

RICK SCOTT GOVERNOR

ELIZABETH DUDEK **SECRETARY**

MEMORANDUM

Date:

December 13, 2012

To:

Angela Ramsey, Acting Chief, Medicaid Contract Management

From: / Thomas Parker, Medicaid Cost Reimbursement Planning Administrator

Subject: Retroactive Nursing Facility Per Diem Rates

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

	Provider Name	Provider	Number of Rate
		Number	Change Notices
1.	Heartland of Jacksonville	0 201511-00	4
2.	MCHS - Carrollwood	0 202525-00	2
3.	Atlantic Shores Nursing & Rehab	0 263389-00	18
4.	Bonifay Nursing & Rehab	0 263443-00	. 2
5.	Riviera Palms Nursing & Rehab	0 263451-00	18
6.	Arbor Trail Nursing & Rehab	0 263478-00	18
7.	Pinellas Point Nursing & Rehab	0 263486-00	18
8.	Jacksonville Nursing & Rehab	0 263494-00	2
9.	Port Orange Nursing & Rehab	0 263508-00	12
10.	Tiffany Hall Nursing & Rehab	0 263532-00	18
11.	Metrowest Nursing & Rehab	0 263541-00	5
12.	Moultrie Creek Nursing & Rehab	0 263559-00	18
13.	Orange City Nursing & Rehab	0 263567-00	2
14.	Royal Oaks Nursing & Rehab	0 263583-00	18
15.	Tuskawilla Nursing & Rehab	0 263591-00	16
16.	Hunter's Creek Nursing & Rehab	0 263605-00	18
17.	Boulevard Rehab Center	0 263613-00	18
18.	Palm City Nursing & Rehab	0 263621-00	18
19.	MCHS - Naples	0 309958-00	2
20.	SandalWood Nursing Center	0 312045-00	18
21.	MCHS – Carrollwood	0 319350-00	3
22.	Heartland of Jacksonville FL, LLC	0 325236-00	13
23.	Manor Care - Carrollwood of Tampa FL, LLC	0 325678-00	13
		Total	274

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		
	Effective Date				-			
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
020151100	20060101	151.39	276.50	151.39	151.39	376.88	71988-12	NH06-195J
020151100	20060701	154.05	281.18	154.05	154.05	383.18	71988-12	NH06-195J
020151100	20070101	162.46	292.06	162.46	162,46	396.05	71988-12	NH06-195J
020151100	20070701	173.36	305,30	173.36	173.36	411.16	71988-12	NH06-195J
020252500	20060101	170.22	295.33	170.22	170.22	395.71	71988-12	NH06-197J
020252500	20060701	173.10	300.23	173.10	173.10	402.23	71988-12	NH06-197J
026338900	20060101	156.96	282.07	156.96	156.96	382.45	71988-12	NH06-165J
026338900	20060701	160.06	287.19	160.06	160.06	389.19	71988-12	NH06-165J
026338900	20070101	166,58	296.18	166.58	166.58	400.17	71988-12	NH06-165J
026338900	20070201	169.93	299.53	169.93	169.93	403.52	71988-12	NH06-165J
026338900	20070301	166.58	296.18	166.58	166.58	400.17	71988-12	NH06-165J
026338900	20070701	190.43	322.37	190.43	190.43	428.23	71988-12	NH06-165J
026338900	20080101	188.92	322.92	188.92	188.92	430.44	71988-12	NH06-165J
026338900	20080701	190.84	327.12	190.84	190.84	436.47	71988-12	NH06-165J
026338900	20090101	173.69	312.04	173.69	173.69	423.05	71988-12	NH06-165J
026338900	20090301	159.13	297.48	159.13	159.13	408.49	71988-12	NH06-165J
026338900	20090401	196.83	335.18	196.83	196.83	446.19	71988-12	NH06-165J
026338900	20090701	199.75	340.10	199.75	199.75	452.72	71988-12	NH06-165J
026338900	20100101	196.62	338.54	196.62	196.62	452.42	71988-12	NH06-165J
026338900	20100701	209.45	352.79	209.45	209.45	467.82	71988-12	NH06-165J
026338900	20110101	211.64	356.50	211.64	211.64	472.75	71988-12	NH06-165J
026338900	20110701	204.28	350.48	204.28	204.28	467.81	71988-12	NH06-165J
026338900	20120101	199.93	347.54	199.93	199.93	466.00	71988-12	NH06-165J
026338900	20120701	205.68	354.89	205.68	205.68	474.64	71988-12	NH06-165J
026344300	20060101	142.24	267.35	142.24	142.24	367.73	71988-12	NH06-166J
026344300	20060701	145.09	272.22	145.09	145.09	374.22	71988-12	NH06-166J
026345100	20060101	156.67	281.78	156.67	156.67	382.16	71988-12	NH06-155J
026345100	20060701	159.78	286.91	159.78	159.78	388,91	71988-12	NH06-155J
026345100	20070101	162.44	292.04	162.44	162.44	396.03	71988-12	NH06-155J
026345100	20070101	164.02	293.62	164.02	164.02	397.61	71988-12	NH06-155J
026345100	20070301	162.44	292.04	162.44	162.44	396.03	71988-12	NH06-155J
026345100	20070701	181.49	313.43	181.49	181.49	419.29	71988-12	NH06-155J
026345100	20080101	176.59	310.59	176.59	176.59	418.11	71988-12	NH06-155J
026345100	20080701	180.66	316.94	180.66	180.66	426.29	71988-12	NH06-155J
026345100	20090101	182.32	320.67	182.32	182.32	431.68	71988-12	NH06-155J
026345100	20090101	167.04	305.39	167.04	167.04	416.40	71988-12	NH06-155J
026345100	20090301	204.85	343.20	204.85	204.85	454.21	71988-12	NH06-155J
026345100	20090701	207.37	347.72	207.37	207.37	460.34		NH06-155J
026345100	20100101	196.37	338.29	196.37	196.37	452.17	71988-12	NH06-155J
026345100	20100701	209.18	352.52	209.18	209.18	467.55	71988-12	NH06-155J
026345100	20100701	211.58	356.44	211.58	211.58	472.69	71988-12	NH06-155J
026345100	20110701	202.74	348.94	202.74	202.74	466.27	71988-12	NH06-155J
026345100	20170701	204.06	346.94 351.67	204.06	204.06	470.13	71988-12	NH06-155J
026345100	20120701	209.83	359.04	209.83	209.83	470.13	71988-12	NH06-155J
026345100	20060101	158.43	283.54	158.43	158.43	383.92	71988-12	NH06-1553
026347800	20060701	161.58	288.71	161.58	161.58	390.71	71988-12	NH06-149J
026347800	20070101	156.93	286.53	156.93	156.93	390.71	71988-12	NH06-149J NH06-149J
026347800	20070101	159.77	289.37	159.77	159.77	393.36	71988-12	NH06-149J NH06-149J
026347800	20070201	156.93	286.53	159.77	156.93	393.36	71988-12	NH06-149J
	20070301			170.09		407.89		NH06-149J
026347800		170.09	302.03		170.09		71988-12	
026347800	20080101	168.75	302.75	168.75	168.75	410.27	71988-12 71988-12	NH06-149J
026347800	20080701	170.32	306.60	170.32	170.32	415.95		NH06-149J
026347800	20090101	166.95	305.30	166.95	166.95	416.31	71988-12	NH06-149J
026347800	20090301	152.95	291.30	152.95	152.95	402.31	71988-12	NH06-149J
026347800	20090401	188.91	327.26	188.91	188.91	438.27	71988-12	NH06-149J
026347800	20090701	191.45	331.80	191.45	191,45	444.42	71988-12	NH06-149J
026347800	20100101	184.54	326.46	184.54	184.54	440.34	71988-12	NH06-149J
026347800	20100701	197.64	340.98	197.64	197.64	456.01	71988-12	NH06-149J
026347800	20110101	199.84	344.70	199.84	199.84	460.95	71988-12	NH06-149J
026347800	20110701	192.57	338.77	192.57	192.57	456.10	71988-12	NH06-149J

