



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: November 26, 2013
To: Gay Munyon, Bureau Chief, Medicaid Contract Management
From:  Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement
Subject: Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Trinity Regional Rehab Center	0 003521-00	10
2.	Heritage Healthcare and Rehabilitation Center	0 043838-00	5
3.	Keystone Rehabilitation and Health Center	0 043839-00	5
4.	Oakbridge Healthcare Center	0 043841-00	5
5.	Oaktree Healthcare	0 043843-00	5
6.	The Parks Healthcare and Rehabilitation Center	0 043850-00	5
7.	Brandon Health and Rehabilitation Center	0 043860-00	5
8.	Harts Harbor Health Care Center	0 043865-00	5
9.	Fletcher Health and Rehabilitation Center	0 043866-00	5
10.	Harbor Beach Nursing and Rehabilitation Center	0 043873-00	5
11.	Governor's Creek Health and Rehabilitation	0 043875-00	5
12.	Hillcrest Nursing and Rehabilitation Center	0 047795-00	5
13.	River Garden Hebrew Home	0 200859-00	7
14.	Sunnyside Nursing Home	0 202711-00	1
15.	Baldomero Lopez State Veterans' Nursing Home	0 214914-00	2
16.	MK of Haines City LLC	0 224341-00	2
17.	Haven of Our Lady of Peace	0 258831-00	7
18.	GraceWood Nursing Center, Inc.	0 316644-00	7
19.	Keystone Rehabilitation and Health Center	0 317560-00	9
20.	Coral Gables Nursing and Rehabilitation	0 323772-00	8
		Total	108

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

TP/ab



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
000352100	20081125	191.15	327.43	191.15	191.15	74426-13	NH12-068W
000352100	20090101	188.27	326.62	188.27	188.27	74426-13	NH12-068W
000352100	20090301	172.49	310.84	172.49	172.49	74426-13	NH12-068W
000352100	20090401	209.77	348.12	209.77	209.77	74426-13	NH12-068W
000352100	20090701	216.93	357.28	216.93	216.93	74426-13	NH12-068W
000352100	20100101	220.12	362.04	220.12	220.12	74426-13	NH12-068W
000352100	20100701	221.76	365.10	221.76	221.76	74426-13	NH12-068W
000352100	20110101	225.00	369.86	225.00	225.00	74426-13	NH12-068W
000352100	20110701	216.64	362.84	216.64	216.64	74426-13	NH12-068W
000352100	20120101	198.19	345.80	198.19	198.19	74426-13	NH12-068W
004383800	20120201	218.00	365.61	218.00	218.00	74426-13	
004383800	20120701	223.99	373.20	223.99	223.99	74426-13	
004383800	20120801	227.42	376.63	227.42	227.42	74426-13	
004383800	20130101	230.44	381.25	230.44	230.44	74426-13	
004383800	20130701	235.86	0.00	235.86	235.86	74426-13	
004383900	20120201	190.33	337.94	190.33	190.33	74426-13	
004383900	20120701	195.04	344.25	195.04	195.04	74426-13	
004383900	20120801	198.32	347.53	198.32	198.32	74426-13	
004383900	20130101	200.25	351.06	200.25	200.25	74426-13	
004383900	20130701	205.02	0.00	205.02	205.02	74426-13	
004384100	20120201	193.21	340.82	193.21	193.21	74426-13	
004384100	20120701	199.15	348.36	199.15	199.15	74426-13	
004384100	20120801	199.79	349.00	199.79	199.79	74426-13	
004384100	20130101	202.90	353.71	202.90	202.90	74426-13	
004384100	20130701	208.40	0.00	208.40	208.40	74426-13	
004384300	20120201	197.04	344.65	197.04	197.04	74426-13	
004384300	20120701	202.92	352.13	202.92	202.92	74426-13	
004384300	20120801	207.88	357.09	207.88	207.88	74426-13	
004384300	20130101	210.64	361.45	210.64	210.64	74426-13	
004384300	20130701	216.07	0.00	216.07	216.07	74426-13	
004385000	20120201	195.06	342.67	195.06	195.06	74426-13	
004385000	20120701	200.75	349.96	200.75	200.75	74426-13	
004385000	20120801	205.28	354.49	205.28	205.28	74426-13	
004385000	20130101	207.93	358.74	207.93	207.93	74426-13	
004385000	20130701	213.39	0.00	213.39	213.39	74426-13	
004386000	20120201	187.27	334.88	187.27	187.27	74426-13	
004386000	20120701	193.38	342.59	193.38	193.38	74426-13	
004386000	20120801	194.01	343.22	194.01	194.01	74426-13	
004386000	20130101	197.41	348.22	197.41	197.41	74426-13	
004386000	20130701	203.07	0.00	203.07	203.07	74426-13	
004386500	20120201	179.52	327.13	179.52	179.52	74426-13	
004386500	20120701	184.00	333.21	184.00	184.00	74426-13	
004386500	20120801	189.28	338.49	189.28	189.28	74426-13	
004386500	20130101	191.22	342.03	191.22	191.22	74426-13	
004386500	20130701	195.78	0.00	195.78	195.78	74426-13	
004386600	20120201	189.21	336.82	189.21	189.21	74426-13	
004386600	20120701	193.64	342.85	193.64	193.64	74426-13	
004386600	20120801	195.10	344.31	195.10	195.10	74426-13	
004386600	20130101	197.02	347.83	197.02	197.02	74426-13	
004386600	20130701	201.66	0.00	201.66	201.66	74426-13	
004387300	20120201	216.21	363.82	216.21	216.21	74426-13	
004387300	20120701	222.37	371.58	222.37	222.37	74426-13	
004387300	20120801	226.89	376.10	226.89	226.89	74426-13	
004387300	20130101	230.00	380.81	230.00	230.00	74426-13	
004387300	20130701	236.12	0.00	236.12	236.12	74426-13	
004387500	20120201	182.07	329.68	182.07	182.07	74426-13	
004387500	20120701	186.91	336.12	186.91	186.91	74426-13	
004387500	20120801	191.56	340.77	191.56	191.56	74426-13	
004387500	20130101	193.79	344.60	193.79	193.79	74426-13	
004387500	20130701	198.42	0.00	198.42	198.42	74426-13	

