

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

August 1, 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.

	Provider Name	<u>Provider Number</u>	Number of Rate Change Notices
1.	Suwannee Health Care Center	0 005387-00	1
2.	Berkshire Manor	0 005388-00	1
3.	Fountainhead Care Center	0 005523-00	1
4.	Unity Health & Rehab Center	0 032482-00	1
5.	Crestview Rehabilitation Center	0 044886-00	1
6.	Glades Health Care Center	0 203203-00	1
7.	St. Anne's Nursing Center	0 209473-00	. 1
8.	Sabal Palms Health Care Center	0 210951-00	1
9.	Lakeland Hills Center	0 212865-00	1
10.	Egret Cove Center	0 212890-00	1
11.	Emerald Coast Center	0 212903-00	1
12.	Clearwater Center	0 212911-00	1
13.	Page Rehabilitation and Healthcare Center	0 213900-00	1
14.	Miami Shores Nursing And Rehab Center	0 214035-00	1
15.	Regents Park at Aventura	0 223239-00	1
16.	Orlando Health and Rehabilitation Center	0 223654-00	1
17.	Pensacola Health Care Facility	0 224243-00	1
18.	Pinecrest Convalescent Center	0 225754-00	1
19.	South Heritage Health and Rehab Center	0 226360-00	1
20.	Treasure Isle Care Center	0 226602-00	1
21.	Wilton Manors Health & Rehabilitation Center	0 227579-00	1
22.	First Coast Health and Rehabilitation Center	0 227838-00	1
23.	Manor Pines Convalescent Center, LLC	0 254177-00	1
24.	Manor Oaks Nursing & Rehab Center	0 256935-00	1
25.	Emerald Healthcare Center	0 261637-00	1
26.	Bonifay Nursing and Rehab	0 263443-00	1
27.	Metrowest Nursing and Rehab	0 263541-00	1
28.	Deerfield Beach Health and Rehab Center	0 263851-00	1
29.	Highland Pines Rehabilitation Center	0 263907-00	1



Page 2 Retroactive Nursing Facility Per Diem Rates

	<u>Provider Name</u>	<u>Provider Number</u>	Number of Rate Change Notices
30.	Oasis Health and Rehabilitation Center	0 266124-00	1
		Total	30
		· · · · · · · · · · · · · · · · · · ·	

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

TP/sp Attachments

		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
	Effective Date							
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
000538700	20130701	211.61	0.00	211.61	211.61	486.14	73685-13	
000538800	20130701	242.17	0.00	242.17	242.17	516.70	73685-13	
000552300	20130701	219.00	0.00	219.00	219.00	493.53	73685-13	
003248200	20130701	227.61	0.00	227.61	227.61	502.14	73685-13	
004488600	20130701	225.86	0.00	225.86	225.86	500.39	73685-13	
020320300	20130701	242.66	0.00	242.66	242.66	517.19	73685-13	
020947300	20130701	238.23	0.00	238.23	238.23	512.76	73685-13	
021095100	20130701	198.03	0.00	198.03	198.03	472.56	73685-13	
021286500	20130701	187.87	0.00	187.87	187.87	462.40	73685-13	
021289000	20130701	200.24	0.00	200.24	200.24	474.77	73685-13	
021290300	20130701	194.82	0.00	194.82	194.82	469.35	73685-13	
021291100	20130701	197.76	0.00	197.76	197.76	472.29	73685-13	
021390000	20130701	235.07	0.00	235.07	235.07	509.60	73685-13	
021403500	20130701	262.87	0.00	262.87	262.87	537.40	73685-13	
022323900	20130701	222.23	0.00	222.23	222.23	496.76	73685-13	
022365400	20130701	172.59	0.00	172.59	172.59	447.12	73685-13	
022424300	20130701	215.54	0.00	215.54	215.54	490.07	73685-13	
022575400	20130701	246.94	0.00	246.94	246.94	521.47	73685-13	
022636000	20130701	221.41	0.00	221.41	221.41	495.94	73685-13	
022660200	20130701	202.77	0.00	202.77	202.77	477.30	73685-13	
022757900	20130701	237.41	0.00	237.41	237.41	511.94	73685-13	
022783800	20130701	203.12	0.00	203.12	203.12	477.65	73685-13	
025417700	20130701	209.03	0.00	209.03	209.03	483.56	73685-13	
025693500	20130701	217.15	0.00	217.15	217.15	491.68	73685-13	
026163700	20130701	213.38	0.00	213.38	213.38	487.91	73685-13	
026344300	20130701	193.81	0.00	193.81	193.81	468.34	73685-13	
026354100	20130701	223.48	0.00	223.48	223.48	498.01	73685-13	
026385100	20130701	214.91	0.00	214.91	214.91	489.44	73685-13	
026390700	20130701	199.91	0.00	199.91	199.91	474.44	73685-13	
026612400	20130701	230.70	0.00	230.70	230.70	505.23	73685-13	



