



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: May 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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Okeechobee Healthcare Facility	0 023067-00	1
2.	MCHS – Winter Park	0 204854-00	1
3.	Taylor Care Center Inc.	0 207446-00	1
4.	The Inn at Sarasota Bay Club	0 228621-00	1
5.	Sylvan Health Center	0 229164-00	3
6.	Medicana Nursing and Rehab	0 263524-00	18
7.	Bayshore Pointe Nursing and Rehab	0 263575-00	18
8.	Summer Brook Health Care Center	0 265721-00	2
9.	MCHS – Palm Harbor	0 310395-00	2
10.	St. Mark Village, Inc.	0 310841-00	7
11.	Zephyr Haven Health & Rehab Center Inc.	0 320391-00	7
12.	ManorCare Health Services-Dunedin	0 325686-00	1
13.	ManorCare Health Services-Palm Harbor	0 325694-00	1
		Total	63

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

TP/dm
Attachments



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
002306700	20130101	238.26	389.07	238.26	238.26	510.11	72979-13	
020485400	20060701	148.49	275.62	148.49	148.49	377.62	72979-13	NH11-123C
020744600	20130101	222.18	372.99	222.18	222.18	494.03	72979-13	
022862100	20130101	252.39	403.20	252.39	252.39	524.24	72979-13	
022916400	20090701	204.31	344.66	204.31	204.31	457.28	72979-13	NH11-105W
022916400	20100101	206.76	348.68	206.76	206.76	462.56	72979-13	NH11-105W
022916400	20100701	207.63	350.97	207.63	207.63	466.00	72979-13	NH11-105W
026352400	20060701	159.43	286.56	159.43	159.43	388.56	72979-13	NH06-157J
026352400	20070101	159.72	289.32	159.72	159.72	393.31	72979-13	NH06-157J
026352400	20070201	163.77	293.37	163.77	163.77	397.36	72979-13	NH06-157J
026352400	20070301	159.72	289.32	159.72	159.72	393.31	72979-13	NH06-157J
026352400	20070701	183.72	315.66	183.72	183.72	421.52	72979-13	NH06-157J
026352400	20080101	176.09	310.09	176.09	176.09	417.61	72979-13	NH06-157J
026352400	20080701	178.76	315.04	178.76	178.76	424.39	72979-13	NH06-157J
026352400	20090101	178.51	316.86	178.51	178.51	427.87	72979-13	NH06-157J
026352400	20090301	163.55	301.90	163.55	163.55	412.91	72979-13	NH06-157J
026352400	20090401	202.73	341.08	202.73	202.73	452.09	72979-13	NH06-157J
026352400	20090701	207.62	347.97	207.62	207.62	460.59	72979-13	NH06-157J
026352400	20100101	209.08	351.00	209.08	209.08	464.88	72979-13	NH06-157J
026352400	20100701	213.47	356.81	213.47	213.47	471.84	72979-13	NH06-157J
026352400	20110101	215.31	360.17	215.31	215.31	476.42	72979-13	NH06-157J
026352400	20110701	207.69	353.89	207.69	207.69	471.22	72979-13	NH06-157J
026352400	20120101	198.92	346.53	198.92	198.92	464.99	72979-13	NH06-157J
026352400	20120701	204.72	353.93	204.72	204.72	473.68	72979-13	NH06-157J
026352400	20130101	205.00	355.81	205.00	205.00	476.85	72979-13	NH06-157J
026357500	20060701	159.12	286.25	159.12	159.12	388.25	72979-13	NH07-018J
026357500	20070101	163.97	293.57	163.97	163.97	397.56	72979-13	NH07-018J
026357500	20070201	169.96	299.56	169.96	169.96	403.55	72979-13	NH07-018J
026357500	20070301	163.97	293.57	163.97	163.97	397.56	72979-13	NH07-018J