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
004779500	20120201	200.57	348.18	200.57	200.57	74426-13	
004779500	20120701	205.28	354.49	205.28	205.28	74426-13	
004779500	20120801	208.98	358.19	208.98	208.98	74426-13	
004779500	20130101	211.01	361.82	211.01	211.01	74426-13	
004779500	20130701	215.99	0.00	215.99	215.99	74426-13	
020085900	20100101	226.47	368.39	226.47	226.47	74426-13	NH12-020G
020085900	20100701	229.66	373.00	229.66	229.66	74426-13	NH12-020G
020085900	20110101	232.11	376.97	232.11	232.11	74426-13	NH12-020G
020085900	20110701	223.22	369.42	223.22	223.22	74426-13	NH12-020G
020085900	20120101	224.45	372.06	224.45	224.45	74426-13	NH12-020G
020085900	20120701	232.00	381.21	232.00	232.00	74426-13	NH12-020G
020085900	20130101	233.08	383.89	233.08	233.08	74426-13	NH12-020G
020271100	20130701	261.98	0.00	261.98	261.98	74426-13	
021491400	20090701	212.93	353.28	212.93	212.93	74426-13	NH11-055L
021491400	20100101	213.23	355.15	213.23	213.23	74426-13	NH11-055L
022434100	20090701	182.47	322.82	182.47	182.47	74426-13	NH12-078L
022434100	20100101	183.97	325.89	183.97	183.97	74426-13	NH12-078L
025883100	20090701	206.18	346.53	206.18	206.18	74426-13	NH12-021G
025883100	20100101	206.75	348.67	206.75	206.75	74426-13	NH12-021G
025883100	20110101	212.04	356.90	212.04	212.04	74426-13	NH12-021G
025883100	20120101	205.42	353.03	205.42	205.42	74426-13	NH12-021G
025883100	20120701	211.72	360.93	211.72	211.72	74426-13	NH12-021G
025883100	20130101	213.41	364.22	213.41	213.41	74426-13	NH12-021G
025883100	20130701	219.18	0.00	219.18	219.18	74426-13	NH12-021G
031664400	20070101	146.13	275.73	146.13	146.13	74426-13	NH10-003C
031664400	20070201	147.15	276.75	147.15	147.15	74426-13	NH10-003C
031664400	20070301	146.13	275.73	146.13	146.13	74426-13	NH10-003C
031664400	20070601	149.98	279.58	149.98	149.98	74426-13	NH10-003C
031664400	20070701	151.16	283.10	151.16	151.16	74426-13	NH10-003C
031664400	20080101	150.16	284.16	150.16	150.16	74426-13	NH10-003C
031664400	20080701	151.71	287.99	151.71	151.71	74426-13	NH10-003C
031756000	20070101	178.35	307.95	178.35	178.35	74426-13	NH11-023C
031756000	20070701	193.79	325.73	193.79	193.79	74426-13	NH11-023C
031756000	20070901	196.12	328.06	196.12	196.12	74426-13	NH11-023C
031756000	20071019	194.09	326.03	194.09	194.09	74426-13	NH11-023C
031756000	20080101	191.62	325.62	191.62	191.62	74426-13	NH11-023C
031756000	20080701	193.26	329.54	193.26	193.26	74426-13	NH11-023C
031756000	20090101	191.28	329.63	191.28	191.28	74426-13	NH11-023C
031756000	20090301	175.24	313.59	175.24	175.24	74426-13	NH11-023C
031756000	20090401	214.18	352.53	214.18	214.18	74426-13	NH11-023C
032377200	20100101	206.01	347.93	206.01	206.01	74426-13	NH11-015C
032377200	20100701	210.01	353.35	210.01	210.01	74426-13	NH11-015C
032377200	20110101	214.75	359.61	214.75	214.75	74426-13	NH11-015C
032377200	20110701	207.05	353.25	207.05	207.05	74426-13	NH11-015C
032377200	20120101	206.10	353.71	206.10	206.10	74426-13	NH11-015C
032377200	20120701	212.03	361.24	212.03	212.03	74426-13	NH11-015C
032377200	20130101	212.31	363.12	212.31	212.31	74426-13	NH11-015C
032377200	20130701	221.83	0.00	221.83	221.83	74426-13	NH11-015C



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

Trinity Regional Rehab Center
 2144 Welbilt Boulevard
 Trinity FL 34655

Provider Number: 0 003521-00
 Date: 11/21/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	190.64	191.15	11/25/2008
	Level H: Aids	326.92	327.43	11/25/2008

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 #NH12-068W FYE 12/31/09

Rate Semester Change

On FRV [2] as of 11/25/2008

Distribution:

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No Change in Rate

Home Office:

Traditions Management of Florida, LLC

24641 US Highway 19 North
 Clearwater FL 33763

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates

Trinity Regional Rehab Center
 2144 Welbilt Boulevard
 Trinity FL 34655

Provider Number: 0 003521-00
 Date: 11/21/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.87	188.27	1/1/2009
	Level H: Aids	327.22	326.62	1/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH12-068W FYE 12/31/09
 Rate Semester Change
 On FRV [2] as of 11/25/2008

