

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date: April 2, 2013

To: Angela Ramsey, Acting Chief, Medicaid Contract Management

From: Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject: Retroactive Nursing Facility Per Diem Rates

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

	Provider Name	<u>Provider</u> <u>Number</u>	Number of Rate Change Notices
1.	San Marco Terrace Rehab & Care	0 022293-00	7
2.	Morton Plant Rehab Center	0 206431-00	11
3.	John Knox Village Medical Center	0 210285-00	11
4.	EdgeWood Nursing Center	0 254878-00	9
5.	Adventist Care Centers - Courtland Inc.	0 320439-00	1
6.	Florida Living Nursing Center	0 320463-00	2
7.			
8.			
9.			
10.			
11,			
12.			
13.			
		Total	41

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

TP/dm Attachments



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A	Effective Date			A STALL STATE	A SECTION OF THE SECT	. 1798.34	4.	
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
002229300	20100601	189.80	331.72	189.80	189.80	445.60	72755-13	
002229300	20100701	195.01	338.35	195.01	195.01	453.38	72755-13	
002229300	20110101	197.88	342.74	197.88	197.88	458.99	72755-13	
002229300	20110701	191.45	337.65	191.45	191.45	454.98	72755-13	
002229300	20120101	193.16	340.77	193.16	193.16	459.23	72755-13	
002229300	20120701	199.33	348.54	199.33	199.33	468.29	72755-13	
002229300	20130101	204.71	355,52	204.71	204.71	476.56	72755-13	
020643100	20090101	192.27	330.62	192.27	192.27	441.63	72755-13	
020643100	20090301	176.15	314.50	176.15	176.15	425.51	72755-13	
020643100	20090401	211.79	350.14	211.79	211.79	461.15	72755-13	
020643100	20090701	216.94	357.29	216.94	216.94	469.91	72755-13	
020643100	20100101	217.68	359.60	217.68	217.68	473.48	72755-13	
020643100	20100701	218.99	362.33	218.99	218.99	477.36	72755-13	
020643100	20110101	221.79	366,65	221.79	221.79	482.90	72755-13	
020643100	20110701	212.40	358.60	212.40	212.40	475.93	72755-13	
020643100	20120101	218.14	365.75	218.14	218.14	484.21	72755-13	
020643100	20120701	226.01	375.22	226.01	226.01	494.97	72755-13	
020643100	20130101	227.80	378.61	227.80	227.80	499.65	72755-13	
021028500	20090101	183.59	321.94	183.59	183,59	432.95	72755-13	
021028500	20090301	168.20	306.55	168.20	168.20	417.56	72755-13	
021028500	20090401	198.47	336.82	198.47	198.47	447.83	72755-13	
021028500	20090701	198.31	338.66	198.31	198.31	451.28	72755-13	
021028500	20100101	201.01	342.93	201.01	201.01	456.81	72755-13	
021028500	20100701	202.65	345.99	202.65	202.65	461.02	72755-13	
021028500	20110101	206.95	351.81	206.95	206.95	468.06	72755-13	
021028500	20110701	197.04	343.24	197.04	197.04	460.57	72755-13	
021028500	20120101	205.12	352.73	205.12	205.12	471.19	72755-13	
021028500	20120701	211.60	360.81	211.60	211.60	480.56	72755-13	
021028500	20130101	213.08	363,89	213.08	213.08	484.93	72755-13	
025487800	20070101	140.52	270.12	140.52	140.52	374.11	72755-13	NH11-047C
025487800	20070201	142.86	272.46	142.86	142.86	376.45	72755-13	NH11-047C
025487800	20070301	140.52	270.12	140.52	140.52	374.11	72755-13	NH11-047C
025487800	20070701	153.68	285.62	153.68	153.68	391.48	72755-13	NH11-047C
025487800	20080101	151.74	285.74	151.74	151.74	393.26	72755-13	NH11-047C
025487800	20080701	154.71	290,99	154.71	154.71	400.34	72755-13	NH11-047C
025487800	20090101	156.36	294.71	156.36	156.36	405.72	72755-13	NH11-047C
025487800	20090301	143.25	281.60	143.25	143.25	392.61	72755-13	NH11-047C
025487800	20090401	179.23	317.58	179.23	179.23	428.59	72755-13	NH11-047C
032043900	20100101	201.59	343.51	201.59	201.59	457.39	72755-13	NH11-013W
032046300	20100101	216.73	358,65	216.73	216.73	472.53	72755-13	NH11-038W
032046300	20100701	219.12	362.46	219.12	219.12	477.49	72755-13	NH11-038W



San Marco Terrace Rel	hab and care			Provider Number:	0 022293-00
189 San Marco Avenue			Date:	1/15/2013	
St. Augustine FL 3208	4			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	 	Current Rate 207.35	New Rate 189.80	Effective Date 6/1/2010
	Level H: AIDS		349.27	331.72	6/1/2010
	Level U: Fragile Under 21	_	463.15	445.60	6/1/2010
To In X See Pr	Changes		Total Prospective Prospective Adjusted Total Prospective with		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X	Usual and Target R FRVS Cl Cost Set Rate Sem	e Rating Change d Customary Limitation ate limitation change hange tlement FYE 12/31/20 hester Change [2] as of 09/01/1987	
Distribution:			70	Thomas Parker	
Contract Manager Permanent File For informa No Change		Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Brooks Health System Bruce Blake 3599 University Blvd, South Jacksonville FL 32216				