026357500	20070701	178.99	310.93	178.99	178.99	416.79	72979-13	NH07-018J
026357500	20080101	169.61	303.61	169.61	169.61	411.13	72979-13	NH07-018J
026357500	20080701	171.58	307.86	171.58	171.58	417.21	72979-13	NH07-018J
026357500	20090101	168.44	306.79	168.44	168.44	417.80	72979-13	NH07-018J
026357500	20090301	154.32	292.67	154.32	154.32	403.68	72979-13	NH07-018J
026357500	20090401	190.08	328.43	190.08	190.08	439.44	72979-13	NH07-018J
026357500	20090701	193.69	334.04	193.69	193.69	446.66	72979-13	NH07-018J
026357500	20100101	191.22	333.14	191.22	191.22	447.02	72979-13	NH07-018J
026357500	20100701	200.81	344.15	200.81	200.81	459.18	72979-13	NH07-018J
026357500	20110101	203.24	348.10	203.24	203.24	464.35	72979-13	NH07-018J
026357500	20110701	196.27	342.47	196.27	196.27	459.80	72979-13	NH07-018J
026357500	20120101	197.94	345.55	197.94	197.94	464.01	72979-13	NH07-018J
026357500	20120701	203.91	353.12	203.91	203.91	472.87	72979-13	NH07-018J
026357500	20130101	205.72	356.53	205.72	205.72	477.57	72979-13	NH07-018J
026572100	20110701	159.81	306.01	159.81	159.81	423.34	72979-13	
026572100	20120101	160.31	307.92	160.31	160.31	426.38	72979-13	
031039500	20070101	160.69	290.29	160.69	160.69	394.28	72979-13	NH11-121C
031039500	20070701	170.66	302.60	170.66	170.66	408.46	72979-13	NH11-121C
031084100	20100101	196.71	338.63	196.71	196.71	452.51	72979-13	NH11-104W
031084100	20100701	196.82	340.16	196.82	196.82	455.19	72979-13	NH11-104W
031084100	20110101	213.41	358.27	213.41	213.41	474.52	72979-13	NH11-104W
031084100	20110701	203.85	350.05	203.85	203.85	467.38	72979-13	NH11-104W
031084100	20120101	205.31	352.92	205.31	205.31	471.38	72979-13	NH11-104W
031084100	20120701	214.07	363.28	214.07	214.07	483.03	72979-13	NH11-104W
031084100	20130101	215.90	366.71	215.90	215.90	487.75	72979-13	NH11-104W
032039100	20100101	192.80	334.72	192.80	192.80	448.60	72979-13	NH11-012W
032039100	20100701	202.94	346.28	202.94	202.94	461.31	72979-13	NH11-012W
032039100	20110101	205.38	350.24	205.38	205.38	466.49	72979-13	NH11-012W
032039100	20110701	198.35	344.55	198.35	198.35	461.88	72979-13	NH11-012W
032039100	20120101	195.42	343.03	195.42	195.42	461.49	72979-13	NH11-012W
032039100	20120701	201.13	350.34	201.13	201.13	470.09	72979-13	NH11-012W
032039100	20130101	197.23	348.04	197.23	197.23	469.08	72979-13	NH11-012W
032568600	20130101	190.81	341.62	190.81	190.81	462.66	72979-13	
032569400	20071220	170.66	302.60	170.66	170.66	408.46	72979-13	NH11-121C



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

Okeechobee Healthcare Facility
 1646 Highway 441 North
 Okeechobee FL 34972

Provider Number: 0 023067-00
 Date: 2/28/2013
 Fiscal Year End: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	235.19	238.26	1/1/2013
	Level H: AIDS	386.00	389.07	1/1/2013
	Level U: Fragile Under 21	507.04	510.11	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
 Retro for 1/13 rate semester FYE 9/30/2012
 Rate Semester Change
 On FRV [2] as of 03/01/2005

