/1/2007

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 NH06-149J FYE 6/30/04
 Rate Semester Change
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 611 Turner Camp Road
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Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	170.19	170.09	7/1/2007
Level H: AIDS	302.13	302.03	7/1/2007
Level U: Fragile Under 21	407.99	407.89	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
 Effects of FA & RFA NH06-149J FYE 6/30/04
 Rate Semester Change
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 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	170.41	170.32	7/1/2008
Level H: AIDS	306.69	306.60	7/1/2008
Level U: Fragile Under 21	416.04	415.95	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
 Effects of FA & RFA NH06-149J FYE 6/30/04
 Rate Semester Change
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 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	167.04	166.95	1/1/2009
Level H: AIDS	305.39	305.30	1/1/2009
Level U: Fragile Under 21	416.40	416.31	1/1/2009

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 NH06-149J FYE 6/30/04
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 611 Turner Camp Road
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Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	153.04	152.95	3/1/2009
	Level H: AIDS	291.39	291.30	3/1/2009
	Level U: Fragile Under 21	402.40	402.31	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
- Effects of FA & RFA NH06-149J FYE 6/30/04**
- Rate Semester Change
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 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.01	188.91	4/1/2009
	Level H: AIDS	327.36	327.26	4/1/2009
	Level U: Fragile Under 21	438.37	438.27	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 NH06-149J FYE 6/30/04
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Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.64	184.54	1/1/2010
	Level H: AIDS	326.56	326.46	1/1/2010
	Level U: Fragile Under 21	440.44	440.34	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:

<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 NH06-149J FYE 6/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 07/17/1987

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Medicaid Reimbursement Per Diem Rates

Arbor Trail Nursing and Rehab
 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.73	197.64	7/1/2010
	Level H: AIDS	341.07	340.98	7/1/2010
	Level U: Fragile Under 21	456.10	456.01	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 FA & RFA NH06-149J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 07/17/1987

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Arbor Trail Nursing and Rehab
 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.94</u>	<u>199.84</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>344.80</u>	<u>344.70</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>461.05</u>	<u>460.95</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 NH06-149J FYE 6/30/04
 Rate Semester Change
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 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.66	192.57	7/1/2011
Level H: AIDS	338.86	338.77	7/1/2011
Level U: Fragile Under 21	456.19	456.10	7/1/2011

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 NH06-149J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 07/17/1987

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 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.81	190.72	1/1/2012
	Level H: AIDS	338.42	338.33	1/1/2012
	Level U: Fragile Under 21	456.88	456.79	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 NH06-149J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 07/17/1987

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 611 Turner Camp Road
 Inverness FL 34453

Provider Number: 0 263478-00
 Date: 10/25/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.77</u>	<u>196.68</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>345.98</u>	<u>345.89</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>465.73</u>	<u>465.64</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
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Medicaid Reimbursement Per Diem Rates

Pinellas Point Nursing and Rehab
 5601 31st Street South
 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	157.00	156.10	1/1/2006
	Level H: AIDS	282.11	281.21	1/1/2006
	Level U: Fragile Under 21	382.49	381.59	1/1/2006

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 RFA NH06-150J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 03/08/1995

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Pinellas Point Nursing and Rehab
 5601 31st Street South
 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.08	159.16	7/1/2006
	Level H: AIDS	287.21	286.29	7/1/2006
	Level U: Fragile Under 21	389.21	388.29	7/1/2006

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 RFA NH06-150J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 03/08/1995

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Pinellas Point Nursing and Rehab
 5601 31st Street South
 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	158.00	157.86	1/1/2007
Level H: AIDS	287.60	287.46	1/1/2007
Level U: Fragile Under 21	391.59	391.45	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 NH06-150J FYE 6/30/2004**
- Rate Semester Change
- On FRV [2] as of 03/08/1995

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 5601 31st Street South
 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.11	160.97	2/1/2007
	Level H: AIDS	290.71	290.57	2/1/2007
	Level U: Fragile Under 21	394.70	394.56	2/1/2007

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 NH06-150J FYE 6/30/2004

Rate Semester Change

On FRV [2] as of 03/08/1995

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 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	158.00	157.86	3/1/2007
	Level H: AIDS	287.60	287.46	3/1/2007
	Level U: Fragile Under 21	391.59	391.45	3/1/2007