Suwannee Health Care Center	r			Provider Number:	0 005387-00			
1620 Helvenston Streets E		-		Date:	7/29/2013			
Live Oak FL 32064		<u>-</u>		Fiscal Year End:	12/31/2011			
Provider Type:				Audit Status:	Unaudited [3]			
Trovider Type.			Current Rate	New Rate	Effective Date			
Nursing Home Sing	gle Level	_	211.12	211.61	7/1/2013			
Rate Type:								
Interim		X	Prospectiv	re				
Total Int	erim		-	Total Prospective				
Interim (Component		Prospective Adjusted for New Costs					
Settleme	nt based on costs			Total Prospective with	Interim Component			
Prior Pro	vider Prospective data	٠						
Basis:		Changes	:					
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Budget X Unaudited costs	1		-	d Customary Limitation	n			
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Desk audit - Interim	1			ester Change				
Desk Audit - Prospe	ective portion	·	On FRV	[2] as of 09/01/1988				
Distribution:	· ·		7-6	Thomas Parker				
Contract Management / I	riscal Agent	M	edicaid Cost	Reimbursement Plann	ning and Finance			
Permanent File								
For information Or	•							
No Change in Rate	;							
Home Office:	Pensacola Administrative S	Services, LLC						
2	North Palafox Street							
	ensacola Fl 32502			; }				



Berkshire Manor	•			Provider Number:	0 005388-00		
1255 NE 135th Street		-		Date:	7/29/2013		
North Miami FL 33161		_		Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type: Nursing Home Singl	e Level		Current Rate 237.53	New Rate 242.17	Effective Date 7/1/2013		
Nursing Home Singi	e Levei		<u> </u>		//1/2013		
Rate Type :							
Interim		X	Prospectiv	re			
Total Inter			-	Total Prospective			
Interim Co	•			Prospective Adjusted			
	based on costs			Total Prospective with	Interim Component		
Prior Prov	ider Prospective data						
Basis:	•	Changes:					
	Language		• •	n : d			
Budget	,			Rating Change			
Unaudited costs Field audited costs				d Customary Limitation change	n		
Field audit - interim	nortion	FRVS Change					
Desk audited costs	Oltion	X		R effective 7/1/2013			
Desk audit - Interim I	Portion	Rate Semester Change					
Desk Audit - Prospec	tive portion		On FRV	[2] as of 02/01/1998			
Distribution:			7	Thomas Parker			
Contract Management / Fis	scal Agent	Med	licaid Cost	Reimbursement Plant	ning and Finance		
Permanent File		11100	noura Cos	. Telinourgement i turn	ing and I manov		
For information Onl	y						
No Change in Rate							
Home Office:	ensacola Administrative S	Services, LLC		-			
Home Office.		,					
21	North Palafox Street						
Pe	nsacola Fl 32502						



Fountainhead Care Center		Provider Number:	0 005523-00
390 NE 135th Street		Date:	7/29/2013
North Miami FL 33161		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 208.4	Rate	Effective Date 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospe		
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Distribution:	7-6-	Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only	Medicaid	Cost Reimbursement Plann	ing and Finance
No Change in Rate			
Home Office: Pensacola Administrative Se 2 North Palafox Street Pensacola Fl 32502	rvices, LLC		



Unity Health & Rehab C	enter			Provider Number:	0 032482-00
1404 NW 22nd Street		-		Date:	7/25/2013
Miami FL 33142		-		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current	New	Effective
Nursing Home	Single Level	Management of the Control of the Con	Rate 221.41	Rate	Date 7/1/2013
runsing mome	Single Level		221.41		//1/2013
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	r Provider Prospective data			, our riospoon o war	morni component
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Distribution:			7	Thomas Parker	
Contract Manageme Permanent File For information	on Only	Med	U licaid Cost	Reimbursement Plann	ing and Finance
No Change in	Rate				
Home Office:	Greystone Healthcare Man 4042 Park Oaks Blvd, Suite Tampa FL 33610				