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

1 - No Home Office



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

MCHS - Winter Park
 2075 Loch Lomond Drive
 Winter Park FL 32792

Provider Number: 0 204854-00
 Date: 4/9/2013
 Fiscal Year End: 9/30/2005
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	150.55	148.49	7/1/2006
Level H: AIDS	277.68	275.62	7/1/2006
Level U: Fragile Under 21	379.68	377.62	7/1/2006

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11 - 123C FYE 9/30/2005
 Rate Semester Change

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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



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

TAYLOR CARE CENTER, INC.
 6635 CHESTER AVE.
 Jacksonville FL 32217

Provider Number: 0 207446-00
 Date: 4/29/2013
 Fiscal Year End: 8/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	222.90	222.18	1/1/2013
	Level H: AIDS	373.71	372.99	1/1/2013
	Level U: Fragile Under 21	494.75	494.03	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

Retro for 1/13 using FYE 8/31/2012 CR

Rate Semester Change

On FRV [2] as of 01/01/2004

Distribution:

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 No Change in Rate

Thomas Parker
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Home Office: Taylor Foundation Services, Inc.
 James T. Price
 6601 Chester Avenue
 Jacksonville FL 32217



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Inn at Sarasota Bay Club
1303 N Tamiami Trail
Sarasota Fl 34236

Provider Number: 0 228621-00
 Date: 2/28/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>263.96</u>	<u>252.39</u>	<u>1/1/2013</u>
	Level H: AIDS	<u>414.77</u>	<u>403.20</u>	<u>1/1/2013</u>
	Level U: Fragile Under 21	<u>535.81</u>	<u>524.24</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
 Retro for 1/13 rate semester
 Rate Semester Change
 On FRV [2] as of 06/20/2001

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

I - No Home Office



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Sylvan Health Center
 2770 Regency Oaks Blvd.
 Clearwater FL 33759

Provider Number: 0 229164-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	207.31	204.31	7/1/2009
Level H: AIDS	347.66	344.66	7/1/2009
Level U: Fragile Under 21	460.28	457.28	7/1/2009

Rate Type :

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

Basis:

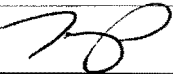
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-105W FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 10/07/1991

Distribution:

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- No Change in Rate


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 Milwaukee WI 53214



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

Sylvan Health Center
 2770 Regency Oaks Blvd.
 Clearwater FL 33759

Provider Number: 0 229164-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	209.80	206.76	1/1/2010
	Level H: AIDS	351.72	348.68	1/1/2010
	Level U: Fragile Under 21	465.60	462.56	1/1/2010

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-105W FYE 12/31/2008**
- Rate Semester Change
- On FRV [2] as of 10/07/1991

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 Milwaukee WI 53214



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Sylvan Health Center
 2770 Regency Oaks Blvd.
 Clearwater FL 33759

Provider Number: 0 229164-00
 Date: 1/23/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.67	207.63	7/1/2010
Level H: AIDS	354.01	350.97	7/1/2010
Level U: Fragile Under 21	469.04	466.00	7/1/2010

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Field Audit #NH11-105W FYE 12/31/2008
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/07/1991

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Brookdale Senior Living, Inc.
 Russ Bellora
 6737 W Washington Street
 Milwaukee WI 53214



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

Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 6/30/2004
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	160.51	159.43	7/1/2006
Level H: AIDS	287.64	286.56	7/1/2006
Level U: Fragile Under 21	389.64	388.56	7/1/2006

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 FA & RFA #NH06-157J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 02/01/1997

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328



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

Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>159.81</u>	<u>159.72</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>289.41</u>	<u>289.32</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>393.40</u>	<u>393.31</u>	<u>1/1/2007</u>

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 02/01/1997

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328



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

Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>163.86</u>	<u>163.77</u>	<u>2/1/2007</u>
	Level H: AIDS	<u>293.46</u>	<u>293.37</u>	<u>2/1/2007</u>
	Level U: Fragile Under 21	<u>397.45</u>	<u>397.36</u>	<u>2/1/2007</u>

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 02/01/1997

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Home Office: Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328