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 NH06-150J FYE 6/30/2004

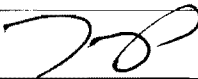
Rate Semester Change

On FRV [2] as of 03/08/1995

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 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.90	190.76	7/1/2007
	Level H: AIDS	322.84	322.70	7/1/2007
	Level U: Fragile Under 21	428.70	428.56	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 NH06-150J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 03/08/1995

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Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.44	189.30	1/1/2008
	Level H: AIDS	323.44	323.30	1/1/2008
	Level U: Fragile Under 21	430.96	430.82	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 NH06-150J FYE 6/30/2004
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 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.43	191.29	7/1/2008
Level H: AIDS	327.71	327.57	7/1/2008
Level U: Fragile Under 21	437.06	436.92	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:

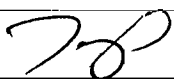
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	186.67	186.53	1/1/2009
Level H: AIDS	325.02	324.88	1/1/2009
Level U: Fragile Under 21	436.03	435.89	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 NH06-150J FYE 6/30/2004
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Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	171.02	170.90	3/1/2009
	Level H: AIDS	309.37	309.25	3/1/2009
	Level U: Fragile Under 21	420.38	420.26	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 NH06-150J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 03/08/1995

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 5601 31st Street South
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Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>210.77</u>	<u>210.62</u>	<u>4/1/2009</u>
Level H: AIDS	<u>349.12</u>	<u>348.97</u>	<u>4/1/2009</u>
Level U: Fragile Under 21	<u>460.13</u>	<u>459.98</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:

- 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 NH06-150J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 03/08/1995

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Medicaid Reimbursement Per Diem Rates

Pinellas Point Nursing and Rehab
 5601 31st Street South
 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	219.96	219.82	7/1/2009
	Level H: AIDS	360.31	360.17	7/1/2009
	Level U: Fragile Under 21	472.93	472.79	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 NH06-150J FYE 6/30/2004
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Pinellas Point Nursing and Rehab
5601 31st Street South
St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>222.52</u>	<u>222.37</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>364.44</u>	<u>364.29</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>478.32</u>	<u>478.17</u>	<u>1/1/2010</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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 NH06-150J FYE 6/30/2004
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5601 31st Street South
St. Petersburg FL 33712

Provider Number: 0 263486-00
Date: 11/14/2012
Fiscal Year End: 12/31/2008
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.18</u>	<u>227.04</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>370.52</u>	<u>370.38</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>485.55</u>	<u>485.41</u>	<u>7/1/2010</u>

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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:

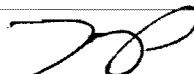
Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA RFA NH06-150J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 03/08/1995

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Pinellas Point Nursing and Rehab
5601 31st Street South
St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

	Current Rate	New Rate	Effective Date
	<u>226.23</u>	<u>226.08</u>	<u>1/1/2011</u>
Level H: AIDS	<u>371.09</u>	<u>370.94</u>	<u>1/1/2011</u>
Level U: Fragile Under 21	<u>487.34</u>	<u>487.19</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 NH06-150J FYE 6/30/2004
- Rate Semester Change
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 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.13	218.00	7/1/2011
	Level H: AIDS	364.33	364.20	7/1/2011
	Level U: Fragile Under 21	481.66	481.53	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 FA RFA NH06-150J FYE 6/30/2004
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Pinellas Point Nursing and Rehab
 5601 31st Street South
 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.54	212.40	1/1/2012
Level H: AIDS	360.15	360.01	1/1/2012
Level U: Fragile Under 21	478.61	478.47	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 NH06-150J FYE 6/30/2004
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Pinellas Point Nursing and Rehab
 5601 31st Street South
 St. Petersburg FL 33712

Provider Number: 0 263486-00
 Date: 11/14/2012
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	221.22	221.08	7/1/2012
Level H: AIDS	370.43	370.29	7/1/2012
Level U: Fragile Under 21	490.18	490.04	7/1/2012

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 NH06-150J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 03/08/1995

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Medicaid Reimbursement Per Diem Rates