San Marco Terrace Rehab and care			Provider Number:	0 022293-00
189 San Marco Avenue			Date:	1/15/2013
St. Augustine FL 32084			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 210.90	New Rate	Effective Date 7/1/2010
Nursing Home Single Level	_	210.90	<u> 195.01</u> _	//1/2010
Level H: AIDS		354.24	338.35	7/1/2010
Level U: Fragile Under 21	·	469.27	453.38	7/1/2010
Total Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Budget	Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	<u>x</u>	Target Ra FRVS Ch Cost Sett Rate Sem	d Customary Limitation the limitation change nange clement FYE 12/31/20 ester Change [2] as of 09/01/1987	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Brooks Health System Bruce Blake 3599 University Blvd, South Jacksonville FL 32216	Med	licaid Cost	Thomas Parker Reimbursement Plan	ning and Finance



San Marco Terrace Rehab and care				Provider Number:	0 022293-00
189 San Marco Avenue				Date:	1/15/2013
St. Augustine FL 32084				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		212.83		1/1/2011
L	evel H: AIDS		357.69	342.74	1/1/2011
L	Level U: Fragile Under 21		473.94	458.99	1/1/2011
Inter X Settle	al Interim rim Component ement based on costs r Provider Prospective data	Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited costs Field audited co Field audit - in Desk audited co	osts terim portion		Usual and Target Ra FRVS Cl	d Customary Limitation that is a change	
Desk audit - Int	terim Portion rospective portion			ester Change [2] as of 09/01/1987	
Distribution:			2	Thomas Parker	
Contract Manageme Permanent File For informatic No Change in	on Only Rate	Med	licaid Cost	: Reimbursement Plan	ning and Finance
Home Office:	Brooks Health System Bruce Blake 3599 University Blvd, South Jacksonville FL 32216				



San Marco Terrace Rehab and care				Provider Number:	0 022293-00
189 San Marco Avenue	189 San Marco Avenue			Date:	1/15/2013
St. Augustine FL 32084				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		-	urrent Rate	New Rate	Effective Date
Nursing Home	Single Level		05.40	191.45	7/1/2011
Truising Home	Single Level		.03.40		7/1/2011
	Level H: AIDS	_3	51.60	337.65	7/1/2011
	Level U: Fragile Under 21	4	68.93	454.98	7/1/2011

Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs nterim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation I Change	n Interim Component
<u>Distribution:</u>	A Prince of the Control of the Contr		7/	Thomas Parker	7000 1000 1000 1000 1000 1000 1000 1000
Contract Managem	ent / Fiscal Agent	Medi	icaid Cost	Reimbursement Plan	ning and Finance
Permanent File					•
For informat	•				
No Change i	n Kate				
Home Office:	Brooks Health System Bruce Blake 3599 University Blvd, South Jacksonville FL 32216				



San Marco Terrace Rehab and care				Provider Number:	0 022293-00	
189 San Marco Avenue				Date:	1/15/2013	
St. Augustine FL 32084				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_ _	Current Rate 207.57	New Rate 193.16	Effective Date 1/1/2012	
L	evel H: AIDS	_	355.18	340.77	1/1/2012	
L	evel U: Fragile Under 21	-	473.64	459.23	1/1/2012	
Inter X Settle	osts	Changes:	Licensure Usual and	Total Prospective Prospective Adjusted : Total Prospective with Read Prospective with Read Rating Change Country Limitation Read Customary Limitation Read Cimitation change	Interim Component	
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Desk audit - Int Desk Audit - Pr	erim Portion ospective portion	Rate Semester Change On FRV [2] as of 09/01/1987				
Distribution: Contract Management File For information No Change in	nt / Fiscal Agent n Only	Me	26-	Thomas Parker Reimbursement Plans	ning and Finance	
Home Office:	Brooks Health System Bruce Blake 3599 University Blvd, South Jacksonville FL 32216					



San Marco Terrace Rehab and care		P	rovider Number:	0 022293-00
189 San Marco Avenue			Date:	1/15/2013
St. Augustine FL 32084		3	Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Cur Ra 21 3		New Rate 199.33	Effective
Level H: AIDS	362	2.67	348.54	7/1/2012
Level U: Fragile Under 21	482	2.42	468.29	7/1/2012
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	X Pro	Pro	al Prospective spective Adjusted al Prospective wit	for New Costs th Interim Component
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Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Brooks Health System Bruce Blake 3599 University Blvd, South Jacksonville FL 32216	Medica	<u> </u>	Thomas Parker imbursement Plan	nning and Finance