Crestview Rehabilitation	Center			Provider Number:	0 044886-00
1849 First Avenue East				Date:	7/26/2013
Crestview FL 32539				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 225.69	New Rate	Effective Date 7/1/2013
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Distribution:				Thomas Parker	
Contract Management Permanent File For informatio No Change in	n Only	Med	U dicaid Cost	Reimbursement Plann	ning and Finance
Home Office:	Southern HealthCare Manageme R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328				



Glades Health Care Center			. Provider Number:	0 203203-00
230 S. Barfield Highway			Date:	7/25/2013
Pahokee FL 33476			Fiscal Year End:	2/28/2012
			Audit Status:	
Dravidar Typa			Audit Status:	Unaudited [3]
Provider Type:	Cu	rrent	New	Effective
		late	Rate	Date
Nursing Home Single Level	23	5.56	242.66	7/1/2013
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Rate Type :				
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Settlement based on costs	_		Total Prospective with	
Prior Provider Prospective data	-			
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Desk Audit - Prospective portion		lot on F		
Distribution:		70	Thomas Parker	A
Contract Management / Fiscal Agent		\mathcal{I}_{-}		
Permanent File	Medic	aid Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: Council on Aging of Florida,	nc.			
1211 033 171 07				
1311 SW 16th Street			1 1	
Gainesville FL 32608				



St Anne's Nursing Center		•	Provider Number:	0 209473-00
11855 Quail Roost Drive			Date:	7/30/2013
Miami FL 33177			Fiscal Year End:	9/30/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		237.81	238.23	7/1/2013
Rate Type:				
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Interim Component Settlement based on costs			Prospective Adjusted for Fotal Prospective with	
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Desk audited costs	X		erim Rate Retro effe	ctive 7/1/2013
Desk audit - Interim Portion		Rate Sem	ester Change	
Desk Audit - Prospective portion				
<u>Distribution:</u>		2	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Catholic Health Services			- Andrewson Andr	
Mary Jo Frick 4790 N. State Road 7 Lauderdale Lakes FL 33319				



Sabal Palms Health Care Center			Provider Number:	0 210951-00		
499 Alternate Keene Road			Date:	7/29/2013		
Largo FL 33771-1652			Fiscal Year End:	6/30/2012		
			Audit Status:	Unaudited [3]		
Provider Type:	,	Current	New	Effective		
	·	Rate	Rate	Date		
Nursing Home Single Level		197.51	198.03	7/1/2013		
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Level U: Fragile Under 21		472.04	472.56	7/1/2013		
Data Tyma						
Rate Type:						
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Settlement based on costs Prior Provider Prospective data		1	otal Prospective with	Interim Component		
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Desk audited costs	: X	AIDS Interim Rate Retro effective 7/1/2013				
Desk audit - Interim Portion			ester Change			
Desk Audit - Prospective portion		OH FRV [.	2] as of 05/18/1990			
Distribution:		7	Thomas Parker			
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Planr	ning and Finance		
Permanent File For information Only						
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No Change in Rate						
Home Office: The Goodman Group, LLC	**************************************	100 100 Principle	:			
1107 Handling Dlvd			į			
1107 Hazeltine Blvd Chaska MN 55318						
Chusha Hit 35510						



Lakeland Hills Center	•		Provider Number:	0 212865-00
610 East Bella Vista Drive			Date:	7/25/2013
Lakeland FL 33805			Fiscal Year End:	8/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 187.27	New Rate 187.87	Effective Date 7/1/2013
Rate Type:				
Interim	<u>X</u>	Prospective		
Total Interim			Total Prospective	_
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Prior Provider Prospective data				
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Field audit - interim portion		FRVS Ch	-	
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Desk Audit - Prospective portion		On FRV [2] as of 10/01/1985	
<u>Distribution:</u>			Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office			}	
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Egret Cove Center			Provider Number:	0 212890-00
550 62nd Street			Date:	7/25/2013
St. Petersburg FL 33707			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Hudit Status.	Onaudited [5]
		Current	New	Effective
	**********	Rate	Rate	Date
Nursing Home Single Level		199.95		7/1/2013
Rate Type:				
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Prior Provider Prospective data			Total Frospective with	interni Component
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Desk Audit - Prospective portion			[2] as of 10/01/1985	
Distribution:		0	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office		-		
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Emerald Coast Center			Provider Number:	0 212903-00
114 Third Street South			Date:	7/25/2013
Ft. Walton Beach FL 32548			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	**************************************	Current Rate 190.56	New Rate 194.82	Effective
Rate Type:			,	
Interim	X	Prospective	e	
Total Interim		X	Total Prospective	
Interim Component]	Prospective Adjusted f	for New Costs
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Desk audited costs	X		R effective 7/1/13	
Desk audit - Interim Portion		Rate Sem	ester Change	
Desk Audit - Prospective portion		On FRV [2] as of 10/01/1985	
<u>Distribution:</u>	フ	カン	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File				
For information Only				
No Change in Rate				4
Home Office: 1 - No Home Office			**************************************	