<u> </u>	Effective Date			T -			1	
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
026347800	20120101	190.72	338.33	190.72	190.72	456.79	71988-12	NH06-149J
026347800	20120701	196.68	345.89	196.68	196.68	465.64	71988-12	NH06-149J
026348600	20060101	156.10	281.21	156.10	156.10	381.59	71988-12	NH06-150J
026348600	20060701	159.16	286.29	159.16	159.16	388.29	71988-12	NH06-150J
026348600	20070101	157.86	287.46	157.86	157.86	391.45	71988-12	NH06-150J
026348600	20070201	160.97	290.57	160.97	160.97	394.56	71988-12	NH06-150J
026348600	20070301	157.86	287.46	157.86	157.86	391.45	71988-12	NH06-150J
026348600	20070701	190.76	322.70	190.76	190.76	428.56	71988-12	NH06-150J
026348600	20080101	189.30	323.30	189.30	189.30	430.82	71988-12	NH06-150J
026348600	20080701	191.29	327.57	191.29	191.29	436.92	71988-12	NH06-150J
026348600	20090101	186.53	324.88	186.53	186.53	435.89	71988-12	NH06-150J
026348600	20090301	170.90	309.25	170.90	170.90	420.26	71988-12	NH06-150J
026348600	20090401	210.62	348.97	210.62	210.62	459.98	71988-12	NH06-150J
026348600	20090701	219.82	360.17	219.82	219.82	472.79	71988-12	NH06-150J
026348600	20100101	222.37	364.29	222.37	222.37	478.17	71988-12	NH06-150J
026348600	20100701	227.04	370.38	227.04	227.04	485.41	71988-12	NH06-150J
026348600	20110101	226.08	370.94	226.08	226.08	487.19	71988-12	NH06-150J
026348600	20110701	218.00	364.20	218.00	218.00	481.53	71988-12	NH06-150J
026348600	20120101	212.40	360.01	212.40	212.40	478.47	71988-12	NH06-150J
026348600	20120701	221.08	370.29	221.08	221.08	490.04	71988-12	NH06-150J
026349400	20060101	148.45	273.56	148.45	148.45	373.94	71988-12	NH06-163J
026349400	20060701	151.47	278.60	151.47	151.47	380.60	71988-12	NH06-163J
026350800	20060101	159.01	284.12	159.01	159.01	384.50 391.24	71988-12 71988-12	NH06-152J NH06-152J
026350800 026350800	20060701 20070101	162.11 168.45	289.24 298.05	162.11 168.45	162.11 168.45	402.04	71988-12	NH06-152J
026350800	20070101	168.45	298.05	168.45	168.45	402.04	71988-12	NH06-152J
026350800	20080101	186.79	320,79	186.79	186.79	428.31	71988-12	NH06-152J
026350800	20080701	188.52	324.80	188.52	188.52	434.15	71988-12	NH06-152J
026350800	20090301	170.11	308.46	170.11	170.11	419.47	71988-12	NH06-152J
026350800	20090401	207.38	345.73	207.38	207.38	456.74	71988-12	NH06-152J
026350800	20090701	212.49	352.84	212.49	212.49	465.46	71988-12	NH06-152J
026350800	20100701	213.10	356.44	213.10	213.10	471.47	71988-12	NH06-152J
026350800	20110101	216.08	360.94	216.08	216.08	477.19	71988-12	NH06-152J
026350800	20110701	208.42	354.62	208.42	208.42	471.95	71988-12	NH06-152J
026353200	20060101	162.05	287.16	162.05	162.05	387.54	71988-12	NH06-156J
026353200	20060701	165.23	292.36	165.23	165.23	394.36	71988-12	NH06-156J
026353200	20070101	169.39	298.99	169.39	169.39	402.98	71988-12	NH06-156J
026353200	20070201	172.35	301.95	172.35	172.35	405.94	71988-12	NH06-156J
026353200	20070301	169.39	298.99	169.39	169.39	402.98	71988-12	NH06-156J
026353200	20070701	191.60	323.54	191.60	191.60	429.40	71988-12	NH06-156J
026353200	20080101	189.48	323.48	189.48	189.48	431.00	71988-12	NH06-156J
026353200	20080701	192.05	328.33	192.05	192.05	437.68	71988-12	NH06-156J
026353200	20090101	177.59	315.94	177.59	177.59	426.95	71988-12	NH06-156J
026353200	20090301	162.70	301.05	162.70	162.70	412.06	71988-12	NH06-156J
026353200	20090401	201.08	339.43	201.08	201.08	450.44	71988-12	
026353200	20090701	203.64	343.99	203.64	203.64	456.61	71988-12	NH06-156J
026353200	20100101	192.45	334.37	192.45	192.45	448.25	71988-12	NH06-156J
026353200	20100701	208.85	352.19	208.85	208.85	467.22	71988-12	
026353200	20110101	211.23	356.09	211.23	211.23	472.34	71988-12	
026353200	20110701	203.74	349.94	203.74	203.74	467.27	71988-12	
026353200	20120101	200.93	348.54	200.93	200.93	467.00	71988-12	
026353200	20120701	207.84	357.05	207.84	207.84	476.80	71988-12	NH06-156J
026354100	20060101	156.80	281.91	156.80	156.80	382.29	71988-12	
026354100	20060701	160.30	287.43	160.30	160.30	389.43	71988-12	
026354100	20070101	157.52	287.12	157.52	157.52	391.11	71988-12	
026354100	20070201	159.79	289.39	159.79	159.79	393.38	71988-12	
026354100	20070301	157.52	287.12	157.52	157.52	391.11	71988-12	
026355900	20060101	154.37	279.48	154.37	154.37	379.86	71988-12	
026355900	20060701	157.45	284.58	157.45	157,45	386.58	71988-12	
026355900	20070101	150.04	279.64	150.04	150.04	383.63	71988-12	
026355900	20070201	154.43	284.03	154,43	154.43	388.02	71988-12	NH06-167J