Jacksonville Nursing and Rehab
4134 Dunn Ave.
Jacksonville FL 32218

Provider Number: 0 263494-00
Date: 11/13/2012
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>149.09</u>	<u>148.45</u>	<u>1/1/2006</u>
Level H: AIDS	<u>274.20</u>	<u>273.56</u>	<u>1/1/2006</u>
Level U: Fragile Under 21	<u>374.58</u>	<u>373.94</u>	<u>1/1/2006</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:

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 & RFA #NH06-163J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 10/31/1990

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Medicaid Reimbursement Per Diem Rates

Jacksonville Nursing and Rehab
 4134 Dunn Ave.
 Jacksonville FL 32218

Provider Number: 0 263494-00
 Date: 11/13/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		152.12	151.47	7/1/2006
	Level H: AIDS	279.25	278.60	7/1/2006
	Level U: Fragile Under 21	381.25	380.60	7/1/2006

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 #NH06-163J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/31/1990

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Medicaid Reimbursement Per Diem Rates

Port Orange Nursing and Rehab
 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.53	159.01	1/1/2006
	Level H: AIDS	284.64	284.12	1/1/2006
	Level U: Fragile Under 21	385.02	384.50	1/1/2006

<p>Rate Type :</p> <p><input type="checkbox"/> Interim <input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Interim <input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Interim Component <input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input checked="" type="checkbox"/> Settlement based on costs <input type="checkbox"/> Total Prospective with Interim Component</p> <p><input type="checkbox"/> Prior Provider Prospective data</p>	
<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input checked="" type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Field audit - interim portion</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Desk audit - Interim Portion</p> <p><input type="checkbox"/> Desk Audit - Prospective portion</p>	<p>Changes:</p> <p><input type="checkbox"/> Licensure Rating Change</p> <p><input type="checkbox"/> Usual and Customary Limitation</p> <p><input type="checkbox"/> Target Rate limitation change</p> <p><input type="checkbox"/> FRVS Change</p> <p><input checked="" type="checkbox"/> FA & RFA FYE 06/30/04 #NH06-152J</p> <p><input type="checkbox"/> Rate Semester Change</p> <p><input type="checkbox"/> On FRV [2] as of 10/09/1992</p>

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Port Orange Nursing and Rehab
 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>162.65</u>	<u>162.11</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>289.78</u>	<u>289.24</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>391.78</u>	<u>391.24</u>	<u>7/1/2006</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 & RFA FYE 06/30/04 #NH06-152J

Rate Semester Change

On FRV [2] as of 10/09/1992

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Port Orange Nursing and Rehab
 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	168.44	168.45	1/1/2007
	Level H: AIDS	298.04	298.05	1/1/2007
	Level U: Fragile Under 21	402.03	402.04	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:
<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 FYE 06/30/04 #NH06-152J
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/09/1992

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Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	168.44	168.45	3/1/2007
	Level H: AIDS	298.04	298.05	3/1/2007
	Level U: Fragile Under 21	402.03	402.04	3/1/2007

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
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 FRVS Change
 Effects of FA & RFA FYE 06/30/04 #NH06-152J
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Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>186.78</u>	<u>186.79</u>	<u>1/1/2008</u>
	Level H: AIDS	<u>320.78</u>	<u>320.79</u>	<u>1/1/2008</u>
	Level U: Fragile Under 21	<u>428.30</u>	<u>428.31</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 & RFA FYE 06/30/04 #NH06-152J
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 On FRV [2] as of 10/09/1992

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Medicaid Reimbursement Per Diem Rates

Port Orange Nursing and Rehab
 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.51	188.52	7/1/2008
	Level H: AIDS	324.79	324.80	7/1/2008
	Level U: Fragile Under 21	434.14	434.15	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 FYE 06/30/04 #NH06-152J
 Rate Semester Change
 On FRV [2] as of 10/09/1992

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Port Orange Nursing and Rehab
 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	170.10	170.11	3/1/2009
	Level H: AIDS	308.45	308.46	3/1/2009
	Level U: Fragile Under 21	419.46	419.47	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 FYE 06/30/04 #NH06-152J