Distribution:

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Trinity Regional Rehab Center
 2144 Welbilt Boulevard
 Trinity FL 34655

Provider Number: 0 003521-00
 Date: 11/21/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	173.04	172.49	3/1/2009
	Level H: Aids	311.39	310.84	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

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Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

Trinity Regional Rehab Center
 2144 Welbilt Boulevard
 Trinity FL 34655

Provider Number: 0 003521-00
 Date: 11/21/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home	210.41	209.77	4/1/2009
Single Level			
Level H: Aids	348.76	348.12	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 #NH12-068W FYE 12/31/09

Rate Semester Change

On FRV [2] as of 11/25/2008

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 Trinity FL 34655

Provider Number: 0 003521-00
 Date: 11/21/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.57</u>	<u>216.93</u>	<u>7/1/2009</u>
	Level H: Aids	<u>357.92</u>	<u>357.28</u>	<u>7/1/2009</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH12-068W FYE 12/31/09
 Rate Semester Change
 On FRV [2] as of 11/25/2008

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Provider Number: 0 003521-00
 Date: 11/21/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	219.88	220.12	1/1/2010
	Level H: Aids	361.80	362.04	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 #NH12-068W FYE 12/31/09
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 Trinity FL 34655

Provider Number: 0 003521-00
 Date: 11/21/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>221.23</u>	<u>221.76</u>	<u>7/1/2010</u>
	Level H: Aids	<u>364.57</u>	<u>365.10</u>	<u>7/1/2010</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH12-068W FYE 12/31/09**
- Rate Semester Change
- On FRV [2] as of 11/25/2008

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 Date: 11/21/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.48	225.00	1/1/2011
	Level H: Aids	369.34	369.86	1/1/2011

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

Changes:

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 2144 Welbilt Boulevard
 Trinity FL 34655

Provider Number: 0 003521-00
 Date: 11/21/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.15	216.64	7/1/2011
	Level H: Aids	362.35	362.84	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:	Changes:
<input type="checkbox"/> Budget	<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Usual and Customary Limitation
<input checked="" type="checkbox"/> Field audited costs	<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> Field audit - interim portion	<input type="checkbox"/> FRVS Change
<input type="checkbox"/> Desk audited costs	<input checked="" type="checkbox"/> Field Audit #NH12-068W FYE 12/31/09
<input type="checkbox"/> Desk audit - Interim Portion	<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> Desk Audit - Prospective portion	<input type="checkbox"/> On FRV [2] as of 11/25/2008

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Trinity Regional Rehab Center
 2144 Welbilt Boulevard
 Trinity FL 34655

Provider Number: 0 003521-00
 Date: 11/21/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.20	198.19	1/1/2012
	Level H: Aids	345.81	345.80	1/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA #NH12-068W FYE 12/31/09
 Rate Semester Change
 On FRV [2] as of 11/25/2008

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare and Rehabilitation Center
 777 Ninth Street North
 Naples FL 34102

Provider Number: 0 043838-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.43	218.00	2/1/2012
	Level H: Aids	361.04	365.61	2/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRY [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare and Rehabilitation Center
 777 Ninth Street North
 Naples FL 34102

Provider Number: 0 043838-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.31	223.99	7/1/2012
	Level H: Aids	367.52	373.20	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 7/31/12

Rate Semester Change

On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare and Rehabilitation Center
 777 Ninth Street North
 Naples FL 34102

Provider Number: 0 043838-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.31	227.42	8/1/2012
	Level H: Aids	367.52	376.63	8/1/2012

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 7/31/12**
- Rate Semester Change
- On FRY [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare and Rehabilitation Center
 777 Ninth Street North
 Naples FL 34102

Provider Number: 0 043838-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.48	230.44	1/1/2013
	Level H: Aids	369.29	381.25	1/1/2013

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 7/31/12
 Rate Semester Change
 On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare and Rehabilitation Center
 777 Ninth Street North
 Naples FL 34102

Provider Number: 0 043838-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
222.25	235.86	7/1/2013

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:

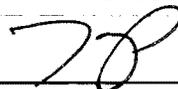
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

KeystoneRehabilitation and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 043839-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.70	190.33	2/1/2012
	Level H: Aids	334.31	337.94	2/1/2012

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:

Changes:

Budget

Licensure Rating Change

Unaudited costs

Usual and Customary Limitation

Field audited costs

Target Rate limitation change

Field audit - interim portion

FRVS Change

Desk audited costs

Cost Settlement FYE 7/31/12

Desk audit - Interim Portion

Rate Semester Change

Desk Audit - Prospective portion

On FRV [2] as of 10/19/2006

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Medicaid Reimbursement Per Diem Rates

KeystoneRehabilitation and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 043839-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>191.17</u>	<u>195.04</u>	<u>7/1/2012</u>
	Level H: Aids	<u>340.38</u>	<u>344.25</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 10/19/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

KeystoneRehabilitation and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 043839-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	191.17	198.32	8/1/2012
	Level H: Aids	340.38	347.53	8/1/2012

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 7/31/12
 Rate Semester Change
 On FRV [2] as of 10/19/2006

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Medicaid Reimbursement Per Diem Rates

KeystoneRehabilitation and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 043839-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	191.33	200.25	1/1/2013
	Level H: Aids	342.14	351.06	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 10/19/2006

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Medicaid Reimbursement Per Diem Rates

KeystoneRehabilitation and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 043839-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	194.69	205.02	7/1/2013

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 7/31/12
 Rate Semester Change
 On FRV [2] as of 10/19/2006

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Medicaid Reimbursement Per Diem Rates