Clearwater Center	Prov	ider Number:	0 212911-00
1270 Turner Street		Date:	7/25/2013
Clearwater FL 34616	Fisc	al Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 196.79	New Rate 197.76	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component Settlement based on costs	Prospec	rospective ctive Adjusted f	or New Costs Interim Component
Prior Provider Prospective data Basis:	Changes:		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Usual and Custo Target Rate limi FRVS Change X AIDS IRR effect Rate Semester C On FRV [2] as of	mary Limitation tation change etive 7/1/13	ı
Distribution:	Tho	mas Parker	The second secon
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cost Reimb		ing and Finance



Page Rehabilitation and Healthcare Center		Provider Number:	0 213900-00
2310 North Airport Road		Date:	8/1/2013
Fort Myers FL 33907		Fiscal Year End:	9/30/2012
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 241.95	New Rate 235.07	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data		e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Retro for Rate Sem	Rating Change Customary Limitation the limitation change lange 7/13 using FYE 9/30 ester Change 2] as of 07/01/1986	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	20	Thomas Parker Reimbursement Plann	ing and Finance
Home Office: 1 - No Home Office		:	



MIAMI SHORES NUR	SING AND REHAB CENTER			Provider Number:	0 214035-00
9380 N.E 7TH AVENU	JE			Date:	7/24/2013
Miami FL 33150	_			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 254.59	New Rate 262.87	Effective Date 7/1/2013
					·
Rate Type :					
Interim		X	Prospectiv	ve	
To	tal Interim		<u>X</u>	Total Prospective	
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Desk audited		X		R Efective 7/1/13	
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Distribution:			R	Thomas Parker	
Contract Managem	nent / Fiscal Agent	7/1	<i>U</i>		to and Pinana
Permanent File		Med	licald Cos	t Reimbursement Plann	and Finance
For informat	ion Only				
No Change i	-				
Home Office:	DOS Health Care, Inc				
	Jorge Hernando			1	
	300 71st Street, Suite 400			'	
	Miami FL 33141				



Current New Effective Rate Rate Date	Regents Park at Aventura			Provider Number:	0 223239-00
Provider Type: Current New Effective Date				Date:	7/24/2013
Rate Type: Current New Effective Rate Date R	North Miami Beach FL 33180			Fiscal Year End:	8/31/2012
Rate Type: Current New Effective Rate Date R				Audit Status:	Unaudited [3]
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Provider Type: Nursing Home Single Level		Rate	Rate	Date
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type:				
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	1				
Interim Component Settlement based on costs Prior Provider Prospective data Basis:		<u> </u>			
Budget Variable Changes: Budget Variable Changes: Budget Variable Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Total Prospective with Interim Component Target Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X AIDs Interim Effective 7/1/13 Rate Semester Change On FRV [2] as of 11/21/1988 Medicaid Cost Reimbursement Planning and Finance				•	for Navy Casts
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Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate FRVS Change X AIDs Interim Effective 7/1/13 Rate Semester Change On FRV [2] as of 11/21/1988 Thomas Parker Medicaid Cost Reimbursement Planning and Finance				_	n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate X AIDs Interim Effective 7/1/13 Rate Semester Change On FRV [2] as of 11/21/1988 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Field audited costs		Target Ra	ate limitation change	
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Rate Semester Change On FRV [2] as of 11/21/1988 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Field audit - interim portion			-	
Desk Audit - Prospective portion On FRV [2] as of 11/21/1988 Thomas Parker Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate On FRV [2] as of 11/21/1988 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		<u>X</u>			
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Thomas Parker Medicaid Cost Reimbursement Planning and Finance				_	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance		-	7-0	Control of the Contro	
Permanent File For information Only No Change in Rate	Contract Management / Fiscal Agent	***************************************	1 0		, 1 hr.,
No Change in Rate		ŗ	Medicaid Cost	t Reimbursement Plant	ling and Finance
Home Office: 1 - No Home Office	No Change in Rate				
Home Office:	T - No Home Office				
	Home Office:			F I	
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Orlando Health and Rehabilitation Center	Provider Number: 0 223654-00
830 29th Street	Date: 7/31/2013
Orlando FL 32805	Fiscal Year End: 6/30/2012
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 172.12 172.59 7/1/2013
Level U: Fragile Under 21	446.65 447.12 7/1/2013
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited rest Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X AIDs IRR Effective 7/1/13 Rate Semester Change On FRV [2] as of 10/01/1985 Thomas Parker Medicaid Cost Reimbursement Planning and Finance
For information Only No Change in Rate Home Office: 1 - No Home Office	