Rate Semester Change

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Port Orange Nursing and Rehab
 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.37	207.38	4/1/2009
	Level H: AIDS	345.72	345.73	4/1/2009
	Level U: Fragile Under 21	456.73	456.74	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 FYE 06/30/04 #NH06-152J

Rate Semester Change

On FRV [2] as of 10/09/1992

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Port Orange Nursing and Rehab
 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.48</u>	<u>212.49</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>352.83</u>	<u>352.84</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>465.45</u>	<u>465.46</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
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Port Orange Nursing and Rehab
 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.09	213.10	7/1/2010
	Level H: AIDS	356.43	356.44	7/1/2010
	Level U: Fragile Under 21	471.46	471.47	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:

<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 FYE 06/30/04 #NH06-152J
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/09/1992

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 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.07	216.08	1/1/2011
	Level H: AIDS	360.93	360.94	1/1/2011
	Level U: Fragile Under 21	477.18	477.19	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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Rate Semester Change

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 5600 Victory Gardens Blvd.
 Port Orange FL 32127

Provider Number: 0 263508-00
 Date: 10/26/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate °	New Rate	Effective Date
Nursing Home	Single Level	208.41	208.42	7/1/2011
	Level H: AIDS	354.61	354.62	7/1/2011
	Level U: Fragile Under 21	471.94	471.95	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
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Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 11/2/2012
 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>164.67</u>	<u>162.05</u>	<u>1/1/2006</u>
	Level H: AIDS	<u>289.78</u>	<u>287.16</u>	<u>1/1/2006</u>
	Level U: Fragile Under 21	<u>390.16</u>	<u>387.54</u>	<u>1/1/2006</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 RFA NH06-156J FYE 6/30/2004**
- Rate Semester Change
- On FRV [2] as of 07/06/1993

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Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 11/2/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.89	165.23	7/1/2006
	Level H: AIDS	295.02	292.36	7/1/2006
	Level U: Fragile Under 21	397.02	394.36	7/1/2006

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 RFA NH06-156J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 07/06/1993

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Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>171.28</u>	<u>169.39</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>300.88</u>	<u>298.99</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>404.87</u>	<u>402.98</u>	<u>1/1/2007</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
 Effects of Field Audit RFA NH06-156J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 07/06/1993

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 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	174.24	172.35	2/1/2007
Level H: AIDS	303.84	301.95	2/1/2007
Level U: Fragile Under 21	407.83	405.94	2/1/2007

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 Field Audit RFA NH06-156J FYE 6/30/04**
- Rate Semester Change
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 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>171.28</u>	<u>169.39</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>300.88</u>	<u>298.99</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>404.87</u>	<u>402.98</u>	<u>3/1/2007</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:

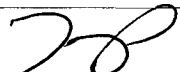
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit RFA NH06-156J FYE 6/30/04
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Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	191.68	191.60	7/1/2007
Level H: AIDS	323.62	323.54	7/1/2007
Level U: Fragile Under 21	429.48	429.40	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
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Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.56	189.48	1/1/2008
	Level H: AIDS	323.56	323.48	1/1/2008
	Level U: Fragile Under 21	431.08	431.00	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
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Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.13	192.05	7/1/2008
	Level H: AIDS	328.41	328.33	7/1/2008
	Level U: Fragile Under 21	437.76	437.68	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

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 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.67</u>	<u>177.59</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>316.02</u>	<u>315.94</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>427.03</u>	<u>426.95</u>	<u>1/1/2009</u>

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
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	162.77	162.70	3/1/2009
	Level H: AIDS	301.12	301.05	3/1/2009
	Level U: Fragile Under 21	412.13	412.06	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
 Effects of Field Audit RFA NH06-156J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 07/06/1993

Distribution:

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 No Change in Rate

Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.16	201.08	4/1/2009
	Level H: AIDS	339.51	339.43	4/1/2009
	Level U: Fragile Under 21	450.52	450.44	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
- Effects of Field Audit RFA NH06-156J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 07/06/1993

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Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.72	203.64	7/1/2009
	Level H: AIDS	344.07	343.99	7/1/2009
	Level U: Fragile Under 21	456.69	456.61	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 Field Audit RFA NH06-156J FYE 6/30/04