San Marco Terrace Rehab			Provider Number:	0 022293-00		
189 San Marco Avenue			Date:	2/19/2013		
St. Augustine FL 32084			Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Si	ingle Level	W	Current Rate 202.24	New <u>Rate</u> 204.71	Effective Date 1/1/2013	
ruising itome	ingle Lievel	******	202.24		1/1/2010	
Le	vel H: AIDS		353.05	355.52	1/1/2013	
Le	vel U: Fragile Under 21		474.09	476.56	1/1/2013	
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Distribution:	t (Final Agent	Thomas Parker				
Contract Management Permanent File For information No Change in F Home Office:	Only	Med	dicaid Cost	Reimbursement Plan	ning and Finance	



Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center 400 Corbett Street				Provider Number:	0 206431-00
				Date:	1/11/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		_	Current Rate	New Rate 192.27	Effective Date 1/1/2009
L	evel H: AIDS	_	330.49	330.62	1/1/2009
L	evel U: Fragile Under 21	-	441.50	441.63	1/1/2009
Inter Settl Prior Basis:	Il Interim rim Component ement based on costs r Provider Prospective data	X Changes:]	Total Prospective Prospective Adjusted to the Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X	Usual and Target Ra FRVS Ch Retro to Rate Sem	e Rating Change I Customary Limitation ate limitation change hange pick up late C/R change ester Change [2] as of 10/01/1985	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Baycare Health System		Me	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
	16331 Bay Vista Drive Clearwater Fl 33760				

Report Calculated: 1/11/2013 Report Printed: 1/11/2013 Book:0 ID:594682064312009010120130111162508



Morton Plant Rehabilitation Center				Provider Number:	0 206431-00		
400 Corbett Street			Date:	1/11/2013			
Clearwater FL 33756				Fiscal Year End:	12/31/2006		
				Audit Status:	Unaudited [3]		
Provider Type: Nursing Home Si	ngle Level	-	Current Rate 176.04	New Rate 176.15	Effective Date 3/1/2009		
Lev	vel H: AIDS	-	314.39	314.50	3/1/2009		
Lev	vel U: Fragile Under 21	•	425.40	425.51	3/1/2009		
Interin Settlen	rim portion	Changes:	Licensure Usual and Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component		
Desk audit - Inter Desk Audit - Pros Distribution:		Rate Semester Change On FRV [2] as of 10/01/1985					
Contract Management Permanent FileFor informationNo Change in R Home Office:	Only	Me	dicaid Cost	Thomas Parker t Reimbursement Plan	ning and Finance		



Morton Plant Rehabilitation Center 400 Corbett Street				Provider Number:	0 206431-00		
				Date:	1/11/2013		
Clearwater FL 33756				Fiscal Year End:	12/31/2006		
				Audit Status:	Unaudited [3]		
Provider Type: Nursing Home Single Level		_	Current Rate 211.66	New Rate 211.79	Effective Date 4/1/2009		
T.	1 H. AIDC		0.50.01	250.11			
	evel H: AIDS		350.01	350.14	4/1/2009		
Le	evel U: Fragile Under 21	-	461.02	461.15	4/1/2009		
Rate Type :				,			
Interim		X	Prospectiv				
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	m Component		***************************************	Prospective Adjusted			
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Desk Audit - Pro	ospective portion		On FRV	[2] as of 10/01/1985			
Distribution:	(/P: 1.4		7-6-	Thomas Parker	•		
Contract Managemen	t / Fiscal Agent	Me	edicaid Cost	Reimbursement Plan	ning and Finance		
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For information	-						
No Change in 1	Kate						
Home Office:	Baycare Health System		W W W				
	16331 Bay Vista Drive Clearwater Fl 33760						



Morton Plant Rehabilitati	on Center			Provider Number:	0 206431-00
400 Corbett Street			Date:	1/11/2013	
Clearwater FL 33756				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		216.81		7/1/2009
L	evel H: AIDS	_	357.16	357.29	7/1/2009
L	evel U: Fragile Under 21	_	469.78	469.91	7/1/2009
Inter Settle	I Interim im Component ement based on costs Provider Prospective data	Changes		Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited co Field audit - int Desk audit - Int Desk Audit - Pr	terim portion	X	Usual and Target R. FRVS Cl. Retro to Rate Sem	e Rating Change d Customary Limitation ate limitation change hange pick up late C/R change tester Change [2] as of 10/01/1985	
Distribution: Contract Management	nt / Fiscal Agent		2	Thomas Parker	ning and Finance
Permanent File For informatio No Change in	on Only	M	caicaid Cos	t Reimbursement Plan	ming and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



Morton Plant Rehabilit	tation Center			Provider Number:	0 206431-00
400 Corbett Street				Date:	1/11/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 217.55	New Rate 217.68	Effective
- · · · · · · · · · · · · · · · · · · ·		******			
	Level H: AIDS	_	359.47	359.60	1/1/2010
	Level U: Fragile Under 21	_	473.35	473.48	1/1/2010
Basis: Budget X Unaudited conception field audited posk audited Desk audited Desk audited Desk audit -	d costs interim portion	Changes:	Licensure Usual and Target R: FRVS CI Retro to Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation	n Interim Component
Distribution:	Troopedite political		7/	Thomas Parker	•
Contract Manager Permanent File For informa No Change	•	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



