



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
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



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		
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



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

San Marco Terrace Rehab and care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 022293-00
 Date: 1/15/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.35	189.80	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

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

Cost Settlement FYE 12/31/2010

Rate Semester Change

On FRV [2] as of 09/01/1987

Distribution:

Contract Management / Fiscal Agent

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For information Only

No Change in Rate

Home Office:

Brooks Health System
 Bruce Blake
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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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San Marco Terrace Rehab and care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 022293-00
 Date: 1/15/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.90	195.01	7/1/2010
	Level H: AIDS	354.24	338.35	7/1/2010
	Level U: Fragile Under 21	469.27	453.38	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


Cost Settlement FYE 12/31/2010

Rate Semester Change

On FRV [2] as of 09/01/1987

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San Marco Terrace Rehab and care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 022293-00
 Date: 1/15/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.83	197.88	1/1/2011
	Level H: AIDS	357.69	342.74	1/1/2011
	Level U: Fragile Under 21	473.94	458.99	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
 Cost Settlement FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 09/01/1987

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 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 022293-00
 Date: 1/15/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.40	191.45	7/1/2011
	Level H: AIDS	351.60	337.65	7/1/2011
	Level U: Fragile Under 21	468.93	454.98	7/1/2011

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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
- Cost Settlement FYE 12/31/2010
- Rate Semester Change
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 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 022293-00
 Date: 1/15/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.57	193.16	1/1/2012
	Level H: AIDS	355.18	340.77	1/1/2012
	Level U: Fragile Under 21	473.64	459.23	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
 Cost Settlement FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 09/01/1987

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 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 022293-00
 Date: 1/15/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.46	199.33	7/1/2012
	Level H: AIDS	362.67	348.54	7/1/2012
	Level U: Fragile Under 21	482.42	468.29	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
 Cost Settlement FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 09/01/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehab and care
 189 San Marco Avenue
 St. Augustine FL 32084

Provider Number: 0 022293-00
 Date: 2/19/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.24	204.71	1/1/2013
	Level H: AIDS	353.05	355.52	1/1/2013
	Level U: Fragile Under 21	474.09	476.56	1/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> 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 Cost Settlement FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 09/01/1987

Distribution:

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	192.14	192.27	1/1/2009
Level H: AIDS	330.49	330.62	1/1/2009
Level U: Fragile Under 21	441.50	441.63	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"/> Retro to pick up late C/R changes
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	176.04	176.15	3/1/2009
	Level H: AIDS	314.39	314.50	3/1/2009
	Level U: Fragile Under 21	425.40	425.51	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
 Retro to pick up late C/R changes
 Rate Semester Change
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Distribution:

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.66</u>	<u>211.79</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>350.01</u>	<u>350.14</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>461.02</u>	<u>461.15</u>	<u>4/1/2009</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
 Retro to pick up late C/R changes
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400 Corbett Street
Clearwater FL 33756

Provider Number: 0 206431-00
Date: 1/11/2013
Fiscal Year End: 12/31/2006
Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>216.81</u>	<u>216.94</u>	<u>7/1/2009</u>
Level H: AIDS	<u>357.16</u>	<u>357.29</u>	<u>7/1/2009</u>
Level U: Fragile Under 21	<u>469.78</u>	<u>469.91</u>	<u>7/1/2009</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Retro to pick up late C/R changes
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.55</u>	<u>217.68</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>359.47</u>	<u>359.60</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>473.35</u>	<u>473.48</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
 Retro to pick up late C/R changes
 Rate Semester Change
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Provider Number: 0 206431-00
Date: 1/11/2013
Fiscal Year End: 12/31/2006
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>218.86</u>	<u>218.99</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>362.20</u>	<u>362.33</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>477.23</u>	<u>477.36</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
 Retro to pick up late C/R changes
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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 No Change in Rate

Home Office:

Baycare Health System

16331 Bay Vista Drive
Clearwater FI 33760

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

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.52</u>	<u>221.79</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>366.38</u>	<u>366.65</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>482.63</u>	<u>482.90</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

Retro to pick up late C/R changes

Rate Semester Change

On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.14</u>	<u>212.40</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>358.34</u>	<u>358.60</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>475.67</u>	<u>475.93</u>	<u>7/1/2011</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

Retro to pick up late C/R changes

Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.28	218.14	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

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Retro to pick up late C/R changes

Rate Semester Change

On FRV [2] as of 10/01/1985

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Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.85	226.01	7/1/2012
Level H: AIDS	370.06	375.22	7/1/2012
Level U: Fragile Under 21	489.81	494.97	7/1/2012

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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"/> Retro to pick up late C/R changes
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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Morton Plant Rehabilitation Center
 400 Corbett Street
 Clearwater FL 33756

Provider Number: 0 206431-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>227.68</u>	<u>227.80</u>	<u>1/1/2013</u>
Level H: AIDS	<u>378.49</u>	<u>378.61</u>	<u>1/1/2013</u>
Level U: Fragile Under 21	<u>499.53</u>	<u>499.65</u>	<u>1/1/2013</u>

Rate Type :

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

Licensure Rating Change
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Medicaid Reimbursement Per Diem Rates

John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>186.19</u>	<u>183.59</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>324.54</u>	<u>321.94</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>435.55</u>	<u>432.95</u>	<u>1/1/2009</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
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Medicaid Reimbursement Per Diem Rates

John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	170.59	168.20	3/1/2009
	Level H: AIDS	308.94	306.55	3/1/2009
	Level U: Fragile Under 21	419.95	417.56	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
- Retro to pick up late C/R changes**
- Rate Semester Change
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John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 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