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Provider	Effective Date Format	Intermediate i	Skilled AIDS	Intermediate II			14514	Ndta
Number	YYYYMMDD	1 1	(SKA)		elallad (evp)	Lacrabili	MCM	Audit
026355900	20070301	(IN1) 150.04	279.64	(IN2) 150.04	Skilled (SKD) 150.04	383.63	number 71988-12	Number NUC 1671
026355900	20070301	170.79	302.73	170.79	170.79	408.59	71988-12	NH06-167J NH06-167J
026355900	20080101	169.46	303.46	169.46	169.46	410.98	71988-12	NH06-167J
026355900	20080701	171.21	307.49	171.21	171.21	416.84	71988-12	NH06-167J
026355900	20090101	163.76	302.11	163.76	163.76	413.12	71988-12	NH06-167J
026355900	20090301	150.03	288.38	150.03	150.03	399.39	71988-12	NH06-167J
026355900	20090401	185.89	324.24	185.89	185.89	435.25	71988-12	NH06-167J
026355900	20090701	189.95	330.30	189.95	189.95	442.92	71988-12	NH06-167J
026355900	20100101	190.18	332.10	190.18	190.18	445.98	71988-12	NH06-167J
026355900	20100701	200.13	343.47	200.13	200.13	458.50	71988-12	NH06-167J
026355900	20110101	202.45	347.31	202.45	202.45	463.56	71988-12	NH06-167J
026355900	20110701	195.16	341.36	195.16	195.16	458.69	71988-12	NH06-167J
026355900	20120101	190.40	338.01	190.40	190.40	456.47	71988-12	NH06-167J
026355900	20120701	201.38	350.59	201.38	201.38	470.34	71988-12	NH06-167J
026356700	20060101	159.12	284.23	159.12	159.12	384.61	71988-12	NH06-164J
026356700	20060701	162.27	289.40	162.27	162.27	391.40	71988-12	NH06-164J
026358300	20060101	156.18	281.29	156.18	156.18	381.67	71988-12	NH06-153J
026358300	20060701	159.26	286.39	159.26	159.26	388.39	71988-12	NH06-153J
026358300	20070101	157.23	286,83	157.23	157.23	390.82	71988-12	NH06-153J
026358300	20070201	160.14	289.74	160.14	160.14	393.73	71988-12	NH06-153J
026358300	20070301	157.23	286.83	157.23	157.23	390.82	71988-12	NH06-153J
026358300	20070701	181.13	313.07	181.13	181.13	418.93	71988-12	NH06-153J
026358300	20080101	179.68	313.68	179.68	179.68	421.20	71988-12	NH06-153J
026358300	20080701	181.16	317.44	181.16	181.16	426.79	71988-12	NH06-153J
026358300	20090101	176.34	314.69	176.34	176.34	425.70	71988-12	NH06-153J
026358300	20090301	161.56	299.91	161.56	161.56	410.92	71988-12	NH06-153J
026358300	20090401	198.02	336.37	198.02	198.02	447.38	71988-12	NH06-153J
026358300	20090701	203.38	343.73	203.38	203.38	456.35	71988-12	NH06-153J
026358300	20100101	188.29	330.21	188.29	188.29	444.09	71988-12	NH06-153J
026358300	20100701	203.29	346.63	203.29	203.29	461.66	71988-12	NH06-153J
026358300	20110101	206.07	350.93	206.07	206.07	467.18	71988-12	NH06-153J
026358300	20110701	199.20	345.40	199.20	199.20	462.73	71988-12	NH06-153J
026358300	20120101	201.16	348.77	201.16	201.16	467.23	71988-12	NH06-153J
026358300 026359100	20120701 20060101	208.12 150.05	357.33 275.16	208.12 150.05	208.12 150.05	477.08 375.54	71988-12 71988-12	NH06-153J NH06-159J
026359100	20060701	153.03	280.16	153.03	153.03	382.16	71988-12	NH06-159J
026359100	20070201	154.36	283,96	154.36	154.36	387.95	71988-12	NH06-159J
026359100	20070201	169.08	301.02	169.08	169.08	406.88	71988-12	NH06-159J
026359100	20080101	168.08	302.08	168.08	168.08	409.60		NH06-159J
026359100	20080701	170.49	306.77	170.49	170.49	416.12	71988-12	
026359100	20090101	171.91	310.26	171.91	171.91	421.27	71988-12	NH06-159J
026359100	20090301	157.50	295,85	157.50	157.50	406.86	71988-12	NH06-159J
026359100	20090401	193.05	331.40	193.05	193.05	442,41	71988-12	NH06-159J
026359100	20090701	194.55	334.90	194.55	194.55	447.52	71988-12	
026359100	20100101	194.26	336.18	194.26	194.26	450.06	71988-12	NH06-159J
026359100	20100701	203.04	346.38	203.04	203.04	461.41	71988-12	NH06-159J
026359100	20110101	205.40	350.26	205.40	205.40	466.51	71988-12	NH06-159J
026359100	20110701	198.48	344.68	198.48	198.48	462.01	71988-12	NH06-159J
026359100	20120101	199.77	347.38	199.77	199.77	465.84	71988-12	NH06-159J
026359100	20120701	209.22	358.43	209.22	209.22	478.18	71988-12	NH06-159J
026360500	20060101	172.40	297.51	172.40	172.40	397.89	71988-12	NH06-151J
026360500	20060701	175.73	302.86	175.73	175.73	404.86	71988-12	NH06-151J
026360500	20070101	174.27	303.87	174.27	174.27	407.86	71988-12	NH06-151J
026360500	20070201	178.57	308.17	178.57	178.57	412.16	71988-12	NH06-151J
026360500	20070301	174.27	303.87	174.27	174,27	407.86	71988-12	NH06-151J
DOCOCOEGO		100.47	322.41	190,47	190,47	428.27	71988-12	NH06-151J
026360500	20070701	190.47						
026360500	20080101	188.77	322.77	188.77	188.77	430.29	71988-12	NH06-151J
026360500 026360500	20080101 20080701	188.77 190.49	322.77 326.77	190.49	190.49	436.12	71988-12	NH06-151J
026360500 026360500 026360500	20080101 20080701 20090101	188.77 190.49 185.46	322.77 326.77 323.81	190.49 185.46	190.49 185.46	436.12 434.82	71988-12 71988-12	NH06-151J NH06-151J
026360500 026360500	20080101 20080701	188.77 190.49	322.77 326.77	190.49	190.49	436.12	71988-12	NH06-151J NH06-151J