Oakbridge Healthcare Center
 3110 Oakbridge Boulevard, East
 Lakeland FL 33803

Provider Number: 0 043841-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.38	193.21	2/1/2012
	Level H: Aids	347.99	340.82	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 08/02/1991

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Medicaid Reimbursement Per Diem Rates

Oakbridge Healthcare Center
 3110 Oakbridge Boulevard, East
 Lakeland FL 33803

Provider Number: 0 043841-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.50	199.15	7/1/2012
	Level H: Aids	353.71	348.36	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 7/31/12

Rate Semester Change

On FRV [2] as of 08/02/1991

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Medicaid Reimbursement Per Diem Rates

Oakbridge Healthcare Center
 3110 Oakbridge Boulevard, East
 Lakeland FL 33803

Provider Number: 0 043841-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.50	199.79	8/1/2012
	Level H: Aids	353.71	349.00	8/1/2012

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 7/31/12
 Rate Semester Change
 On FRV [2] as of 08/02/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

Oakbridge Healthcare Center
 3110 Oakbridge Boulevard, East
 Lakeland FL 33803

Provider Number: 0 043841-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.66	202.90	1/1/2013
	Level H: Aids	355.47	353.71	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 08/02/1991

Distribution:

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Medicaid Reimbursement Per Diem Rates

Oaktree Healthcare
 650 Reed Canal Road
 South Daytona FL 32119

Provider Number: 0 043843-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.28	197.04	2/1/2012
	Level H: Aids	347.89	344.65	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 05/21/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

Oaktree Healthcare
 650 Reed Canal Road
 South Daytona FL 32119

Provider Number: 0 043843-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.12	202.92	7/1/2012
	Level H: Aids	354.33	352.13	7/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/12**
- Rate Semester Change
- On FRV [2] as of 05/21/1993

Distribution:

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- No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: CMCH

800 Concourse Parkway South
 Maitland FL 32751



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

Oaktree Healthcare
 650 Reed Canal Road
 South Daytona FL 32119

Provider Number: 0 043843-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.12	207.88	8/1/2012
	Level H: Aids	354.33	357.09	8/1/2012

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:

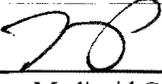
- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 05/21/1993

Distribution:

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 No Change in Rate


Thomas Parker
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Medicaid Reimbursement Per Diem Rates

Oaktree Healthcare
 650 Reed Canal Road
 South Daytona FL 32119

Provider Number: 0 043843-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.27	210.64	1/1/2013
	Level H: Aids	356.08	361.45	1/1/2013

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 7/31/12**
- Rate Semester Change
- On FRV [2] as of 05/21/1993

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Medicaid Reimbursement Per Diem Rates

Oaktree Healthcare
 650 Reed Canal Road
 South Daytona FL 32119

Provider Number: 0 043843-00
 Date: 11/8/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	208.89	216.07	7/1/2013

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 7/31/12**
- Rate Semester Change
- On FRV [2] as of 05/21/1993

Distribution:

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Medicaid Reimbursement Per Diem Rates

The Parks Healthcare and Rehabilitation Center
 9311 South Orange Blossom Trail
 Orlando FL 32837

Provider Number: 0 043850-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.50	195.06	2/1/2012
	Level H: Aids	346.11	342.67	2/1/2012

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 7/31/12

Rate Semester Change

On FRV [2] as of 02/01/2012

Distribution:

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No Change in Rate

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

The Parks Healthcare and Rehabilitation Center
 9311 South Orange Blossom Trail
 Orlando FL 32837

Provider Number: 0 043850-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.25	200.75	7/1/2012
	Level H: Aids	352.46	349.96	7/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 02/01/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

The Parks Healthcare and Rehabilitation Center
 9311 South Orange Blossom Trail
 Orlando FL 32837

Provider Number: 0 043850-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.25	205.28	8/1/2012
	Level H: Aids	352.46	354.49	8/1/2012

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 7/31/12
- Rate Semester Change
- On FRV [2] as of 02/01/2012

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Medicaid Reimbursement Per Diem Rates

The Parks Healthcare and Rehabilitation Center
 9311 South Orange Blossom Trail
 Orlando FL 32837

Provider Number: 0 043850-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.41	207.93	1/1/2013
	Level H: Aids	354.22	358.74	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/12
 Rate Semester Change
 On FRV [2] as of 02/01/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

The Parks Healthcare and Rehabilitation Center
 9311 South Orange Blossom Trail
 Orlando FL 32837

Provider Number: 0 043850-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.98	213.39	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/12
- Rate Semester Change
- On FRV [2] as of 02/01/2012

Distribution:

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Medicaid Reimbursement Per Diem Rates

Brandon Health and Rehabilitation Center
 1465 Oakfield Drive
 Brandon FL 33511

Provider Number: 0 043860-00
 Date: 11/5/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.70	187.27	2/1/2012
	Level H: Aids	341.31	334.88	2/1/2012

Rate Type :

Interim

- Total Interim
- Interim Component
- Settlement based on costs
- Prior Provider Prospective data

Prospective

- Total Prospective
- Prospective Adjusted for New Costs
- Total Prospective with Interim Component

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 05/07/1997

Distribution:

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- No Change in Rate

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 Maitland FL 32751



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Brandon Health and Rehabilitation Center
 1465 Oakfield Drive
 Brandon FL 33511

Provider Number: 0 043860-00
 Date: 11/5/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.83	193.38	7/1/2012
	Level H: Aids	347.04	342.59	7/1/2012

Rate Type :

Interim

- Total Interim
- Interim Component
- Settlement based on costs
- Prior Provider Prospective data

Prospective

- Total Prospective
- Prospective Adjusted for New Costs
- Total Prospective with Interim Component

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 05/07/1997

Distribution:

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- No Change in Rate

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Brandon Health and Rehabilitation Center
 1465 Oakfield Drive
 Brandon FL 33511

Provider Number: 0 043860-00
 Date: 11/5/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.83	194.01	8/1/2012
	Level H: Aids	347.04	343.22	8/1/2012

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 using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 05/07/1997

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Brandon Health and Rehabilitation Center
 1465 Oakfield Drive
 Brandon FL 33511

Provider Number: 0 043860-00
 Date: 11/5/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>198.01</u>	<u>197.41</u>	<u>1/1/2013</u>
	Level H: Aids	<u>348.82</u>	<u>348.22</u>	<u>1/1/2013</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement using FYE 7/31/2012 C/R
 Rate Semester Change
 On FRV [2] as of 05/07/1997

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Brandon Health and Rehabilitation Center
 1465 Oakfield Drive
 Brandon FL 33511

Provider Number: 0 043860-00
 Date: 11/5/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	201.31	203.07	7/1/2013

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
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 05/07/1997

Distribution:

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Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 043865-00
 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	164.25	179.52	2/1/2012
	Level H: Aids	311.86	327.13	2/1/2012

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 7/31/2012

Rate Semester Change

On FRV [2] as of 12/01/2001

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 043865-00
 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.05	184.00	7/1/2012
	Level H: Aids	316.26	333.21	7/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 043865-00
 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.05	189.28	8/1/2012
	Level H: Aids	316.26	338.49	8/1/2012

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:

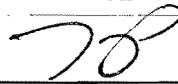
- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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 Permanent File
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Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 043865-00
 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.18	191.22	1/1/2013
	Level H: Aids	317.99	342.03	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 12/01/2001

Distribution:

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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
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 Maitland FL 32751



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
 11565 Harts Road
 Jacksonville FL 32218

Provider Number: 0 043865-00
 Date: 11/20/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	169.18	195.78	7/1/2013

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 7/31/2012
- Rate Semester Change
- On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehabilitation Center
 518 West Fletcher Avenue
 Tampa FL 33612

Provider Number: 0 043866-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>202.93</u>	<u>189.21</u>	<u>2/1/2012</u>
	Level H: Aids	<u>350.54</u>	<u>336.82</u>	<u>2/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 05/19/1998

Distribution:

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehabilitation Center
 518 West Fletcher Avenue
 Tampa FL 33612

Provider Number: 0 043866-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.74	193.64	7/1/2012
	Level H: Aids	357.95	342.85	7/1/2012

Rate Type :

Interim

- Total Interim
- Interim Component
- Settlement based on costs
- Prior Provider Prospective data

Prospective

- Total Prospective
- Prospective Adjusted for New Costs
- Total Prospective with Interim Component

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/19/1998

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehabilitation Center
 518 West Fletcher Avenue
 Tampa FL 33612

Provider Number: 0 043866-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.74	195.10	8/1/2012
	Level H: Aids	357.95	344.31	8/1/2012

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 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/19/1998

Distribution:

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehabilitation Center
 518 West Fletcher Avenue
 Tampa FL 33612

Provider Number: 0 043866-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.38	197.02	1/1/2013
	Level H: Aids	361.19	347.83	1/1/2013

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 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/19/1998

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehabilitation Center
 518 West Fletcher Avenue
 Tampa FL 33612

Provider Number: 0 043866-00
 Date: 11/12/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	214.71	201.66	7/1/2013

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
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- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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

Harbor Beach Nursing and Rehabilitation Center
 1615 South Miami Road
 Ft. Lauderdale FL 33316

Provider Number: 0 043873-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.28	216.21	2/1/2012
	Level H: Aids	362.89	363.82	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/28/1986

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Medicaid Reimbursement Per Diem Rates

Harbor Beach Nursing and Rehabilitation Center
 1615 South Miami Road
 Ft. Lauderdale FL 33316

Provider Number: 0 043873-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	220.24	222.37	7/1/2012
	Level H: Aids	369.45	371.58	7/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement FYE 7/31/2012
 Rate Semester Change
 On FRV [2] as of 05/28/1986

Distribution:

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Medicaid Reimbursement Per Diem Rates

Harbor Beach Nursing and Rehabilitation Center
 1615 South Miami Road
 Ft. Lauderdale FL 33316

Provider Number: 0 043873-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.24	226.89	8/1/2012
	Level H: Aids	369.45	376.10	8/1/2012

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 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 05/28/1986

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Medicaid Reimbursement Per Diem Rates

Harbor Beach Nursing and Rehabilitation Center
 1615 South Miami Road
 Ft. Lauderdale FL 33316

Provider Number: 0 043873-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.42	230.00	1/1/2013
	Level H: Aids	371.23	380.81	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 05/28/1986

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Medicaid Reimbursement Per Diem Rates

Harbor Beach Nursing and Rehabilitation Center
 1615 South Miami Road
 Ft. Lauderdale FL 33316

Provider Number: 0 043873-00
 Date: 11/15/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
224.25	236.12	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Governor's Creek Health and Rehabilitation
 803 Oak Street
 Green Cove Springs FL 32043

Provider Number: 0 043875-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.29	182.07	2/1/2012
	Level H: Aids	345.90	329.68	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012
- Rate Semester Change
- On FRV [2] as of 01/01/1997

Distribution:

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Medicaid Reimbursement Per Diem Rates

Governor's Creek Health and Rehabilitation
 803 Oak Street
 Green Cove Springs FL 32043

Provider Number: 0 043875-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.66	186.91	7/1/2012
	Level H: Aids	352.87	336.12	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 using FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 01/01/1997

Distribution:

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Medicaid Reimbursement Per Diem Rates