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 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.81	159.72	3/1/2007
	Level H: AIDS	289.41	289.32	3/1/2007
	Level U: Fragile Under 21	393.40	393.31	3/1/2007

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
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Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>183.81</u>	<u>183.72</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>315.75</u>	<u>315.66</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>421.61</u>	<u>421.52</u>	<u>7/1/2007</u>

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 02/01/1997

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Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	176.18	176.09	1/1/2008
	Level H: AIDS	310.18	310.09	1/1/2008
	Level U: Fragile Under 21	417.70	417.61	1/1/2008

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 02/01/1997

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 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>178.85</u>	<u>178.76</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>315.13</u>	<u>315.04</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>424.48</u>	<u>424.39</u>	<u>7/1/2008</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	178.60	178.51	1/1/2009
	Level H: AIDS	316.95	316.86	1/1/2009
	Level U: Fragile Under 21	427.96	427.87	1/1/2009

Rate Type :

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

Basis:


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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	163.63	163.55	3/1/2009
	Level H: AIDS	301.98	301.90	3/1/2009
	Level U: Fragile Under 21	412.99	412.91	3/1/2009

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change


Effects of FA & RFA #NH06-157J FYE 06/30/04

Rate Semester Change

On FRV [2] as of 02/01/1997

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Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.83	202.73	4/1/2009
	Level H: AIDS	341.18	341.08	4/1/2009
	Level U: Fragile Under 21	452.19	452.09	4/1/2009

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA #NH06-157J FYE 06/30/04
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 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.71	207.62	7/1/2009
	Level H: AIDS	348.06	347.97	7/1/2009
	Level U: Fragile Under 21	460.68	460.59	7/1/2009

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH06-157J FYE 06/30/04
 Rate Semester Change
 On FRV [2] as of 02/01/1997

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Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	209.17	209.08	1/1/2010
	Level H: AIDS	351.09	351.00	1/1/2010
	Level U: Fragile Under 21	464.97	464.88	1/1/2010

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 02/01/1997

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 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.57	213.47	7/1/2010
Level H: AIDS 356.91	356.81	7/1/2010
Level U: Fragile Under 21 471.94	471.84	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
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 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.40</u>	<u>215.31</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>360.26</u>	<u>360.17</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>476.51</u>	<u>476.42</u>	<u>1/1/2011</u>

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 02/01/1997

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 Date: 1/10/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>207.77</u>	<u>207.69</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>353.97</u>	<u>353.89</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>471.30</u>	<u>471.22</u>	<u>7/1/2011</u>

Rate Type :

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

Basis:

- Budget
- Unaudited costs
- Field audited costs
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- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
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Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	199.01	198.92	1/1/2012
Level H: AIDS	346.62	346.53	1/1/2012
Level U: Fragile Under 21	465.08	464.99	1/1/2012

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
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Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	204.81	204.72	7/1/2012
Level H: AIDS	354.02	353.93	7/1/2012
Level U: Fragile Under 21	473.77	473.68	7/1/2012

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 02/01/1997

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Home Office: Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328



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 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

Medicana Nursing and Rehab
 1710 Lake Worth Road
 Lake Worth FL 33460

Provider Number: 0 263524-00
 Date: 1/10/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.08	205.00	1/1/2013
	Level H: AIDS	355.89	355.81	1/1/2013
	Level U: Fragile Under 21	476.93	476.85	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:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH06-157J FYE 06/30/04
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 02/01/1997

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 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328



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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bayshore Pointe Nursing and Rehab
3117 West Gandy Blvd.
Tampa FL 33611

Provider Number: 0 263575-00
Date: 3/28/2013
Fiscal Year End: 11/30/2004
Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>159.69</u>	<u>159.12</u>	<u>7/1/2006</u>
	Level H: AIDS	<u>286.82</u>	<u>286.25</u>	<u>7/1/2006</u>
	Level U: Fragile Under 21	<u>388.82</u>	<u>388.25</u>	<u>7/1/2006</u>

Rate Type :

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

Basis:


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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 FA & RFA #NH07-018J FYE 11/30/2004
 Rate Semester Change
 On FRV [2] as of 01/01/1986

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Medicaid Cost Reimbursement Planning and Finance

Home Office: Southern HealthCare Management, LLC
R. Mark Cronquist
5887 Glenridge Drive, Suite 150
Atlanta GA 30328



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bayshore Pointe Nursing and Rehab
 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		164.01	163.97	1/1/2007
	Level H: AIDS	293.61	293.57	1/1/2007
	Level U: Fragile Under 21	397.60	397.56	1/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH07-018J FYE 11/30/2004
 Rate Semester Change
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 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bayshore Pointe Nursing and Rehab
 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	170.01	169.96	2/1/2007
Level H: AIDS	299.61	299.56	2/1/2007
Level U: Fragile Under 21	403.60	403.55	2/1/2007

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-018J FYE 11/30/2004
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 01/01/1986

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Bayshore Pointe Nursing and Rehab
 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	164.01	163.97	3/1/2007
Level H: AIDS	293.61	293.57	3/1/2007
Level U: Fragile Under 21	397.60	397.56	3/1/2007

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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 Rate Semester Change
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 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	179.04	178.99	7/1/2007
Level H: AIDS	310.98	310.93	7/1/2007
Level U: Fragile Under 21	416.84	416.79	7/1/2007

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
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- Rate Semester Change
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 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	169.66	169.61	1/1/2008
Level H: AIDS	303.66	303.61	1/1/2008
Level U: Fragile Under 21	411.18	411.13	1/1/2008

Rate Type :

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

Basis:


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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	171.62	171.58	7/1/2008
	Level H: AIDS	307.90	307.86	7/1/2008
	Level U: Fragile Under 21	417.25	417.21	7/1/2008

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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Bayshore Pointe Nursing and Rehab
3117 West Gandy Blvd.
Tampa FL 33611

Provider Number: 0 263575-00
Date: 3/28/2013
Fiscal Year End: 12/31/2007
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>168.48</u>	<u>168.44</u>	<u>1/1/2009</u>
	Level H: AIDS	<u>306.83</u>	<u>306.79</u>	<u>1/1/2009</u>
	Level U: Fragile Under 21	<u>417.84</u>	<u>417.80</u>	<u>1/1/2009</u>

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA & RFA #NH07-018J FYE 11/30/2004

Rate Semester Change

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 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	<u>154.36</u>	<u>154.32</u>	<u>3/1/2009</u>
Level H: AIDS	<u>292.71</u>	<u>292.67</u>	<u>3/1/2009</u>
Level U: Fragile Under 21	<u>403.72</u>	<u>403.68</u>	<u>3/1/2009</u>

Rate Type :

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

Basis:

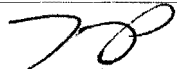
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>190.13</u>	<u>190.08</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>328.48</u>	<u>328.43</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>439.49</u>	<u>439.44</u>	<u>4/1/2009</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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 Rate Semester Change
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Bayshore Pointe Nursing and Rehab
 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>193.74</u>	<u>193.69</u>	<u>7/1/2009</u>
	Level H: AIDS	<u>334.09</u>	<u>334.04</u>	<u>7/1/2009</u>
	Level U: Fragile Under 21	<u>446.71</u>	<u>446.66</u>	<u>7/1/2009</u>

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Effects of FA & RFA #NH07-018J FYE 11/30/2004
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 01/01/1986

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Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	191.26	191.22	1/1/2010
	Level H: AIDS	333.18	333.14	1/1/2010
	Level U: Fragile Under 21	447.06	447.02	1/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH07-018J FYE 11/30/2004
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 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>200.86</u>	<u>200.81</u>	<u>7/1/2010</u>
	Level H: AIDS	<u>344.20</u>	<u>344.15</u>	<u>7/1/2010</u>
	Level U: Fragile Under 21	<u>459.23</u>	<u>459.18</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