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Pensacola Health Care Facility	_		Provider Number:	0 224243-00
1717 West Avery Street	_		Date:	7/25/2013
Pensacola FL 32501			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level	_	Rate	Rate	Date 7/1/2012
Nursing Home Single Level	_	215.46		7/1/2013
Rate Type:				
Interim	<u> </u>	Prospectiv	re	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Destant		Licensur	e Rating Change	
Budget X Unaudited costs		-	d Customary Limitatio	n
Field audited costs	-		ate limitation change	••
Field audit - interim portion		FRVS C	nange	
Desk audited costs	X		R effective 7/1/13	
Desk audit - Interim Portion Desk Audit - Prospective portion	,		nester Change [2] as of 06/30/1987	
	·	OHERV	2 as of 00/30/198/	= : = :
Distribution:		70	Thomas Parker	
Contract Management / Fiscal Agent	Me	dicaid Cost	Reimbursement Plant	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
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Pinecrest Convalescent	Center			Provider Number:	0 225754-00
13650 NE Third Street				Date:	7/31/2013
North Miami FL 33161				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 245.37	New Rate 246.94	Effective Date 7/1/2013
Rate Type:		X	Prospectiv	e	
	tal Interim			Total Prospective	
	erim Component			Prospective Adjusted f	
	tlement based on costs			Total Prospective with	Interim Component
Pri	or Provider Prospective data				The state of the s
Basis:	•	Changes:			
Budget			Licensure	e Rating Change	
X Unaudited co	sts			d Customary Limitation	1
Field audited	i i	·		ate limitation change	
Field audit - i	nterim portion		FRVS Cl	nange	
Desk audited		X		R Effective 7/1/13	
	nterim Portion			ester Change [2] as of 04/01/1996	
Distribution:	Prospective portion		$\sqrt{}$		N. (2) A. (2) A. (2) A. (3) A. (4) A.
Contract Managem	ent / Fiscal Agent		<u>T</u>	Thomas Parker	
Permanent File		Med	licaid Cost	Reimbursement Plann	ing and Finance
For informat	ion Only				
No Change i	•				
Home Office:	Millenium Health Systems				
nome onice.	Armando Vazquez 5310 NW 33rd Avenue Ft. Lauderdale FL 33309				
	i and the second				