Morton Plant Rehabilitati	on Center			Provider Number:	0 206431-00
400 Corbett Street				Date:	1/11/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	Monanda	218.86	<u>218.99</u> _	7/1/2010
L	evel H: AIDS		362.20	362.33	7/1/2010
L	evel U: Fragile Under 21	_	477.23	477.36	7/1/2010
Inter Settle	Il Interim rim Component ement based on costs Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited co Field audit - in Desk audit - Int Desk Audit - Pt	osts terim portion osts	X	Usual and Target R FRVS Cl Retro to Rate Sem	e Rating Change d Customary Limitation ate limitation change nange pick up late C/R change tester Change [2] as of 10/01/1985	
Distribution: Contract Management File For information No Change in	on Only	Me	dicaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



Morton Plant Rehabilitati	ion Center			Provider Number:	0 206431-00
400 Corbett Street				Date:	1/11/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	221.52	221.79	1/1/2011
L	evel H: AIDS		366.38	366.65	1/1/2011
L	evel U: Fragile Under 21		482.63	482.90	1/1/2011
Basis: Budget X Unaudited cost: Field audit - in: Desk audited co	osts terim portion osts	Changes	Licensure Usual and Target Ra FRVS Cl Retro to Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution: Contract Manageme. Permanent File For information No Change in Home Office:	on Only Rate Baycare Health System	M	edicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
	16331 Bay Vista Drive Clearwater Fl 33760				



Morton Plant Rehabilitati	on Center			Provider Number:	0 206431-00
400 Corbett Street				Date:	1/11/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:				A Rudio Desido.	
			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	-	212.14	212.40	7/1/2011
L	evel H: AIDS		358.34	358.60	7/1/2011
L	evel U: Fragile Under 21	-	475.67	475.93	7/1/2011
Inter Settle	l Interim rim Component ement based on costs · Provider Prospective data	X Changes		ve Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	osts terim portion osts	X	Licensur Usual an Target R FRVS C	e Rating Change d Customary Limitation ate limitation change hange pick up late C/R change nester Change [2] as of 10/01/1985	
Distribution:			75	Thomas Parker	· · · · · · · · · · · · · · · · · · ·
Contract Management Permanent File For information No Change in	on Only	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



Morton Plant Rehabilitat	tion Center			Provider Number:	0 206431-00
400 Corbett Street				Date:	1/11/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	213.28		1/1/2012
]	Level H: AIDS		360.89	365.75	1/1/2012
]	Level U: Fragile Under 21		479.35	484.21	1/1/2012
Inte Sett Prio	al Interim rim Component lement based on costs or Provider Prospective data	Changes	 s:	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited cos Field audited of Field audit - in Desk audited of Desk audit - In	nterim portion	X	Usual an Target R FRVS CI Retro to	e Rating Change d Customary Limitation ate limitation change hange pick up late C/R chanester Change	
Desk Audit - F	Prospective portion			[2] as of 10/01/1985	
Distribution:	ent / Fiscal Agent		16	Thomas Parker	
Contract Manageme Permanent File For informati No Change in	on Only	M	ledicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760		1113 År Miller		



Morton Plant Rehabilitation	on Center			Provider Number:	0 206431-00
400 Corbett Street				Date:	1/11/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	Sngle Level		Current Rate 220.85	New Rate	Effective Date 7/1/2012
Nursing Home S	lingle Level		220.85		//1/2012
L	evel H: AIDS		370.06	375.22	7/1/2012
L	evel U: Fragile Under 21		489.81	494.97	7/1/2012
Interior Settle	Interim im Component ement based on costs Provider Prospective data			e Total Prospective Prospective Adjusted Total Prospective with	
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk Audit - Property	erim portion	Changes:	Usual and Target Ra FRVS Ch Retro to Rate Sem	e Rating Change d Customary Limitation ate limitation change nange pick up late C/R change tester Change [2] as of 10/01/1985	
Distribution: Contract Managemer Permanent File For information No Change in	n Only	Med	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



Morton Plant Rehabilitati	ion Center			Provider Number:	0 206431-00
400 Corbett Street				Date:	1/11/2013
Clearwater FL 33756				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 227.68	New Rate 227.80	Effective Date 1/1/2013
	Level H: AIDS	******	378.49	378.61	1/1/2013
·	Level U: Fragile Under 21	_	499.53	499.65	1/1/2013
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest and the content of the c	osts terim portion osts	Changes:	Licensur Usual and Target R FRVS CI Retro to Rate Sem	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Distribution: Contract Manageme Permanent File For information No Change in	nt / Fiscal Agent	Med	76	Thomas Parker t Reimbursement Plant	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