Effects of FA & RFA #NH07-018J FYE 11/30/2004

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Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.29	203.24	1/1/2011
	Level H: AIDS	348.15	348.10	1/1/2011
	Level U: Fragile Under 21	464.40	464.35	1/1/2011

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH07-018J FYE 11/30/2004
 Rate Semester Change
 On FRV [2] as of 01/01/1986

Distribution:

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Home Office:

Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328

Thomas Parker
 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

Bayshore Pointe Nursing and Rehab
 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>196.31</u>	<u>196.27</u>	<u>7/1/2011</u>
	Level H: AIDS	<u>342.51</u>	<u>342.47</u>	<u>7/1/2011</u>
	Level U: Fragile Under 21	<u>459.84</u>	<u>459.80</u>	<u>7/1/2011</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH07-018J FYE 11/30/2004
 Rate Semester Change
 On FRV [2] as of 01/01/1986

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Home Office:

Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bayshore Pointe Nursing and Rehab
 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	197.98	197.94	1/1/2012
Level H: AIDS	345.59	345.55	1/1/2012
Level U: Fragile Under 21	464.05	464.01	1/1/2012

Rate Type :

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

Basis:


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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH07-018J FYE 11/30/2004
 Rate Semester Change
 On FRV [2] as of 01/01/1986

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 Atlanta GA 30328



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Medicaid Reimbursement Per Diem Rates

Bayshore Pointe Nursing and Rehab
 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>203.96</u>	<u>203.91</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>353.17</u>	<u>353.12</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>472.92</u>	<u>472.87</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH07-018J FYE 11/30/2004
 Rate Semester Change
 On FRV [2] as of 01/01/1986

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 3117 West Gandy Blvd.
 Tampa FL 33611

Provider Number: 0 263575-00
 Date: 3/28/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home	Single Level	Current Rate	New Rate	Effective Date
		<u>205.76</u>	<u>205.72</u>	<u>1/1/2013</u>
	Level H: AIDS	<u>356.57</u>	<u>356.53</u>	<u>1/1/2013</u>
	Level U: Fragile Under 21	<u>477.61</u>	<u>477.57</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
 Effects of FA & RFA #NH07-018J FYE 11/30/2004
 Rate Semester Change
 On FRV [2] as of 01/01/1986

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Thomas Parker
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Home Office:

Southern HealthCare Management, LLC
 R. Mark Cronquist
 5887 Glenridge Drive, Suite 150
 Atlanta GA 30328



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Summer Brook Health Care Center
 5377 Moncrief Road
 Jacksonville FL 32209

Provider Number: 0 265721-00
 Date: 2/26/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	161.70	159.81	7/1/2011
Level H: AIDS	307.90	306.01	7/1/2011
Level U: Fragile Under 21	425.23	423.34	7/1/2011

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Amended Cost Report FYE 6/30/2010
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Innovative Health Care Management Services, Inc.
 Angela Williams
 2333 Hansen Lane, Suite 4
 Tallahassee FL 32301



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

Summer Brook Health Care Center
 5377 Moncrief Road
 Jacksonville FL 32209

Provider Number: 0 265721-00
 Date: 2/26/2013
 Fiscal Year End: 6/30/2010
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	162.22	160.31	1/1/2012
Level H: AIDS	309.83	307.92	1/1/2012
Level U: Fragile Under 21	428.29	426.38	1/1/2012

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Amended Cost Report FYE 6/30/2010
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Innovative Health Care Management Services, Inc.
 Angela Williams
 2333 Hansen Lane, Suite 4
 Tallahassee FL 32301



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MCHS - Palm Harbor
 2851 Tampa Rd
 Palm Harbor FL 34684

Provider Number: 0 310395-00
 Date: 1/22/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>160.57</u>	<u>160.69</u>	<u>1/1/2007</u>
	Level H: AIDS	<u>290.17</u>	<u>290.29</u>	<u>1/1/2007</u>
	Level U: Fragile Under 21	<u>394.16</u>	<u>394.28</u>	<u>1/1/2007</u>