· · · · · · · · · · · · · · · · · · ·	Effective Date	r 		T				
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
026360500	20090701	214.23	354.58	214.23	214,23	467.20	71988-12	NH06-151J
026360500	20100101	213.53	355.45	213.53	213.53	469.33	71988-12	NH06-151J
026360500	20100701	223.80	367.14	223.80	223.80	482.17	71988-12	NH06-151J
026360500	20110101	226.29	371.15	226.29	226.29	487.40	71988-12	NH06-151J
026360500	20110701	219.30	365.50	219.30	219.30	482.83	71988-12	NH06-151J
026360500	20120101	221.52	369.13	221.52	221.52	487.59	71988-12	NH06-151J
026360500	20120701	228.37	377.58	228.37	228.37	497.33	71988-12	NH06-151J
026361300	20060101	169.67	294.78	169.67	169.67	395.16	71988-12	NH06-154J
026361300	20060701	173.00	300.13	173.00	173.00	402.13	71988-12	NH06-154J
026361300	20070101	171.14	300.74	171.14	171.14	404.73	71988-12	NH06-154J
026361300	20070201	174,04	303.64	174.04	174.04	407.63	71988-12	NH06-154J
026361300	20070301	171.14	300.74	171.14	171.14	404.73	71988-12	NH06-154J
026361300	20070701	183.86	315.80	183.86	183.86	421.66	71988-12	NH06-154J
026361300	20080101	175.35	309.35	175.35	175.35	416.87	71988-12	NH06-154J
026361300	20080701	177.89	314.17	177.89	177.89	423.52	71988-12	NH06-154J
026361300	20090101	177.12	315.47	177.12	177.12	426.48	71988-12	NH06-154J
026361300 026361300	20090301 20090401	162.28 200.63	300.63 338.98	162.28	162.28 200.63	411.64 449.99	71988-12 71988-12	NH06-154J
026361300	20090401	200.63	338.98	200.63 203.27	200.63	449.99 456.24	71988-12	NH06-154J NH06-154J
026361300	20100101	198.10	340.02	198.10	198.10	450.24	71988-12	NH06-154J
026361300	20100701	202.28	345.62	202.28	202.28	460.65	71988-12	NH06-154J
026361300	20110101	203.35	348.21	203.35	203.35	464.46	71988-12	NH06-154J
026361300	20110701	196.28	342.48	196.28	196.28	459.81	71988-12	NH06-154J
026361300	20120101	190.92	338.53	190.92	190.92	456.99	71988-12	NH06-154J
026361300	20120701	197.57	346.78	197.57	197.57	466.53	71988-12	NH06-154J
026362100	20060101	161.48	286.59	161.48	161.48	386.97	71988-12	NH06-158J
026362100	20060701	164.65	291.78	164.65	164.65	393.78	71988-12	NH06-158J
026362100	20070101	165.61	295.21	165.61	165.61	399.20	71988-12	NH06-158J
026362100	20070201	168.94	298.54	168.94	168.94	402.53	71988-12	NH06-158J
026362100	20070301	165.61	295.21	165.61	165.61	399.20	71988-12	NH06-158J
026362100	20070701	180.19	312.13	180.19	180.19	417.99	71988-12	NH06-158J
026362100	20080101	178.77	312.77	178.77	178,77	420.29	71988-12	NH06-158J
026362100	20080701	180,59	316.87	180.59	180.59	426.22	71988-12	NH06-158J
026362100	20090101	178.60	316.95	178.60	178.60	427.96	71988-12	NH06-158J
026362100	20090301	163.63	301.98	163.63	163,63	412.99	71988-12	NH06-158J
026362100	20090401	201.32	339.67	201.32	201.32	450.68	71988-12	NH06-158J
026362100	20090701	205.97	346.32	205.97	205,97	458.94	71988-12	NH06-158J
026362100	20100101	195.77	337.69	195.77	195.77	451.57	71988-12	NH06-158J
026362100	20100701	204.94	348.28	204,94	204.94	463.31	71988-12	
026362100	20110101	207.30	352.16		207.30	468.41	71988-12	NH06-158J
026362100 026362100	20110701 20120101	201.57 202.88	347.77 350.49	201.57 202.88	201.57 202.88	465.10 468.95	71988-12 71988-12	NH06-158J NH06-158J
026362100	20120701	212.93	362.14	212.93	212.93	481,89	71988-12	NH06-158J
030995800	20060101	145.01	270.12	145.01	145.01	370.50	71988-12	NH06-196J
030995800	20060701	147.34	274.47	147.34	147.34	376.47	71988-12	NH06-196J
031204500	20060101	155.43	280.54	155.43	155.43	380.92	71988-12	NH11-030C
031204500	20060701	157.04	284.17	157.04	157.04	386.17	71988-12	NH11-030C
031204500	20070101	165.79	295.39	165.79	165.79	399.38	71988-12	NH11-030C
031204500	20070201	170.64	300.24	170.64	170.64	404.23	71988-12	NH11-030C
031204500	20070301	165.79	295.39	165.79	165.79	399.38	71988-12	NH11-030C
031204500	20070701	167.46	299.40	167.46	167.46	405.26	71988-12	NH11-030C
031204500	20080101	166.27	300.27	166.27	166.27	407.79	71988-12	NH11-030C
031204500	20080701	168.25	304.53	168.25	168.25	413.88	71988-12	NH11-030C
031204500	20090101	168.58	306.93	168.58	168,58	417.94	71988-12	NH11-030C
031204500	20090301	154.45	292.80	154.45	154.45	403.81	71988-12	NH11-030C
031204500	20090401	191.68	330.03	191.68	191.68	441.04		NH11-030C
031204500	20090701	194.57	334.92	194.57	194.57	447.54	71988-12	NH11-030C
031204500	20100101	179.80	321.72	179.80	179.80	435,60	71988-12	
031204500	20100701	193.81	337.15	193.81	193.81	452.18	71988-12	NH11-030C
031204500	20110101	195.85	340.71	195.85	195.85	456.96	71988-12	
031204500	20110701	199.39	345.59	199.39	199.39	462.92	71988-12	NH11-030C