V7.008.1.2:Y9M9V

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

John Knox Village Medic	cal Center			Provider Number:	0 210285-00	
4100 E. FLETCHER AV	ENUE			Date:	1/11/2013	
Tampa FL 33613				Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 186.19	New Rate 183.59	Effective Date 1/1/2009	
J					***************************************	
L	evel H: AIDS		324.54	321.94	1/1/2009	
L	evel U: Fragile Under 21		435.55	432.95	1/1/2009	
Inter	I Interim rim Component ement based on costs	X		e Total Prospective Prospective Adjusted : Total Prospective with		
Prior Basis:	Provider Prospective data	Changes:				
Budget X Unaudited costs Field audited co	osts		Usual and	e Rating Change I Customary Limitation ate limitation change nange	n	
Desk audited co	osts	Retro to pick up late C/R changes Rate Semester Change On FRV [2] as of 12/01/1987			nges	
Distribution:				Thomas Parker		
Contract Management Permanent FileFor information No Change in	on Only	Med	dicaid Cost	Reimbursement Plans	ning and Finance	
Home Office:	Baycare Health System 16331 Bay Vista Drive		***************************************			
	Clearwater FI 33760					



John Knox Village Medica	al Center			Provider Number:	0 210285-00	
4100 E. FLETCHER AVENUE				Date:	1/11/2013	
Tampa FL 33613				Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home S	ingle Level		Current Rate 170.59	New Rate 168.20	Effective Date 3/1/2009	
Le	evel H: AIDS		308.94	306.55	3/1/2009	
Le	evel U: Fragile Under 21	_	419.95	417.56	3/1/2009	
Interi Settle	sts erim portion	Changes	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Desk audit - Inte	l l		Rate Sem	ester Change [2] as of 12/01/1987	nges	
Distribution:			7-6	Thomas Parker		
Contract Managemen Permanent File For information No Change in	n Only	Me	edicaid Cost	Reimbursement Plan	ning and Finance	
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760		***************************************			



John Knox Village Med	lical Center			Provider Number:	0 210285-00
4100 E. FLETCHER A	VENUE			Date:	1/11/2013
Tampa FL 33613				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		201.23	198.47	4/1/2009
	Level H: AIDS	_	339.58	336.82	4/1/2009
	Level U: Fragile Under 21	_	450.59	447.83	4/1/2009
Int Set		Changes:	Licensure Usual and Target Ra	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk audited Desk audit - I	nterim portion costs nterim Portion Prospective portion	X	Rate Sem	hange pick up late C/R cha nester Change [2] as of 12/01/1987	nges
Distribution:			2-8	Thomas Parker	
Contract Managem Permanent File For informat No Change i	ion Only	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



John Knox Village Mo	edical Center			Provider Number:	0 210285-00
4100 E. FLETCHER	AVENUE			Date:	1/11/2013
Tampa FL 33613				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 204.81	New Rate 198.31	Effective
9	8				
	Level H: AIDS		345.16	338.66	7/1/2009
	Level U: Fragile Under 21		457.78	451.28	7/1/2009
				•	
Rate Type :	***************************************	Saum .	THE STATE OF THE S		
Basis: Budget X Unaudited control Field audite	d costs - interim portion	Changes:	Licensur Usual and Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk audit -	Interim Portion		Rate Sem	ester Change	nges
Distribution:	- Prospective portion		On FRV	[2] as of 12/01/1987 Thomas Parker	
Contract Manage Permanent File For inform No Change	•	Med	licaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



John Knox Village Medica	al Center			Provider Number:	0 210285-00
4100 E. FLETCHER AVE	ENUE			Date:	1/11/2013
Tampa FL 33613				Fiscal Year End:	12/31/2007
•				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 207.10	New Rate 201.01	Effective Date 1/1/2010
Le	evel H: AIDS		349.02	342.93	1/1/2010
Le	evel U: Fragile Under 21	_	462.90	456.81	1/1/2010
Interi	sts erim portion sts	Changes:	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk Audit - Pro Distribution:	ospective portion			[2] as of 12/01/1987 Thomas Parker	
Contract Managemen Permanent File For information No Change in I Home Office:	n Only	Med	dicaid Cost	t Reimbursement Plan	ning and Finance



John Knox Village Medica	al Center			Provider Number:	0 210285-00
4100 E. FLETCHER AVE	NUE			Date:	1/11/2013
Tampa FL 33613				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ingle Level		Current Rate 208.57	New Rate 202.65	Effective Date 7/1/2010
Le	evel H: AIDS	3	351.91	345.99	7/1/2010
Le	evel U: Fragile Under 21		166.94	461.02	7/1/2010
Interio	Interim m Component ment based on costs Provider Prospective data	Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts erim Portion	X	Usual and Target Ra FRVS CA Retro to Rate Sem	e Rating Change d Customary Limitation ate limitation change nange pick up late C/R change tester Change [2] as of 12/01/1987	
Distribution: Contract Management Permanent File For information No Change in F	ı Only	Med	icaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



John Knox Village Medic	cal Center			Provider Number:	0 210285-00
4100 E. FLETCHER AV	ENUE	Date: 1/11			1/11/2013
Tampa FL 33613				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		209.94	206.95	1/1/2011
I	evel H: AIDS	_	354.80	351.81	1/1/2011
L	evel U: Fragile Under 21	-	471.05	468.06	1/1/2011
Inter Settl	al Interim rim Component ement based on costs r Provider Prospective data	X Changes:		ve Total Prospective Prospective Adjusted Total Prospective with	
	osts terim portion osts	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Retro to pick up late C/R changes Rate Semester Change On FRV [2] as of 12/01/1987			
<u>Distribution:</u>	na / Pina -1 A name		7-6	Thomas Parker	
Contract Manageme Permanent FileFor informationNo Change in	on Only	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