Rate Type :

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

Basis:

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

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Field Audit #NH11-121C FYE 05/31/06
<input checked="" type="checkbox"/> Rate Semester Change On FRV [2] as of 09/28/1990

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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

MCHS - Palm Harbor
 2851 Tampa Rd
 Palm Harbor FL 34684

Provider Number: 0 310395-00
 Date: 1/22/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>170.60</u>	<u>170.66</u>	<u>7/1/2007</u>
	Level H: AIDS	<u>302.54</u>	<u>302.60</u>	<u>7/1/2007</u>
	Level U: Fragile Under 21	<u>408.40</u>	<u>408.46</u>	<u>7/1/2007</u>

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH11-121C FYE 05/31/06

Rate Semester Change

On FRV [2] as of 09/28/1990

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 1/22/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.98	196.71	1/1/2010
	Level H: AIDS	347.90	338.63	1/1/2010
	Level U: Fragile Under 21	461.78	452.51	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 #NH11-104W FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 08/15/2005

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Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 1/22/2013
 Fiscal Year End: 12/31/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	206.19	196.82	7/1/2010
	Level H: AIDS	349.53	340.16	7/1/2010
	Level U: Fragile Under 21	464.56	455.19	7/1/2010

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-104W FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 08/15/2005

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Home Office:

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Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 1/22/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.67</u>	<u>213.41</u>	<u>1/1/2011</u>
	Level H: AIDS	<u>357.53</u>	<u>358.27</u>	<u>1/1/2011</u>
	Level U: Fragile Under 21	<u>473.78</u>	<u>474.52</u>	<u>1/1/2011</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-104W FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 08/15/2005

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Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 1/22/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	203.15	203.85	7/1/2011
	Level H: AIDS	349.35	350.05	7/1/2011
	Level U: Fragile Under 21	466.68	467.38	7/1/2011

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-104W FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 08/15/2005

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Home Office:

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Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 1/22/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.61	205.31	1/1/2012
	Level H: AIDS	352.22	352.92	1/1/2012
	Level U: Fragile Under 21	470.68	471.38	1/1/2012

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-104W FYE 12/31/08
 Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 1/22/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.35</u>	<u>214.07</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>362.56</u>	<u>363.28</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>482.31</u>	<u>483.03</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 Field Audit #NH11-104W FYE 12/31/08
 Rate Semester Change
 On FRV [2] as of 08/15/2005

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
 2655 Nebraska Avenue
 Palm Harbor FL 34684

Provider Number: 0 310841-00
 Date: 1/22/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>215.18</u>	<u>215.90</u>	<u>1/1/2013</u>
	Level H: AIDS	<u>365.99</u>	<u>366.71</u>	<u>1/1/2013</u>
	Level U: Fragile Under 21	<u>487.03</u>	<u>487.75</u>	<u>1/1/2013</u>

Rate Type :

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

Basis:


- Budget
- Unaudited costs
- Field audited costs
- 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 #NH11-104W FYE 12/31/08**
- Rate Semester Change
- On FRV [2] as of 08/15/2005

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 Medicaid Cost Reimbursement Planning and Finance

Home Office:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 4/10/2013
 Fiscal Year End: 2/28/2009
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	196.39	192.80	1/1/2010
Level H: AIDS	338.31	334.72	1/1/2010
Level U: Fragile Under 21	452.19	448.60	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- 012W FYE 2/28/2009
- Rate Semester Change
- On FRV [2] as of 06/28/1989

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 Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Adventist Care Centers
 602 Courtland Street, Suite 200
 Orlando FL 32804



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

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 4/10/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	205.13	202.94	7/1/2010
	Level H: AIDS	348.47	346.28	7/1/2010
	Level U: Fragile Under 21	463.50	461.31	7/1/2010