•				•
outh Heritage Health and Rehabiliation Center			Provider Number:	0 226360-00
18 22nd Avenue South			Date:	7/25/2013
t. Petersburg FL 33705			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
rovider Type:		Current Rate	New Rate	Effective Date
ursing Home Single Level		221.03	221.41	7/1/2013
Rate Type:			,	
Interim	X	Prospectiv	ve	
Total Interim		-	Total Prospective	
Interim Component			Prospective Adjusted t	for New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			· ·
		 T:	a Ratina Chausa	
Budget X Unaudited costs		-	e Rating Change d Customary Limitation	
Field audited costs			ate limitation change	ii.
Field audit - interim portion		FRVS CI		
Desk audited costs	X	-	terim Rate Retro effe	ctive 7/1/2013
Desk audit - Interim Portion		Rate Sen	nester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 01/01/2001	
Distribution:		ンひ	Thomas Parker	
Contract Management / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plann	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office			- 1.000mm/	
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North Bay Village FL 33141 Fiscal Year End: 6/30/2012 Audit Status: Unaudited [3]	Treasure Isle Care Center			Provider Number:	0 226602-00
Provider Type: Current New Effective Date	1735 North Treasure Drive			Date:	7/25/2013
Provider Type: Current Rate New Rate Date	North Bay Village FL 33141			Fiscal Year End:	6/30/2012
Rate Type: Interim					Unaudited [3]
Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audited costs Field audited costs Field audited rinterim portion Desk audit - Interim Portion Desk audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Provider Type:				
Rate Type: Interim Total Interim Interim Omponent Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audite interim portion Field audit interim portion Desk audit interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Interim X Prospective X Prospective X Total Prospective with Interim Component Total Prospective with Interim Component Valual and Customary Limitation Target Rate limitation change FRVS Change Usual and Customary Limitation Target Rate limitation change FRVS Change On FRV [2] as of 01/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					
Interim	Nuveing Home Single Level				,
Interim Total Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Description	Nursing Home Single Level	-	198.57		7/1/2013
Interim Total Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Description					
Interim Total Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Description					
Interim Total Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Description					
Interim Total Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Description					
Interim Total Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Description	Rate Type :				
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:			-		
Interim Component Settlement based on costs Prior Provider Prospective data Basis:		<u> X</u>	-		
Budget Unaudited costs Field audited costs Field audit - interim Portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Total Prospective with Interim Component Tomponent Total Prospective with Interim Component Total Prospective with Interim Component Total Prospective with Interim Component Thanges: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X AIDS Interim Rate Retro effective 7/1/2013 Rate Semester Change On FRV [2] as of 01/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					for Naw Costs
Budget Budget Usual and Customary Limitation Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Changes: Licensure Rating Change Usual and Customary Limitation FRVS Change Val Interim Rate Retro effective 7/1/2013 Rate Semester Change On FRV [2] as of 01/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Farget Rate limitation change FRVS Change X AIDS Interim Rate Retro effective 7/1/2013 Rate Semester Change On FRV [2] as of 01/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance				Total Trospective with	merm component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Favy Change Stribution Target Rate limitation change FRVS Change X AIDS Interim Rate Retro effective 7/1/2013 Rate Semester Change On FRV [2] as of 01/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					
X Unaudited costs	Basis:	Changes			
X Unaudited costs	Dudget		Licensure	e Rating Change	
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Target Rate limitation change FRVS Change FRVS Change AIDS Interim Rate Retro effective 7/1/2013 Rate Semester Change On FRV [2] as of 01/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate X AIDS Interim Rate Retro effective 7/1/2013 Rate Semester Change On FRV [2] as of 01/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					•
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Rate Semester Change On FRV [2] as of 01/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Field audit - interim portion		FRVS CI	nange	
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate On FRV [2] as of 01/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		X	AIDS In	terim Rate Retro effe	ctive 7/1/2013
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Thomas Parker Medicaid Cost Reimbursement Planning and Finance					
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Inomas Parker Medicaid Cost Reimbursement Planning and Finance	Desk Audit - Prospective portion		On FRV	[2] as of 01/01/1997	
Permanent File For information Only No Change in Rate	Distribution:			Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate	Contract Management / Fiscal Agent		edicaid Cost	Reimbursement Plant	ning and Finance
No Change in Rate	Permanent File	****	Juliulu Cost		
	For information Only				
Home Office: 1 - No Home Office	No Change in Rate				
Home office.	Home Office: 1 - No Home Office				
	Home Office.				
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Vilton Manors Health	and Rehab Center			Provider Number:	0 227579-00
675 North Andrews A	ve			Date:	7/25/2013
Vilton Manors FL 333	11			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	- Chaudited [5]
			Current	New	Effective
		******	Rate	Rate	Date
Nursing Home	Single Level		236.30		7/1/2013
In	otal Interim terim Component ttlement based on costs for Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:	W		
Budget			Licensur	e Rating Change	
X Unaudited co	,			d Customary Limitatio	n
Field audited			FRVS C	ate limitation change	
Desk audited	interim portion	X		tange terim Rate Retro effe	ctive 7/1/2013
Desk audit - I	Interim Portion			nester Change	
	Prospective portion				
Distribution:				Thomas Parker	
Contract Managen	nent / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plant	ning and Finance
Permanent File	sion Only				
For informat	•				
No Change					
Home Office:	Greystone Healthcare Mana	gement, LLC			
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300			



•				
First Coast Health and Rehabilitation Center	_		Provider Number:	0 227838-00
7723 Jasper Avenue	_		Date:	7/25/2013
Jacksonville FL 32211	_		Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Hama Single Level		Rate	Rate	Date
Nursing Home Single Level		196.14		7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X	Prospectiv X	re Total Prospective Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data				
Basis:	Changes:			-
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual an Target R FRVS C AIDS In Rate Sen	e Rating Change d Customary Limitation ate limitation change hange terim Rate Retro effentester Change [2] as of 05/01/1989	
<u>Distribution:</u>		7	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Med	dicaid Cos	t Reimbursement Plant	ning and Finance
Home Office: T- No Home Office				