John Knox Village Med	dical Center			Provider Number:	0 210285-00
4100 E. FLETCHER A	VENUE			Date:	1/11/2013
Tampa FL 33613				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		199.98	<u> 197.04</u> _	7/1/2011
	Level H: AIDS		346.18	343.24	7/1/2011
	Level U: Fragile Under 21	_	463.51	460.57	7/1/2011
Int	otal Interim terim Component ttlement based on costs	X		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:	ior Provider Prospective data	Changes:			
Desk audited	l costs interim portion	x	Usual and Target R FRVS Cl Retro to Rate Sem	pick up late C/R cha nester Change	
	Prospective portion	.,	On FRV	[2] as of 12/01/1987	
Distribution: Contract Managen Permanent File For informa No Change	·	Me	dicaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



John Knox Village Medical Center				Provider Number:	0 210285-00
4100 E. FLETCHER A	VENUE		Date: 1/11/201		
Tampa FL 33613				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	201.60	205.12	1/1/2012
	Level H: AIDS	_	349.21	352.73	1/1/2012
	Level U: Fragile Under 21	_	467.67	471.19	1/1/2012
Int Set	tal Interim erim Component tlement based on costs or Provider Prospective data	X		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes			
Desk audited Desk audit - I	costs interim portion	X	Usual and Target R FRVS Cl Retro to Rate Sem	e Rating Change d Customary Limitation ate limitation change hange pick up late C/R change tester Change [2] as of 12/01/1987	
Distribution:			7-8	Thomas Parker	
Contract Managem Permanent FileFor informatNo Change in	ion Only in Rate	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



John Knox Village Medical				Provider Number:	0 210285-00
4100 E. FLETCHER AVEN	IUE			Date:	1/11/2013
Tampa FL 33613				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		*****	Rate	Rate	Date
Nursing Home Sin	igle Level		206.99	<u>211.60</u> _	7/1/2012
Lev	el H: AIDS		356.20	360.81	7/1/2012
Lev	el U: Fragile Under 21	_	475.95	480.56	7/1/2012
Rate Type :	-				
Interim		X	Prospectiv	e	
Total I	nterim	***************************************	-	Total Prospective	
Interim	Component			Prospective Adjusted	for New Costs
Settlem	ent based on costs			Total Prospective with	1 Interim Component
Prior Pr	rovider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
X Unaudited costs			•	d Customary Limitatio	on
Field audited cost	s			ate limitation change	
Field audit - inter	im portion		FRVS Cl	nange	
Desk audited costs		X		pick up late C/R cha	nges
Desk audit - Interi	1			ester Change	
Desk Audit - Pros	pective portion		On FRV	[2] as of 12/01/1987	
Contract Management	/ Fiscal Agent		0	Thomas Parker	
Permanent File	riscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
For information (Only				
No Change in Ra	•				
	Baycare Health System	W-477778000000000000000000000000000000000			
Home Office:	Daycate ricatili System			THE STATE OF THE S	
	16331 Bay Vista Drive Clearwater Fl 33760				



John Knox Village Medic	al Center			Provider Number:	0 210285-00
4100 E. FLETCHER AVENUE				Date:	1/11/2013
Tampa FL 33613				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level		Current Rate 213.09	New Rate 213.08	Effective Date 1/1/2013
3	3	***************************************			
L	evel H: AIDS		363.90	363.89	1/1/2013
L	evel U: Fragile Under 21		484.94	484.93	1/1/2013
Inter Settle	I Interim im Component ement based on costs Provider Prospective data	X Changes:	Prospectiv X	Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited co Field audit - int Desk audit - Int Desk Audit - Pr	terim portion	X	Usual an Target R FRVS Cl Retro to Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange pick up late C/R chan nester Change [2] as of 12/01/1987	
Distribution: Contract Management File For information No Change in	n Only	Med	dicaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
Home Office:	Baycare Health System 16331 Bay Vista Drive Clearwater Fl 33760				



EdgeWood Nursing Center				Provider Number:	0 254878-00
1771 Edgewood Avenu			Date:	1/17/2013	
Jacksonville FL 32208				Fiscal Year End:	12/31/2005
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level	_	Current Rate 139.63	New Rate 140.52	Effective Date 1/1/2007
0					
	Level H: AIDS		269.23	270.12	1/1/2007
	Level U: Fragile Under 21	-	373.22	374.11	1/1/2007
Basis: Budget Unaudited co X Field audited		Changes	Licensur Usual an	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitatio ate limitation change	Interim Component
	costs Interim Portion Prospective portion	X	Rate Sen	dit NH11-047C FYE nester Change [2] as of 06/01/1993	12/31/2005
Distribution:			2	Thomas Parker	19-940 AA - \$P4
Contract Management File For informat No Change	cion Only	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075				