Governor's Creek Health and Rehabilitation
 803 Oak Street
 Green Cove Springs FL 32043

Provider Number: 0 043875-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.66	191.56	8/1/2012
	Level H: Aids	352.87	340.77	8/1/2012

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 using FYE 7/31/2012**
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

Governor's Creek Health and Rehabilitation
 803 Oak Street
 Green Cove Springs FL 32043

Provider Number: 0 043875-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.81	193.79	1/1/2013
	Level H: Aids	354.62	344.60	1/1/2013

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 using FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 01/01/1997

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Medicaid Reimbursement Per Diem Rates

Governor's Creek Health and Rehabilitation
 803 Oak Street
 Green Cove Springs FL 32043

Provider Number: 0 043875-00
 Date: 11/22/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.38	198.42	7/1/2013

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 using FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 01/01/1997

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Medicaid Reimbursement Per Diem Rates

Hillcrest Nursing and Rehabilitation Center
 4200 Washington Street
 Hollywood FL 33021

Provider Number: 0 047795-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.42	200.57	2/1/2012
	Level H: Aids	345.03	348.18	2/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 06/27/1989

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
 800 Concourse Parkway South
 Maitland FL 32751



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

Hillcrest Nursing and Rehabilitation Center
 4200 Washington Street
 Hollywood FL 33021

Provider Number: 0 047795-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	203.24	205.28	7/1/2012
Level H: Aids	352.45	354.49	7/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 06/27/1989

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

Hillcrest Nursing and Rehabilitation Center
 4200 Washington Street
 Hollywood FL 33021

Provider Number: 0 047795-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	203.24	208.98	8/1/2012
	Level H: Aids	352.45	358.19	8/1/2012

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 using FYE 7/31/2012 C/R**
- Rate Semester Change
- On FRV [2] as of 06/27/1989

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Medicaid Reimbursement Per Diem Rates

Hillcrest Nursing and Rehabilitation Center
 4200 Washington Street
 Hollywood FL 33021

Provider Number: 0 047795-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.91	211.01	1/1/2013
	Level H: Aids	355.72	361.82	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Cost Settlement using FYE 7/31/2012 C/R
 Rate Semester Change
 On FRV [2] as of 06/27/1989

Distribution:

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 No Change in Rate

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

Hillcrest Nursing and Rehabilitation Center
 4200 Washington Street
 Hollywood FL 33021

Provider Number: 0 047795-00
 Date: 11/21/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	209.64	215.99	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Cost Settlement using FYE 7/31/2012 C/R
- Rate Semester Change
- On FRV [2] as of 06/27/1989

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

River Garden Hebrew Home
 11401 Old St. Augustine Rd.
 Jacksonville FL 32258

Provider Number: 0 200859-00
 Date: 10/23/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	226.48	226.47	1/1/2010
	Level H: Aids	368.40	368.39	1/1/2010

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH12-020G FYE 12/31/2008
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: River Garden Holding Company
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 11401 Old St. Augustine Road
 Jacksonville FL 32258



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Medicaid Reimbursement Per Diem Rates

River Garden Hebrew Home
 11401 Old St. Augustine Rd.
 Jacksonville FL 32258

Provider Number: 0 200859-00
 Date: 10/23/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	229.67	229.66	7/1/2010
	Level H: Aids	373.01	373.00	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 NH12-020G FYE 12/31/2008
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Thomas Parker
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

River Garden Hebrew Home
 11401 Old St. Augustine Rd.
 Jacksonville FL 32258

Provider Number: 0 200859-00
 Date: 10/23/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.08	232.11	1/1/2011
	Level H: Aids	376.94	376.97	1/1/2011

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH12-020G FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: River Garden Holding Company
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

River Garden Hebrew Home
 11401 Old St. Augustine Rd.
 Jacksonville FL 32258

Provider Number: 0 200859-00
 Date: 10/23/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	223.19	223.22	7/1/2011
	Level H: Aids	369.39	369.42	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH12-020G FYE 12/31/2008
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

River Garden Hebrew Home
 11401 Old St. Augustine Rd.
 Jacksonville FL 32258

Provider Number: 0 200859-00
 Date: 10/23/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.43	224.45	1/1/2012
	Level H: Aids	372.04	372.06	1/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH12-020G FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Thomas Parker

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

River Garden Hebrew Home
 11401 Old St. Augustine Rd.
 Jacksonville FL 32258

Provider Number: 0 200859-00
 Date: 10/23/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	231.98	232.00	7/1/2012
	Level H: Aids	381.19	381.21	7/1/2012

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH12-020G FYE 12/31/2008
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: River Garden Holding Company
 Betty Parker
 11401 Old St. Augustine Road
 Jacksonville FL 32258



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

River Garden Hebrew Home
 11401 Old St. Augustine Rd.
 Jacksonville FL 32258

Provider Number: 0 200859-00
 Date: 10/23/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	233.05	233.08	1/1/2013
	Level H: Aids	383.86	383.89	1/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH12-020G FYE 12/31/2008
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Thomas Parker

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Home Office: River Garden Holding Company
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 Jacksonville FL 32258



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Baldomero Lopez State Veterans' Nursing Home
 6919 Parkway Blvd.
 Land O Lakes FL 34639

Provider Number: 0 214914-00
 Date: 8/6/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	216.58	212.93	7/1/2009
	Level H: Aids	356.93	353.28	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
- Field Audit #NH11-055L FYE 6/30/08**
- Rate Semester Change
- On FRV [2] as of 05/07/1999

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
 Walter Gilchrist
 11351 Ulmerton Road, Room 332-I
 Largo Fl 33778-1630



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Baldomero Lopez State Veterans' Nursing Home
 6919 Parkway Blvd.
 Land O Lakes FL 34639