	Effective Date						T	
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
031204500	20120101	200.72	348.33	200.72	200.72	466.79	71988-12	NH11-030C
031204500	20120701	206.48	355.69	206.48	206.48	475.44	71988-12	NH11-030C
031935000	20061231	173.10	300.23	173.10	173.10	402.23	71988-12	NH06-197J
031935000	20070101	171.43	301.03	171.43	171.43	405.02	71988-12	NH06-197J
031935000	20070701	179.27	311.21	179.27	179.27	417.07	71988-12	NH06-197J
032523600	20071220	173.36	305.30	173.36	173.36	411.16	71988-12	NH06-195J
032523600	20080101	171.27	305.27	171.27	171.27	412.79	71988-12	NH06-195J
032523600	20080701	172.84	309.12	172.84	172.84	418.47	71988-12	NH06-195J
032523600	20090101	176.65	315.00	176.65	176.65	426.01	71988-12	NH06-195J
032523600	20090301	161.85	300.20	161.85	161.85	411.21	71988-12	NH06-195J
032523600	20090401	198.90	337.25	198.90	198.90	448.26	71988-12	NH06-195J
032523600	20090701	206.06	346.41	206.06	206.06	459.03	71988-12	NH06-195J
032523600	20100101	208.19	350.11	208.19	208.19	463.99	71988-12	NH06-195J
032523600	20100701	194.88	338.22	194.88	194.88	453.25	71988-12	NH06-195J
032523600	20110101	202.34	347.20	202.34	202.34	463.45	71988-12	NH06-195J
032523600	20110701	194.93	341.13	194.93	194.93	458.46	71988-12	NH06-195J
032523600	20120101	196.89	344.50	196.89	196.89	462.96	71988-12	NH06-195J
032523600	20120701	190.90	340.11	190.90	190.90	459.86	71988-12	NH06-195J
032567800	20071220	179.27	311.21	179.27	179.27	417.07	71988-12	NH06-197J
032567800	20080101	179.42	313.42	179.42	179.42	420.94	71988-12	NH06-197J
032567800	20080701	181.33	317.61	181.33	181.33	426.96	71988-12	NH06-197J
032567800	20090101	186.86	325.21	186.86	186.86	436.22	71988-12	NH06-197J
032567800	20090301	171.20	309.55	171.20	171.20	420.56	71988-12	NH06-197J
032567800	20090401	208.96	347.31	208.96	208.96	458.32	71988-12	NH06-197J
032567800	20090701	212.61	352.96	212.61	212.61	465.58	71988-12	NH06-197J
032567800	20100101	210.92	352.84	210.92	210.92	466.72	71988-12	NH06-197J
032567800	20100701	214.39	357.73	214.39	214.39	472.76	71988-12	NH06-197J
032567800	20110101	212.92	357.78	212.92	212.92	474.03	71988-12	NH06-197J
032567800	20110701	204.27	350.47	204.27	204.27	467.80	71988-12	NH06-197J
032567800	20120101	205.32	352.93	205.32	205.32	471.39	71988-12	NH06-197J
032567800	20120701	211.09	360.30	211.09	211.09	480.05	71988-12	NH06-197J