Manor Pines Convalesce	ent Center, LLC			Provider Number:	0 254177-00	
1701 NE 26th Street				Date:	7/25/2013	
Ft. Lauderdale FL 33305	5			Fiscal Year End:	6/30/2012	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 208.48	New Rate 209.03	Effective Date 7/1/2013	
Rate Type :						
Interim		<u>X</u>	Prospectiv			
	al Interim			Total Prospective		
	erim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
***************************************	tlement based on costs or Provider Prospective data			Total Prospective with	Interim Component	
	Trovider rrospective data		Ţ.	(**************************************	1	
Basis:		Changes:				
		- commerce	T:	Detine Change		
Budget X Unaudited cos	i de la companya di santa di s	-		Rating Change	_	
Field audited of				I Customary Limitation the limitation change	1	
Field audit - in		,	FRVS Ch			
Desk audited o	costs	X	AIDS Int	erim Rate Retro effe	ctive 7/1/2013	
Desk audit - In	1			ester Change		
	Prospective portion		On FRV	[2] as of 03/06/2002		
Distribution:	•		77	Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance	
Permanent File	01					
For informati	•					
No Change in	n Kate					
Home Office:	1601 Management, LLC.					
	Sally Bolen 1701 N.E. 26th Street Wilton Manors FL 33305					
				·		



Manor Oaks Nursing & Rehab Center			Provider Number:	0 256935-00
2121 E. Commercial Blvd.			Date:	7/29/2013
Ft. Lauderdale FL 33308			Fiscal Year End:	8/31/2012
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level	- 	214.78	217.15	7/1/2013
Rate Type:				
Interim	X 1	Prospective	<u>.</u>	
Total Interim		-	Total Prospective	
Interim Component Prospective Adjusted for New Costs				or New Costs
Settlement based on costs			otal Prospective with	
Prior Provider Prospective data			•	-
Basis:	Changes:			
Budget			Rating Change	
X Unaudited costs Field audited costs			Customary Limitation te limitation change	1
Field audit - interim portion		FRVS Ch	-	
Desk audited costs	<u>x</u>		erim effective 7/1/13	
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV [2] as of 12/01/2002	
Distribution:	7	X	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1601 Management, LLC.				
Sally Bolen			1	
1701 N.E. 26th Street] 	,
Wilton Manors FL 33305			1	



Emerald Healthcare Center		Provider Number:	0 261637-00
1655 SE Walton Road		Date:	7/29/2013
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	212.40		7/1/2013
Data Time I	Name -		
Rate Type:	V Donas die		
Interim Total Interim	X Prospectiv	e Total Prospective	
Interim Component	***************************************	Prospective Adjusted 1	for New Costs
Settlement based on costs	***************************************	Total Prospective with	
Prior Provider Prospective data	-	•	•
Basis:	hanges:		-
Budget	Licensure	e Rating Change	
X Unaudited costs		l Customary Limitation	n
Field audited costs		ate limitation change	
Field audit - interim portion Desk audited costs	X FRVS Cl	erim effective 7/1/13	
Desk audited costs Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion		[2] as of 11/01/1987	
<u>Distribution:</u>	701	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
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Bonifay Nursing and Rehat	,)			Provider Number:	0 263443-00
306 West Brock Avenue				Date:	7/29/2013
Bonifay FL 32425				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Onaddica [5]
Tional Type:		(Current	New	Effective
			Rate	Rate	Date
Nursing Home Si	ngle Level		193.41	193.81	7/1/2013
Rate Type :				41.77	4.7
					,
Interim		X	Prospectiv		
	nterim 1 Component		***************************************	Total Prospective Prospective Adjusted f	Cor Navy Costs
	nent based on costs			Frospective Adjusted I Total Prospective with	
	rovider Prospective data			Total Trospective with	mermi component
Basis:		Changes:			
D14		COOKS CARGON	Licensure	Rating Change	
Budget X Unaudited costs				l Customary Limitation	1
Field audited costs	ts			ite limitation change	1
Field audit - inter	im portion	-	FRVS Ch	-	
Desk audited cost	-	X	AIDs Int	erim Effective 7/1/13	
Desk audit - Inter	i i			ester Change	
Desk Audit - Pros	pective portion		On FRV	[2] as of 10/01/2003	
Distribution:		7	$\gamma^{\mathcal{I}}$	Thomas Parker	
Contract Management	/ Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	Only				
No Change in R	ate				
Home Office:	Southern HealthCare Manage	ement, LLC			
	R. Mark Cronquist			:	
	5887 Glenridge Drive, Suite 1	50			
	Atlanta GA 30328			!	
				t	