<p>Rate Type :</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Interim Component</p> <p><input type="checkbox"/> Settlement based on costs</p> <p><input type="checkbox"/> Prior Provider Prospective data</p>	<p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Total Prospective with Interim Component</p>
<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input checked="" type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Field audit - interim portion</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Desk audit - Interim Portion</p> <p><input type="checkbox"/> Desk Audit - Prospective portion</p>	<p>Changes:</p> <p><input type="checkbox"/> Licensure Rating Change</p> <p><input type="checkbox"/> Usual and Customary Limitation</p> <p><input type="checkbox"/> Target Rate limitation change</p> <p><input type="checkbox"/> FRVS Change</p> <p><input checked="" type="checkbox"/> Effects of Field Audit #NH11- 012W FYE 2/28/2009</p> <p><input type="checkbox"/> Rate Semester Change</p> <p><input type="checkbox"/> On FRV [2] as of 06/28/1989</p>

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 Orlando FL 32804

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Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 4/10/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	207.59	205.38	1/1/2011
	Level H: AIDS	352.45	350.24	1/1/2011
	Level U: Fragile Under 21	468.70	466.49	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

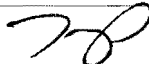
Effects of Field Audit #NH11- 012W FYE 2/28/2009

Rate Semester Change

On FRV [2] as of 06/28/1989

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 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 4/10/2013
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.43	198.35	7/1/2011
	Level H: AIDS	346.63	344.55	7/1/2011
	Level U: Fragile Under 21	463.96	461.88	7/1/2011

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11- 012W FYE 2/28/2009
 Rate Semester Change
 On FRV [2] as of 06/28/1989

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Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 4/10/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>197.55</u>	<u>195.42</u>	<u>1/1/2012</u>
	Level H: AIDS	<u>345.16</u>	<u>343.03</u>	<u>1/1/2012</u>
	Level U: Fragile Under 21	<u>463.62</u>	<u>461.49</u>	<u>1/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11- 012W FYE 2/28/2009
 Rate Semester Change
 On FRV [2] as of 06/28/1989

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Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 4/10/2013
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>203.31</u>	<u>201.13</u>	<u>7/1/2012</u>
	Level H: AIDS	<u>352.52</u>	<u>350.34</u>	<u>7/1/2012</u>
	Level U: Fragile Under 21	<u>472.27</u>	<u>470.09</u>	<u>7/1/2012</u>

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11- 012W FYE 2/28/2009
 Rate Semester Change
 On FRV [2] as of 06/28/1989

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Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
 38250 A Avenue
 Zephyrhills FL 33542

Provider Number: 0 320391-00
 Date: 4/10/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.41</u>	<u>197.23</u>	<u>1/1/2013</u>
	Level H: AIDS	<u>350.22</u>	<u>348.04</u>	<u>1/1/2013</u>
	Level U: Fragile Under 21	<u>471.26</u>	<u>469.08</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
 Effects of Field Audit #NH11- 012W FYE 2/28/2009
 Rate Semester Change
 On FRV [2] as of 06/28/1989

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Medicaid Reimbursement Per Diem Rates

ManorCare Health Services-Dunedin
 870 Patricia Ave
 Dunedin FL 34698

Provider Number: 0 325686-00
 Date: 2/26/2013
 Fiscal Year End: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	185.96	190.81	1/1/2013
Level H: AIDS	336.77	341.62	1/1/2013
Level U: Fragile Under 21	457.81	462.66	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
- Retro for 1/13 using FYE 9/30/2012
- Rate Semester Change
- On FRV [2] as of 05/01/1996

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Home Office:

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

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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

ManorCare Health Services-Palm Harbor
 2851 Tampa Road
 Palm Harbor FL 34684

Provider Number: 0 325694-00
 Date: 1/22/2013
 Fiscal Year End: 5/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	170.60	170.66	12/20/2007
	Level H: AIDS	302.54	302.60	12/20/2007
	Level U: Fragile Under 21	408.40	408.46	12/20/2007

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

FA #NH11-121C FYE 05/31/06 prior prov 310395

Rate Semester Change

On FRV [2] as of 09/28/1990

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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