Provider Number: 0 214914-00
 Date: 8/7/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.23	213.23	1/1/2010
	Level H: Aids	359.15	355.15	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 #NH11-055L FYE 6/30/08
- Rate Semester Change
- On FRV [2] as of 05/07/1999

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Walter Gilchrist
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 Largo FL 33778-1630



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Medicaid Reimbursement Per Diem Rates

MK of Haines City LLC
 409 10TH STREET
 Haines City FL 33844

Provider Number: 0 224341-00
 Date: 9/20/2013
 Fiscal Year End: 11/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	184.46	182.47	7/1/2009
	Level H: Aids	324.81	322.82	7/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH12-078L FYE 11/30/2008
 Rate Semester Change
 On FRV [2] as of 12/01/1998

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Mark D. Hickman
 1181 Vickery Lane, Suite 200
 Cordova TN 38016-0633



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MK of Haines City LLC
 409 10TH STREET
 Haines City FL 33844

Provider Number: 0 224341-00
 Date: 9/20/2013
 Fiscal Year End: 11/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	185.98	183.97	1/1/2010
	Level H: Aids	327.90	325.89	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 #NH12-078L FYE 11/30/2008
 Rate Semester Change
 On FRV [2] as of 12/01/1998

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 Mark D. Hickman
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 Cordova TN 38016-0633



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Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola FL 32503

Provider Number: 0 258831-00
 Date: 10/23/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.17	206.18	7/1/2009
	Level H: Aids	346.52	346.53	7/1/2009

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 NH12-021G FYE 6/30/2008
- Rate Semester Change
- On FRV [2] as of 11/08/2001

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sacred Heart Hospital
 Mike Myers
 5151 North 9th Avenue
 Pensacola FL 32513-2700



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola FL 32503

Provider Number: 0 258831-00
 Date: 10/23/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.74	206.75	1/1/2010
	Level H: Aids	348.66	348.67	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 NH12-021G FYE 6/30/2008
 Rate Semester Change
 On FRV [2] as of 11/08/2001

Distribution:

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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Sacred Heart Hospital
 Mike Myers
 5151 North 9th Avenue
 Pensacola FL 32513-2700



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

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola FL 32503

Provider Number: 0 258831-00
 Date: 10/23/2013
 Fiscal Year End: 6/30/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.03	212.04	1/1/2011
	Level H: Aids	356.89	356.90	1/1/2011

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH12-021G FYE 6/30/08**
- Rate Semester Change
- On FRV [2] as of 11/08/2001

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola Fl 32503

Provider Number: 0 258831-00
 Date: 10/23/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.41	205.42	1/1/2012
	Level H: Aids	353.02	353.03	1/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH12-021G FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 11/08/2001

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Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola FL 32503

Provider Number: 0 258831-00
 Date: 10/23/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.71</u>	<u>211.72</u>	<u>7/1/2012</u>
	Level H: Aids	<u>360.92</u>	<u>360.93</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH12-021G FYE 6/30/08**
- Rate Semester Change
- On FRV [2] as of 11/08/2001

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Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola Fl 32503

Provider Number: 0 258831-00
 Date: 10/23/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.40	213.41	1/1/2013
	Level H: Aids	364.21	364.22	1/1/2013

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH12-021G FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 11/08/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
 1900 Summit Boulevard
 Pensacola FL 32503

Provider Number: 0 258831-00
 Date: 10/23/2013
 Fiscal Year End: 6/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.17	219.18	7/1/2013

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH12-021G FYE 6/30/08
 Rate Semester Change
 On FRV [2] as of 11/08/2001

Distribution:

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Home Office:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

GraceWood Nursing Center, Inc.
 8600 U.S. Highway 19 North
 Pinellas Park FL 33782

Provider Number: 0 316644-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	156.87	147.15	2/1/2007
	Level H: Aids	286.47	276.75	2/1/2007

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH10-003C FYE 05/31/07

Rate Semester Change

On FRV [2] as of 08/01/1998

Distribution:

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No Change in Rate

Home Office:

Senior Care Group, Inc.
 Kathy Chudow
 1240 Marbella Plaza Drive
 Tampa FL 33619

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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Medicaid Reimbursement Per Diem Rates

GraceWood Nursing Center, Inc.
 8600 U.S. Highway 19 North
 Pinellas Park FL 33782

Provider Number: 0 316644-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>153.79</u>	<u>146.13</u>	<u>3/1/2007</u>
	Level H: Aids	<u>283.39</u>	<u>275.73</u>	<u>3/1/2007</u>

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH10-003C FYE 05/31/07

Rate Semester Change

On FRV [2] as of 08/01/1998

Distribution:

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No Change in Rate

Home Office:

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Kathy Chudow

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

GraceWood Nursing Center, Inc.
 8600 U.S. Highway 19 North
 Pinellas Park FL 33782

Provider Number: 0 316644-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	158.04	149.98	6/1/2007
Level H: Aids	287.64	279.58	6/1/2007

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 #NH10-003C FYE 05/31/07
 Rate Semester Change
 On FRV [2] as of 08/01/1998

Distribution:

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Medicaid Reimbursement Per Diem Rates

GraceWood Nursing Center, Inc.
 8600 U.S. Highway 19 North
 Pinellas Park FL 33782

Provider Number: 0 316644-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.26	151.16	7/1/2007
	Level H: Aids	291.20	283.10	7/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10-003C FYE 05/31/07**
- Rate Semester Change
- On FRV [2] as of 08/01/1998

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GraceWood Nursing Center, Inc.
 8600 U.S. Highway 19 North
 Pinellas Park FL 33782

Provider Number: 0 316644-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	158.22	150.16	1/1/2008
	Level H: Aids	292.22	284.16	1/1/2008