Heartland of Jacksonville				Provider Number:	0 201511-00	
8495 Normandy Blvd.				Date:	10/30/2012	
Jacksonville FL 32221				Fiscal Year End:	6/30/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home S	ingle Level		Current Rate 156.66	New Rate	Effective	
L	evel H: AIDS		281.77	276.50	1/1/2006	
L	evel U: Fragile Under 21	_	382.15	376.88	1/1/2006	
Inter	I Interim im Component ement based on costs Provider Prospective data	Changes:		Fotal Prospective Prospective Adjusted for Prospective Adjusted for Prospective with		
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X	Usual and Target Ra FRVS Ch Field Aud Rate Sem	Rating Change Customary Limitation te limitation change ange dit RFA NH06-195J ester Change [as of 01/12/1990		
Distribution: Contract Management / Fiscal Agent		<u> </u>	dicaid Cost	Thomas Parker Reimbursement Plant	ning and Finance	
Permanent File For informatio No Change in	•					
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604		·			



Heartland of Jacksonville				Provider Number:	0 201511-00	
8495 Normandy Blvd.				Date:	10/30/2012	
Jacksonville FL 32221				Fiscal Year End:	6/30/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home S	ingle Level		Current Rate 159.41	New Rate 154.05	Effective Date 7/1/2006	
Le	evel H: AIDS	_	286.54	281.18	7/1/2006	
Lo	evel U: Fragile Under 21	_	388.54	383.18	7/1/2006	
Interi Settle	erim portion	Changes:	Licensure Usual and Target Ra FRVS CI	Total Prospective Prospective Adjusted Total Prospective with Read Prospective Rating Change Customary Limitation Total Prospective Total	n Interim Component	
Distribution:	ospective portion	7	On FRV	[2] as of 01/12/1990 Thomas Parker		
Contract Management Permanent File For information No Change in	n Only Rate	Me	dicaid Cost	Reimbursement Plan	ning and Finance	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



Heartland of Jacksonville			Provider Number:	0 201511-00		
8495 Normandy Blvd.				Date:	11/8/2012	
Jacksonville FL 32221				Fiscal Year End:	6/30/2006	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_ _	Current Rate	New Rate 162.46	Effective Date 1/1/2007	
I	Level H: AIDS		292.14	292.06	1/1/2007	
I	Level U: Fragile Under 21	-	396.13	396.05	1/1/2007	
Inte Sett. Prio Basis:	al Interim rim Component lement based on costs r Provider Prospective data	Changes		Total Prospective Prospective Adjusted Total Prospective with		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X	Usual and Target Ra FRVS Cl Effects o Rate Sem	e Rating Change d Customary Limitation ate limitation change hange f FA RFA NH06-195 hester Change [2] as of 01/12/1990		
Distribution: Contract Management File For information No Change in	Mo	edicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance		
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



Heartland of Jackson	ville			Provider Number:	0 201511-00	
8495 Normandy Blvd				Date:	11/8/2012	
Jacksonville FL 3222	1			Fiscal Year End:	6/30/2006	
				Audit Status:	Unaudited [3]	
Provider Type:				Tudi Sulus,	Onedation [5]	
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	-	173.44	173.36	7/1/2007	
	Level H: AIDS		305.38	305.30	7/1/2007	
	Level U: Fragile Under 21	-	411.24	411.16	7/1/2007	
			,	- Livinosoo Magarini - Livinos		
Rate Type :						
Interim		X	_ Prospectiv			
		<u>X</u>	Total Prospective	C N C		
	nterim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	i interim. Component	
	Prior Provider Prospective data					
Basis:		Changes	:			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitatio	on	
Field audite	ed costs			ate limitation change		
****	- interim portion		FRVS C	_		
Desk audite		<u>X</u>		of FA RFA NH06-195	J FYE 06/30/05	
	- Interim Portion - Prospective portion	Rate Semester Change On FRV [2] as of 01/12/1990				
Distribution:			7-0	Thomas Parker		
Contract Manage	ement / Fiscal Agent	— ·	edicaid Cos	t Reimbursement Plan	ning and Finance	
Permanent File					S	
For inform	nation Only					
No Chang	e in Rate					
Home Office:	HCR Manor Care					
monic Onice.	Julie Yoxtheimer					
	333 North Summit Street					
	Toledo OH 43604					