Metrowest Nursing and Rel	nab			Provider Number:	0 263541-00
5900 West Gate Drive				Date:	7/31/2013
Orlando FL 32835				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					ξ-1
			Current	New	Effective
			Rate	Rate	Date
Nursing Home Si	ngle Level		222.01		7/1/2013
Rate Type :			_		
Interim		X	Prospectiv		
	Interim		<u>X</u>	Total Prospective	Can Mayy Casta
	n Component nent based on costs			Prospective Adjusted f Total Prospective with	
	rovider Prospective data		-	Total Prospective with	internii Component
Basis:		Change	T		
Dasis.		Changes:]		
Budget			Licensur	e Rating Change	
X Unaudited costs		-		d Customary Limitation	n
Field audited cos	ts			ate limitation change	
Field audit - inter	rim portion	•	FRVS C	hange	
Desk audited cos	ts	X		R Effective 7/1/13	
Desk audit - Inter				nester Change	
Desk Audit - Pros	spective portion		On FRV	[2] as of 10/21/1994	
<u>Distribution:</u>			7	Thomas Parker	
Contract Management	/ Fiscal Agent	Med	dicaid Cos	t Reimbursement Plann	ing and Finance
Permanent File					
For information	·				
No Change in R	ate				
Home Office:	Southern HealthCare Managem	ent, LLC		and as A A A A A A A A A A A A A A A A A A	
	R. Mark Cronquist			:	•
	5887 Glenridge Drive, Suite 150)		·	
	Atlanta GA 30328				



Deerfield Beach Health and Rehabilitation Center			Provider Number:	0 263851-00
401 East Sample Road			Date:	7/31/2013
Pompano Beach FL 33064			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	I	errent Rate	New Rate 214.91	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	XPi	P	otal Prospective rospective Adjusted for	
Prior Provider Prospective data Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X A	Usual and Farget Rate FRVS Charles Inte Rate Seme	Rating Change Customary Limitation te limitation change tange rim Effective 7/1/13 ster Change 2] as of 10/26/1988	n
Distribution:	7	7	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medic	caid Cost	Reimbursement Planr	ning and Finance



Highland Pines Rehabilitation Center			Provider Number:	0 263907-00
1111 South Highland Avenue	-		Date:	7/29/2013
Clearwater FL 33756	_		Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
· ·	•	Current	New	Effective
Name of House Circle Land		Rate	Rate	Date
Nursing Home Single Level		199.87	<u> 199.91</u> _	7/1/2013
		_	***************************************	
Rate Type :				
Interim	X	Prospectiv	· A	
Total Interim	<u> </u>	-	Total Prospective	
Interim Component			Prospective Adjusted t	for New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		J		
Budget		Licensure	e Rating Change	
X Unaudited costs		Usual and	d Customary Limitation	n
Field audited costs			ate limitation change	
Field audit - interim portion		FRVS Cl	•	
Desk audited costs Desk audit - Interim Portion	X		terim Rate Retro effe	ctive 7/1/2013
Desk Audit - Prospective portion			ester Change [2] as of 10/01/1985	
Distribution:	-	7	-	
Contract Management / Fiscal Agent		<u> </u>	Thomas Parker	
Permanent File	Med	licaid Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
***************************************		•		
Home Office: 1 - No Home Office	***************************************			
			,	



Oasis Health and Rehabilitation Center			Provider Number:	0 266124-00
1201 12th Avenue South			Date:	7/29/2013
Lake Worth FL 33460			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	 ·	Current Rate 229.99	New Rate 230.70	Effective Date 7/1/2013
Rate Type: Interim Total Interim Interim Component	X	F	otal Prospective Prospective Adjusted f	
Settlement based on costs Prior Provider Prospective data			Total Prospective with	Interim Component
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch AIDS IRI Rate Seme	Rating Change Customary Limitation te limitation change ange R effective 7/1/13. ester Change 2] as of 10/01/2002	n
Distribution:		7-17	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Me	dicaid Cost	Reimbursement Planr	ning and Finance
Home Office: 1 - No Home Office				