Rate Semester Change

On FRV [2] as of 07/06/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.54	192.45	1/1/2010
	Level H: AIDS	334.46	334.37	1/1/2010
	Level U: Fragile Under 21	448.34	448.25	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 RFA NH06-156J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 07/06/1993

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Medicaid Reimbursement Per Diem Rates

Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.93	208.85	7/1/2010
Level H: AIDS	352.27	352.19	7/1/2010
Level U: Fragile Under 21	467.30	467.22	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
 Effects of Field Audit RFA NH06-156J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 07/06/1993

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Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.32</u>	<u>211.23</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>356.18</u>	<u>356.09</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>472.43</u>	<u>472.34</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 Field Audit RFA NH06-156J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 07/06/1993

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1800 SE Hillmoor Drive
Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>203.82</u>	<u>203.74</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>350.02</u>	<u>349.94</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>467.35</u>	<u>467.27</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:

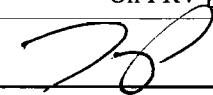
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit RFA NH06-156J FYE 6/30/04
- Rate Semester Change
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 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	201.01	200.93	1/1/2012
	Level H: AIDS	348.62	348.54	1/1/2012
	Level U: Fragile Under 21	467.08	467.00	1/1/2012

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 Field Audit RFA NH06-156J FYE 6/30/04
 Rate Semester Change
 On FRV [2] as of 07/06/1993

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Tiffany Hall Nursing and Rehab
 1800 SE Hillmoor Drive
 Port St. Lucie FL 34952

Provider Number: 0 263532-00
 Date: 12/7/2012
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.92</u>	<u>207.84</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>357.13</u>	<u>357.05</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>476.88</u>	<u>476.80</u>	<u>7/1/2012</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 RFA NH06-156J FYE 6/30/04
- Rate Semester Change
- On FRV [2] as of 07/06/1993

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Medicaid Reimbursement Per Diem Rates

Metrowest Nursing and Rehab
 5900 West Gate Drive
 Orlando FL 32835

Provider Number: 0 263541-00
 Date: 11/16/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	157.90	156.80	1/1/2006
	Level H: AIDS	283.01	281.91	1/1/2006
	Level U: Fragile Under 21	383.39	382.29	1/1/2006

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 RFA NH06-168J FYE 6/30/2004**
- Rate Semester Change
- On FRV [2] as of 10/21/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Metrowest Nursing and Rehab
 5900 West Gate Drive
 Orlando FL 32835

Provider Number: 0 263541-00
 Date: 11/16/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.40	160.30	7/1/2006
	Level H: AIDS	288.53	287.43	7/1/2006
	Level U: Fragile Under 21	390.53	389.43	7/1/2006

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 RFA NH06-168J FYE 6/30/2004
 Rate Semester Change
 On FRV [2] as of 10/21/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Metrowest Nursing and Rehab
 5900 West Gate Drive
 Orlando FL 32835

Provider Number: 0 263541-00
 Date: 11/16/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	158.07	157.52	1/1/2007
	Level H: AIDS	287.67	287.12	1/1/2007
	Level U: Fragile Under 21	391.66	391.11	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 NH06-168J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 10/21/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Metrowest Nursing and Rehab
 5900 West Gate Drive
 Orlando FL 32835

Provider Number: 0 263541-00
 Date: 11/16/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	160.34	159.79	2/1/2007
	Level H: AIDS	289.94	289.39	2/1/2007
	Level U: Fragile Under 21	393.93	393.38	2/1/2007

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 NH06-168J FYE 6/30/2004
- Rate Semester Change
- On FRV [2] as of 10/21/1994

Distribution:

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Medicaid Reimbursement Per Diem Rates

Metrowest Nursing and Rehab
5900 West Gate Drive
Orlando FL 32835

Provider Number: 0 263541-00
 Date: 11/16/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>158.07</u>	<u>157.52</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>287.67</u>	<u>287.12</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>391.66</u>	<u>391.11</u>	<u>3/1/2007</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"/> Effects of FA RFA NH06-168J FYE 6/30/2004 <input type="checkbox"/> Rate Semester Change <input type="checkbox"/> On FRV [2] as of 10/21/1994