MCHS - Carrollwood				Provider Number:	0 202525-00	
3030 W. Bearss Avenue				Date:	10/2/2012	
Tampa FL 33618			•	Fiscal Year End:	5/31/2005	
				Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home Single Le	vel		Current Rate 173.30	New Rate 170.22	Effective Date 1/1/2006	
Level H: All	OS gile Under 21	4000004	298.41 398.79	295.33 395.71	1/1/2006	
Rate Type : InterimTotal InterimInterim ComposeSettlement basePrior Provider F	d on costs	X Changes:	F	Total Prospective Prospective Adjusted	for New Costs h Interim Component	
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective p	n	X	Usual and Target Ra FRVS Ch Field Aud Rate Seme	•	on H06-197J FYE 5/31/05	
Julie Yo	Tanor Care xtheimer th Summit Street OH 43604	Med	icaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	



MCHS - Carrollwood	i		Provider Number:	0 202525-00
3030 W. Bearss Aver	nue		Date:	10/2/2012
Tampa FL 33618			Fiscal Year End:	5/31/2005
			Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level	Currer Rate	Rate	Effective Date 7/1/2006
	Level H: AIDS	303.6	66 300.23	7/1/2006
	Level U: Fragile Under 21	405.6		7/1/2006
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prosp X Changes:	Prospective Adjusted	I for New Costs th Interim Component
Desk audite Desk audit	ed costs - interim portion	Usua Targ FRV X Fiele Rate	nsure Rating Change al and Customary Limitat get Rate limitation change 'S Change d Audit & Revised FA N Semester Change FRV [2] as of 07/20/1990	TH06-197J FYE 5/31/05
Permanent File	ement / Fiscal Agent nation Only te in Rate HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604	Medicaid	Thomas Parker Cost Reimbursement Pla	nning and Finance



Atlantic Shores Nursing and	l Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.				Date:	11/13/2012
Melbourne FL 32901				Fiscal Year End:	6/30/2004
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home Sin	ngle Level	· -	Current Rate	New Rate 156.96	Effective Date 1/1/2006
Lev	el H: AIDS		283.33	282.07	1/1/2006
Lev	el U: Fragile Under 21		383.71	382.45	1/1/2006
X Settlem	Component nent based on costs rovider Prospective data ss im portion s	Changes	Licensure Usual and Target Ra FRVS Ch FA & RF	Fotal Prospective Prospective Adjusted of Fotal Prospective with Rating Change I Customary Limitation thange	n Interim Component
Desk Audit - Pros Distribution:) VIII NO	2] as of 12/08/1995 Thomas Parker	
Contract Management Permanent File For information No Change in R. Home Office:	Only	gement, LLC	ledicaid Cost	Reimbursement Plan	ning and Finance



Atlantic Shores Nursi	ng and Rehab			Provider Number:	0 263389	-00
4251 Stack Blvd.				Date:	11/13/20	012
Melbourne FL 32901				Fiscal Year End:	6/30/20	04
				Audit Status:	Revised Field	Audit [5]
Provider Type:				Tradit Status.	101100011010	ruan [5]
			Current	New Rate	Effective Date	
Nursing Home Single Level 161.34 160.06 7/1/2 Level H: AIDS 288.47 287.19 7/1/2	7/1/2006	,				
	Level H: AIDS		288 47	287 19	7/1/2006	
		-				
	Level O: Fragile Onder 21	-	390.47	389.19	7/1/2006	
Rate Type :						
Interim		X	Prospectiv	ve .		
				•		
				•		
				Total Prospective with	Interim Compoi	nent
<u></u> ł	Tior Provider Prospective data					
Basis:		Changes	:			
Budget			Licensur	e Rating Change		
Unaudited	costs		- Usual an	d Customary Limitatio	n	
X Field audite	ed costs			ate limitation change		
Field audit	- interim portion		FRVS C	hange		
Desk audite		X		FA NH06-165J FYE (5/30/2004	
	- Interim Portion			nester Change		
Distribution:	- Prospective portion		On FRV	[2] as of 12/08/1995		
	ement / Fiscal Agent		0	Thomas Parker		
Permanent File		Mo	edicaid Cos	t Reimbursement Plan	ning and Finance	:
	nation Only					
No Chang						
	Southern HealthCare Mana	pement IIC				
Home Office:		somem, LLC				
	R. Mark Cronquist 5887 Glenridge Drive, Suite	150				
	Atlanta GA 30328	1.00				



Atlantic Shores Nursing a	and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.				Date:	11/13/2012
Melbourne FL 32901				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home S	Single Level	-	Rate 166.65	Rate	Date 1/1/2007
ivarsing frome	onigie Level	-	100.03	<u>166.58</u> _	1/1/200/
L	evel H: AIDS		296.25	296.18	1/1/2007
L	evel U: Fragile Under 21		400.24	400.17	1/1/2007
Basis: Budget X Unaudited costs Field audit - ins Desk audited co Desk audit - Int	terim portion	Changes	Licensure Usual and Target Ra FRVS Ch Effects of Rate Sem	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation te limitation change	n Interim Component
Distribution:			7-10	Thomas Parker	
Contract Manageme	nt / Fiscal Agent		ledicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	0.1	•			•
For information	•				
No Change in	Rate				
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	-			