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10-003C FYE 05/31/07**
- Rate Semester Change
- On FRV [2] as of 08/01/1998

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

GraceWood Nursing Center, Inc.
 8600 U.S. Highway 19 North
 Pinellas Park FL 33782

Provider Number: 0 316644-00
 Date: 8/21/2013
 Fiscal Year End: 5/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.61	151.71	7/1/2008
	Level H: Aids	295.89	287.99	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 #NH10-003C FYE 05/31/07
 Rate Semester Change
 On FRV [2] as of 08/01/1998

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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 8/15/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
178.75	178.35	1/1/2007
Level H: Aids 308.35	307.95	1/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11- 023C FYE 8/31/2007
 Rate Semester Change
 On FRV [2] as of 10/19/2006

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Home Office:

T - No Home Office



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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 8/15/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	194.19	193.79	7/1/2007
	Level H: Aids	326.13	325.73	7/1/2007

Rate Type :

Interim

____ Total Interim

____ Interim Component

Settlement based on costs

____ Prior Provider Prospective data

____ Prospective

____ Total Prospective

____ Prospective Adjusted for New Costs

____ Total Prospective with Interim Component

Basis:

____ Budget

____ Unaudited costs

Field audited costs

____ Field audit - interim portion

____ Desk audited costs

____ Desk audit - Interim Portion

____ Desk Audit - Prospective portion

Changes:

____ Licensure Rating Change

____ Usual and Customary Limitation

____ Target Rate limitation change

____ FRVS Change

Field Audit #NH11- 023C FYE 8/31/2007

____ Rate Semester Change

____ On FRV [2] as of 10/19/2006

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Home Office:

No Home Office

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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 8/15/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.53	196.12	9/1/2007
	Level H: Aids	328.47	328.06	9/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11- 023C FYE 8/31/2007
 Rate Semester Change
 On FRV [2] as of 10/19/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 8/15/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	194.49	194.09	10/19/2007
	Level H: Aids	326.43	326.03	10/19/2007

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- 023C FYE 8/31/2007**
- Rate Semester Change
- On FRV [2] as of 10/19/2006

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 8/15/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>192.01</u>	<u>191.62</u>	<u>1/1/2008</u>
<u>326.01</u>	<u>325.62</u>	<u>1/1/2008</u>

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11- 023C FYE 8/31/2007**
- Rate Semester Change
- On FRV [2] as of 10/19/2006

Distribution:

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Home Office: T - No Home Office



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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 8/15/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	193.66	193.26	7/1/2008
	Level H: Aids	329.94	329.54	7/1/2008

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11- 023C FYE 8/31/2007
- Rate Semester Change
- On FRV [2] as of 10/19/2006

Distribution:

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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 8/15/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	191.66	191.28	1/1/2009
	Level H: Aids	330.01	329.63	1/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11- 023C FYE 8/31/2007**
- Rate Semester Change
- On FRV [2] as of 10/19/2006

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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 8/15/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	175.60	175.24	3/1/2009
	Level H: Aids	313.95	313.59	3/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11- 023C FYE 8/31/2007**
- Rate Semester Change
- On FRV [2] as of 10/19/2006

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Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
 1120 West Donegan Avenue
 Kissimmee FL 34741

Provider Number: 0 317560-00
 Date: 8/15/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Field Audited [2]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
214.60	214.18	4/1/2009

Level H: Aids

352.95	352.53	4/1/2009
--------	--------	----------

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
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- Desk audit - Interim Portion
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Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11- 023C FYE 8/31/2007**
- Rate Semester Change
- On FRV [2] as of 10/19/2006

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 323772-00
 Date: 9/17/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.38	206.01	1/1/2010
	Level H: Aids	350.30	347.93	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 #NH11-015C FYE 04/30/09
 Rate Semester Change
 On FRV [2] as of 11/01/1988

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 323772-00
 Date: 9/17/2013
 Fiscal Year End: 4/30/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.40	210.01	7/1/2010
	Level H: Aids	355.74	353.35	7/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-015C FYE 04/30/09**
- Rate Semester Change
- On FRV [2] as of 11/01/1988

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 323772-00
 Date: 9/17/2013
 Fiscal Year End: 4/30/2010
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>214.66</u>	<u>214.75</u>	<u>1/1/2011</u>
<u>359.52</u>	<u>359.61</u>	<u>1/1/2011</u>

Level H: Aids

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-015C FYE 04/30/09
 Rate Semester Change
 On FRV [2] as of 11/01/1988

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 323772-00
 Date: 9/17/2013
 Fiscal Year End: 4/30/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.97	207.05	7/1/2011
	Level H: Aids	353.17	353.25	7/1/2011

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 323772-00
 Date: 9/17/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.01	206.10	1/1/2012
	Level H: Aids	353.62	353.71	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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Changes:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 323772-00
 Date: 9/17/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>211.95</u>	<u>212.03</u>	<u>7/1/2012</u>
Level H: Aids	<u>361.16</u>	<u>361.24</u>
		<u>7/1/2012</u>

Rate Type :

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

Basis:

- Budget
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 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-015C FYE 04/30/09
 Rate Semester Change
 On FRV [2] as of 11/01/1988

Distribution:

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Home Office: Home Office No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 323772-00
 Date: 9/17/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.23	212.31	1/1/2013
	Level H: Aids	363.04	363.12	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:

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Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-015C FYE 04/30/09
- Rate Semester Change
- On FRV [2] as of 11/01/1988

Distribution:

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 323772-00
 Date: 9/17/2013
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
221.75	221.83	7/1/2013

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:

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Changes:

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 Effects of Field Audit #NH11-015C FYE 04/30/09
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