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
- Target Rate limitation change
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John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.81	198.31	7/1/2009
Level H: AIDS	345.16	338.66	7/1/2009
Level U: Fragile Under 21	457.78	451.28	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
- Retro to pick up late C/R changes**
- Rate Semester Change
- On FRV [2] as of 12/01/1987

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Medicaid Reimbursement Per Diem Rates

John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>207.10</u>	<u>201.01</u>	<u>1/1/2010</u>
	Level H: AIDS	<u>349.02</u>	<u>342.93</u>	<u>1/1/2010</u>
	Level U: Fragile Under 21	<u>462.90</u>	<u>456.81</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
 Retro to pick up late C/R changes
 Rate Semester Change
 On FRV [2] as of 12/01/1987

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John Knox Village Medical Center
 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.57	202.65	7/1/2010
	Level H: AIDS	351.91	345.99	7/1/2010
	Level U: Fragile Under 21	466.94	461.02	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
- Retro to pick up late C/R changes**
- Rate Semester Change
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 4100 E. FLETCHER AVENUE
 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>209.94</u>	<u>206.95</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>354.80</u>	<u>351.81</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>471.05</u>	<u>468.06</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
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 FRVS Change
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John Knox Village Medical Center
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 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	199.98	197.04	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

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:

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- Field audited costs
- Field audit - interim portion
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- Desk Audit - Prospective portion

Changes:

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 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 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

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 |
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Basis:

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- Desk Audit - Prospective portion

Changes:

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Provider Number: 0 210285-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.99	211.60	7/1/2012
	Level H: AIDS	356.20	360.81	7/1/2012
	Level U: Fragile Under 21	475.95	480.56	7/1/2012

Rate Type :

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

Basis:

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

Changes:

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- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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- Rate Semester Change
- On FRV [2] as of 12/01/1987

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 Tampa FL 33613

Provider Number: 0 210285-00
 Date: 1/11/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>213.09</u>	<u>213.08</u>	<u>1/1/2013</u>
Level H: AIDS	<u>363.90</u>	<u>363.89</u>	<u>1/1/2013</u>
Level U: Fragile Under 21	<u>484.94</u>	<u>484.93</u>	<u>1/1/2013</u>

Rate Type :	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> 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"/> Retro to pick up late C/R changes
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 12/01/1987

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	139.63	140.52	1/1/2007
	Level H: AIDS	269.23	270.12	1/1/2007
	Level U: Fragile Under 21	373.22	374.11	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
 Field Audit NH11-047C FYE 12/31/2005
 Rate Semester Change
 On FRV [2] as of 06/01/1993

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Medicaid Reimbursement Per Diem Rates

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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>141.97</u>	<u>142.86</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>271.57</u>	<u>272.46</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>375.56</u>	<u>376.45</u>	<u>2/1/2007</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-047C FYE 12/31/2005
 Rate Semester Change
 On FRV [2] as of 06/01/1993

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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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>139.63</u>	<u>140.52</u>	<u>3/1/2007</u>
	Level H: AIDS	<u>269.23</u>	<u>270.12</u>	<u>3/1/2007</u>
	Level U: Fragile Under 21	<u>373.22</u>	<u>374.11</u>	<u>3/1/2007</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:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Field Audit NH11-047C FYE 12/31/2005
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 06/01/1993

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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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	152.70	153.68	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

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH11-047C FYE 12/31/2005**
- Rate Semester Change
- On FRV [2] as of 06/01/1993

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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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	150.85	151.74	1/1/2008
	Level H: AIDS	284.85	285.74	1/1/2008
	Level U: Fragile Under 21	392.37	393.26	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
- Field Audit NH11-047C FYE 12/31/2005**
- Rate Semester Change
- On FRV [2] as of 06/01/1993

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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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	153.73	154.71	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

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-047C FYE 12/31/2005
 Rate Semester Change
 On FRV [2] as of 06/01/1993

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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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	155.39	156.36	1/1/2009
	Level H: AIDS	293.74	294.71	1/1/2009
	Level U: Fragile Under 21	404.75	405.72	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
 Field Audit NH11-047C FYE 12/31/2005
 Rate Semester Change
 On FRV [2] as of 06/01/1993

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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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	142.36	143.25	3/1/2009
	Level H: AIDS	280.71	281.60	3/1/2009
	Level U: Fragile Under 21	391.72	392.61	3/1/2009

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
 Field Audit NH11-047C FYE 12/31/2005
 Rate Semester Change
 On FRV [2] as of 06/01/1993

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Medicaid Reimbursement Per Diem Rates

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:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	178.20	179.23	4/1/2009
Level H: AIDS	316.55	317.58	4/1/2009
Level U: Fragile Under 21	427.56	428.59	4/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-047C FYE 12/31/2005
 Rate Semester Change
 On FRV [2] as of 06/01/1993

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Medicaid Reimbursement Per Diem Rates

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	201.59	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

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-013W FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 07/27/2000

Distribution:

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Thomas Parker
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 602 Courtland Street, Suite 200
 Orlando FL 32804



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.77	216.73	1/1/2010
	Level H: AIDS	363.69	358.65	1/1/2010
	Level U: Fragile Under 21	477.57	472.53	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 type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Field Audit #NH11-038W FYE 7/31/2009
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 08/24/1989

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Thomas Parker
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 Kevin Sadler
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 Orlando FL 32804



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Medicaid Reimbursement Per Diem Rates

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:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.20	219.12	7/1/2010
	Level H: AIDS	367.54	362.46	7/1/2010
	Level U: Fragile Under 21	482.57	477.49	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
 Field Audit #NH11-038W FYE 7/31/2009
 Rate Semester Change
 On FRV [2] as of 08/24/1989

Distribution:

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