EdgeWood Nursing Cente	r			Provider Number:	0 254878-00
1771 Edgewood Avenue West		_		Date:	1/17/2013
Jacksonville FL 32208		_		Fiscal Year End:	12/31/2005
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home S	ingle Level		Current Rate 141.97	New Rate 142.86	Effective Date 2/1/2007
Le	evel H: AIDS		271.57	272.46	2/1/2007
Le	evel U: Fragile Under 21		375.56	376.45	2/1/2007
Interi Settle	sts erim portion	Cha	Usual ar Target F FRVS C	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Desk audit - Inte				nester Change [2] as of 06/01/1993	-
Distribution: Contract Management Permanent File For information No Change in It	n Only		Medicaid Co	Thomas Parker st Reimbursement Plan	ning and Finance



EdgeWood Nursing Co	enter			Provider Number:	0 254878-00
1771 Edgewood Avenu				Date:	1/17/2013
Jacksonville FL 32208				Fiscal Year End:	12/31/2005
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		139.63		3/1/2007
	Level H: AIDS		269.23	270.12	3/1/2007
	Level U: Fragile Under 21	_	373.22	374.11	3/1/2007
Basis: Budget Unaudited co X Field audited Field audited Desk audited Desk Audited Desk Audited Desk Audited Desk Audited Desk Audited	I costs interim portion I costs Interim Portion Prospective portion ment / Fiscal Agent	Changes: X Me	Licensur Usual an Target R FRVS C Field Au Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
For informa No Change	-				
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075				



EdgeWood Nursing Co	enter		Provider Number:	0 254878-00
1771 Edgewood Aven	ue West		Date:	1/17/2013
Jacksonville FL 32208			Fiscal Year End:	12/31/2005
			Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	152.70		7/1/2007
	Level H: AIDS	284.64	285.62	7/1/2007
	Level U: Fragile Under 21	390.50	391.48	7/1/2007
Basis: Budget Unaudited co X Field audited Field audited Desk audited	d costs interim portion d costs	Usual at Target I FRVS C X Field A	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change Change udit NH11-047C FYE	n Interim Component
	Interim Portion - Prospective portion		mester Change [2] as of 06/01/1993	
Distribution: Contract Manager	ment / Fiscal Agent	7-6) Thomas Parker	
Permanent File For informa	-	Medicaid Co	st Reimbursement Plan	ning and Finance
No Change	in Rate			
Home Office:	Putnam Council, Inc.			
	16 Norcross Street Roswell GA 30075			



EdgeWood Nursing Center	er			Provider Number:	0 254878-00
1771 Edgewood Avenue	West			Date:	. 1/17/2013
Jacksonville FL 32208				Fiscal Year End:	12/31/2005
				Audit Status:	Field Audited [2]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	150.85		1/1/2008
L	evel H: AIDS		284.85	285.74	1/1/2008
L	evel U: Fragile Under 21		392.37	393.26	1/1/2008
Inter Settle	osts	Changes	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Reference Rating Change Customary Limitation Total Prospective with	Interim Component
Desk audited co	osts	<u> </u>	_ Rate Sem	dit NH11-047C FYE tester Change [2] as of 06/01/1993	12/31/2005
Distribution:	. (5: 14		76	Thomas Parker	
Contract Manageme Permanent File For information No Change in	on Only	M	edicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075				



EdgeWood Nursing Center 1771 Edgewood Avenue West Jacksonville FL 32208				Provider Number:	0 254878-00		
				Date:	1/17/2013		
				Fiscal Year End:	12/31/2005		
			Audit Status:		Field Audited [2]		
Provider Type: Nursing Home	Single Level	-	Current Rate	New Rate 154.71	Effective Date 7/1/2008		
	Level H: AIDS		290.01	290.99	7/1/2008		
]	Level U: Fragile Under 21		399.36	400.34	7/1/2008		
Basis: Budget Unaudited cos X Field audited of Field audited of	nterim portion	Change	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Re Rating Change Customary Limitation Total Prospective with Total Prospective with Total Prospective with Total Prospective Total	n Interim Component		
Desk audit - Ir Desk Audit - F	Prospective portion	-	Rate Semester Change On FRV [2] as of 06/01/1993				
Distribution:			7	Thomas Parker			
Contract Manageme Permanent File For informati No Change in Home Office:	on Only	M	ledicaid Cost	Reimbursement Plan	ning and Finance		



EdgeWood Nursing Center 1771 Edgewood Avenue West Jacksonville FL 32208				Provider Number:	0 254878-00
		- •		Date:	1/17/2013
				Fiscal Year End:	12/31/2005
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level	_	Current Rate 155.39	New Rate 156.36	Effective Date 1/1/2009
I	Level H: AIDS		293.74	294.71	1/1/2009
I	Level U; Fragile Under 21	_	404.75	405.72	1/1/2009
Inter Settl	al Interim rim Component lement based on costs r Provider Prospective data	X Changes:		Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited cost X Field audited c Field audit - in Desk audit - In Desk Audit - P	eosts terim portion osts	X	Usual and Target Ra FRVS Cl Field Au Rate Sem	e Rating Change d Customary Limitation ate limitation change hange dit NH11-047C FYE hester Change [2] as of 06/01/1993	
Distribution:			74	Thomas Parker	
Contract Manageme Permanent File For information No Change in	on Only	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075				