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Moultrie Creek Nursing and Rehab
 200 Mariner Health Way
 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 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>154.99</u>	<u>154.37</u>	<u>1/1/2006</u>
	Level H: AIDS	<u>280.10</u>	<u>279.48</u>	<u>1/1/2006</u>
	Level U: Fragile Under 21	<u>380.48</u>	<u>379.86</u>	<u>1/1/2006</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 & RFA #NH06-167J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 05/01/1996

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Medicaid Reimbursement Per Diem Rates

Moultrie Creek Nursing and Rehab
 200 Mariner Health Way
 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	158.09	157.45	7/1/2006
	Level H: AIDS	285.22	284.58	7/1/2006
	Level U: Fragile Under 21	387.22	386.58	7/1/2006

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 & RFA #NH06-167J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 05/01/1996

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Medicaid Reimbursement Per Diem Rates

Moultrie Creek Nursing and Rehab
 200 Mariner Health Way
 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	150.09	150.04	1/1/2007
	Level H: AIDS	279.69	279.64	1/1/2007
	Level U: Fragile Under 21	383.68	383.63	1/1/2007

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
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Moultrie Creek Nursing and Rehab
 200 Mariner Health Way
 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	154.48	154.43	2/1/2007
Level H: AIDS	284.08	284.03	2/1/2007
Level U: Fragile Under 21	388.07	388.02	2/1/2007

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 #NH06-167J FYE 06/30/04**
- Rate Semester Change
- On FRV [2] as of 05/01/1996

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 200 Mariner Health Way
 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	150.09	150.04	3/1/2007
Level H: AIDS	279.69	279.64	3/1/2007
Level U: Fragile Under 21	383.68	383.63	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:

- 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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 200 Mariner Health Way
 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>170.84</u>	<u>170.79</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>302.78</u>	<u>302.73</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>408.64</u>	<u>408.59</u>	<u>7/1/2007</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:

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 Usual and Customary Limitation
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200 Mariner Health Way
St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 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	<u>169.51</u>	<u>169.46</u>	<u>1/1/2008</u>
	Level H: AIDS	<u>303.51</u>	<u>303.46</u>	<u>1/1/2008</u>
	Level U: Fragile Under 21	<u>411.03</u>	<u>410.98</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

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Rate Semester Change

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Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	163.81	163.76	1/1/2009
	Level H: AIDS	302.16	302.11	1/1/2009
	Level U: Fragile Under 21	413.17	413.12	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:

<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 #NH06-167J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 05/01/1996

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Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>150.08</u>	<u>150.03</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>288.43</u>	<u>288.38</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>399.44</u>	<u>399.39</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:

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 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	185.95	185.89	4/1/2009
	Level H: AIDS	324.30	324.24	4/1/2009
	Level U: Fragile Under 21	435.31	435.25	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:
<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 #NH06-167J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
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 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.00	189.95	7/1/2009
	Level H: AIDS	330.35	330.30	7/1/2009
	Level U: Fragile Under 21	442.97	442.92	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
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 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.23</u>	<u>190.18</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>332.15</u>	<u>332.10</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>446.03</u>	<u>445.98</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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 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.19</u>	<u>200.13</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>343.53</u>	<u>343.47</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>458.56</u>	<u>458.50</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
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 St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.50	202.45	1/1/2011
	Level H: AIDS	347.36	347.31	1/1/2011
	Level U: Fragile Under 21	463.61	463.56	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:

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St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>195.21</u>	<u>195.16</u>	<u>7/1/2011</u>
Level H: AIDS	<u>341.41</u>	<u>341.36</u>	<u>7/1/2011</u>
Level U: Fragile Under 21	<u>458.74</u>	<u>458.69</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:

<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 #NH06-167J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 05/01/1996

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Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.45</u>	<u>190.40</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>338.06</u>	<u>338.01</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>456.52</u>	<u>456.47</u>	<u>1/1/2012</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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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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

Moultrie Creek Nursing and Rehab
200 Mariner Health Way
St. Augustine FL 32086

Provider Number: 0 263559-00
 Date: 11/19/2012
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.43</u>	<u>201.38</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>350.64</u>	<u>350.59</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>470.39</u>	<u>470.34</u>	<u>7/1/2012</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 #NH06-167J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 05/01/1996

Distribution:

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

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Home Office:

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