EdgeWood Nursing Center 1771 Edgewood Avenue West Jacksonville FL 32208				Provider Number:	0 254878-00 1/17/2013 12/31/2005	
		•		Date:		
				Fiscal Year End:		
				Audit Status:	Field Audited	[2]
Provider Type: Nursing Home	Single Level		Current Rate 142.36	New Rate 143.25	Effective Date 3/1/2009	
L	evel H: AIDS		280.71	281.60	3/1/2009	-
L	evel U: Fragile Under 21	_	391.72	392.61	3/1/2009	
Inter Settle	l Interim im Component ement based on costs Provider Prospective data	Changes:		e Fotal Prospective Prospective Adjusted Fotal Prospective with		t
Budget Unaudited costs X Field audited co Field audit - int Desk audit - Int Desk Audit - Pr	osts terim portion osts	X	Usual and Target Ra FRVS Ch Field Aud Rate Sem	Rating Change I Customary Limitation the limitation change ange dit NH11-047C FYE ester Change [2] as of 06/01/1993		
Distribution: Contract Management Permanent File For information No Change in	on Only	Me	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	_
Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075					



EdgeWood Nursing Center 1771 Edgewood Avenue West Jacksonville FL 32208				Provider Number:	0 254878-00	
				Date:	1/17/2013	
				Fiscal Year End:	12/31/2005	
				Audit Status:	Field Audited [2]	
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 179.23	Effective Date 4/1/2009	
I	Level H: AIDS		316.55	317.58	4/1/2009	
I	Level U: Fragile Under 21	_	427.56	428.59	4/1/2009	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only		Changes:	Licensure Usual and Target Ra FRVS CI Field Au Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component on 12/31/2005	
No Change in Home Office:	Putnam Council, Inc. 16 Norcross Street Roswell GA 30075					



Adventist Care Centers - Courtland, Inc. 730 Courtland Street Orlando Fl 32804				Provider Number:	0 320439-00	
				Date:	1/25/2013	
				Fiscal Year End:	12/31/2008	
				Audit Status:	Field Audited [2]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	*******	212.52		1/1/2010	
	Level H: AIDS		354.44	343.51	1/1/2010	
	Level U: Fragile Under 21	_	468.32	457.39	1/1/2010	
Int	otal Interim terim Component ttlement based on costs ior Provider Prospective data	X Changes:		e Total Prospective Prospective Adjusted Total Prospective with		
Desk audited Desk audit - 1	costs interim portion	X	Usual and Target Ra FRVS Ch Field Au Rate Sem	e Rating Change d Customary Limitation ate limitation change hange dit #NH11-013W FY lester Change [2] as of 07/27/2000		
Distribution: Contract Managen Permanent File For informat No Change	tion Only	Med	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	
Home Office:	Adventist Care Centers 602 Courtland Street, Suite 200 Orlando FL 32804	and a second subject to the second				



Florida Living Nursing Center 3355 E. Semoran Blvd. Apopka FL 32703				Provider Number:	0 320463-00
				Date:	1/23/2013
			Fiscal Year End:		7/31/2009
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home Si	ngle Level	 	Current Rate	New Rate 216.73	Effective Date 1/1/2010
Le	vel H: AIDS		363.69	358.65	1/1/2010
Le	vel U: Fragile Under 21	-	477.57	472.53	1/1/2010
Interin Settler	Interim n Component nent based on costs Provider Prospective data	X Changes:		e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Budget Unaudited costs X Field audited cos Field audit - inte Desk audited cos Desk Audit - Inter Desk Audit - Pro	rim portion ts rim Portion	X	Usual and Target Ra FRVS Ch Field Aud	Rating Change I Customary Limitation te limitation change ange Iit #NH11-038W FY ester Change [2] as of 08/24/1989	
Distribution: Contract Management Permanent File For information No Change in R	Only	Me	edicaid Cost	Thomas Parker Reimbursement Plans	ning and Finance
Home Office:	Sunbelt Health Care Centers Kevin Sadler 602 Courtland Street Orlando FL 32804	,Inc.			



Florida Living Nursing Center 3355 E. Semoran Blvd. Apopka FL 32703				Provider Number:	0 320463-00
				Date:	1/23/2013
				Fiscal Year End:	7/31/2009
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level		Current Rate 224.20	New Rate 219.12	Effective
	Level H: AIDS		367.54	362.46	7/1/2010
	Level U: Fragile Under 21		482.57	477.49	7/1/2010
Basis: Budget Unaudited co X Field audited Field audited Desk audited Desk audited	d costs interim portion costs Interim Portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange ddit #NH11-038W FY nester Change	n Interim Component
Desk Audit - Distribution:	Prospective portion		On FRV	[2] as of 08/24/1989 Thomas Parker	
Permanent File For informa No Change	in Rate		licaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Sunbelt Health Care Center Kevin Sadler 602 Courtland Street Orlando FL 32804	S,IIIC.			