Atlantic Shores Nursi	ng and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.				Date:	11/13/2012
Melbourne FL 32901				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
J1			Current	New	Effective
	~		Rate	Rate	Date
Nursing Home	Single Level		170.01	<u>169.93</u> _	2/1/2007
	Level H: AIDS		299.61	299.53	2/1/2007
	Level U: Fragile Under 21		403.60	403.52	2/1/2007
Rate Type :				<u> </u>	
Interim		X	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data			A STATE OF THE STA	
Basis:		Changes:			
_			T :	Dating Change	
Budget X Unaudited	conto	-	-	e Rating Change d Customary Limitation	n
Field audite		-		ate limitation change	λή
	- interim portion		FRVS CI	-	
Desk audite	-	X	_	f FA & RFA NH06-1	165J FYE 6/30/04
	- Interim Portion			ester Change	
	- Prospective portion		Olitry	[2] as of 12/08/1995	
<u>Distribution:</u>			261	Thomas Parker	
•	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	nation Only				
	·				
No Chang					
Home Office:	Southern HealthCare Manag	gement, LLC			
	R. Mark Cronquist	160			
	5887 Glenridge Drive, Suite Atlanta GA 30328	100			



Atlantic Shores Nursing an	d Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.				Date:	11/13/2012
Melbourne FL 32901				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	_	Current Rate	New Rate 166.58	Effective Date 3/1/2007
Le	vel H: AIDS		296.25	296.18	3/1/2007
Le	vel U: Fragile Under 21		400.24	400.17	3/1/2007
Interir Settler	rim portion ts rim Portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects of Rate Sem	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation te limitation change	n Interim Component
Distribution: Contract Management Permanent File For information No Change in F	Only	Med	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328		***************************************		



Atlantic Shores Nursing and Rehab		Provider Number:	0 263389-00
4251 Stack Blvd.		Date:	11/13/2012
Melbourne FL 32901		Fiscal Year End:	12/31/2006
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 190.50	New Rate 190.43	Effective Date 7/1/2007
ruising frome Single Devel	170.50	190.43	//1/200/
Level H: AIDS	322.44	322.37	7/1/2007
Level U: Fragile Under 21	428.30	428.23	7/1/2007
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis:BudgetBudgetBudgetBudget	Usual an	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change	Interim Component
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Sen	of FA & RFA NH06-1 nester Change [2] as of 12/08/1995	65J FYE 6/30/04
Distribution:	70	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	ement, LLC	t Reimbursement Plan	ning and Finance



Atlantic Shores Nursing a	nd Rehab	_		Provider Number:	0 263389-00
4251 Stack Blvd.		_		Date:	11/13/2012
Melbourne FL 32901		-		Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:	C. L. T. and		Current Rate	New Rate	Effective Date
Nursing Home S	lingle Level		188.99	<u> 188.92</u> _	1/1/2008
L	evel H: AIDS		322.99	322.92	1/1/2008
L	evel U: Fragile Under 21		430.51	430.44	1/1/2008
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int	osts erim portion osts	Change X	Licensure Usual and Target Ra FRVS Ch Effects of Rate Seme	Prospective Prospective Adjusted Prospective with Rating Change Customary Limitation te limitation change	n Interim Component
Distribution: Contract Management Permanent File For informatio No Change in	n Only		Medicaid Cost	Thomas Parker Reimbursement Plant	ning and Finance
Home Office:	Southern HealthCare Mans R. Mark Cronquist 5887 Glenridge Drive, Suit Atlanta GA 30328				



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

Atlantic Shores Nursing	and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.				Date:	11/13/2012
Melbourne FL 32901				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	Onadated [5]
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	Name and a second	190.91		7/1/2008
1	Level H: AIDS		327.19	327.12	7/1/2008
	Level U: Fragile Under 21	_	436.54	436.47	7/1/2008
Rate Type:					
Interim		X	Prospectiv	e	
	al Interim			Total Prospective	
	rim Component			Prospective Adjusted	
***************************************	lement based on costs			Total Prospective with	Interim Component
Prio	or Provider Prospective data				
Basis:		Changes:			
. D . J			Licencure	e Rating Change	
Budget X Unaudited cos	te		•	d Customary Limitatio	'n
Field audited				ate limitation change	AII.
Field audit - in			FRVS C		
Desk audited of	- 1	<u> </u>	•	f FA & RFA NH06-1	65J FYE 6/30/04
Desk audit - Ir	nterim Portion			ester Change	
Desk Audit - F	Prospective portion		On FRV	[2] as of 12/08/1995	
Distribution:		フ	0	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	dicaid Cost	Reimbursement Plans	ning and Finance
Permanent File					
For informati	•				
No Change in	n Rate				
Home Office:	Southern HealthCare Manag	gement, LLC			
011190.	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				



Atlantic Shores Nursing a	and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.		-		Date:	11/13/2012
Melbourne FL 32901		-		Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate	New Rate	Effective Date 1/1/2009
ivursing Home	onigie Level		1/3./0	<u>173.69</u> _	1/1/2009
L	evel H: AIDS	_	312.11	312.04	1/1/2009
L	evel U: Fragile Under 21		423.12	423.05	1/1/2009
Rate Type :					
Interim		<u> </u>	_ Prospectiv		
	l Interim			Total Prospective	
	rim Component			Prospective Adjusted	
	ement based on costs		***************************************	Total Prospective with	i interim Component
PTIOI	Provider Prospective data				
Basis:		Changes	:		
Budget			_	Rating Change	
X Unaudited cost	ì			l Customary Limitatio	on
Field audited co				ate limitation change	
Field audit - in Desk audited co	_	-	FRVS Ch	•	CET TEXTE C /20/04
Desk audit - Int		X		f FA & RFA NH06-1 ester Change	05J F I E 0/50/04
	rospective portion			[2] as of 12/08/1995	
Distribution:			7-8	Thomas Parker	gg and
Contract Manageme	nt / Fiscal Agent	M	edicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	0.1				
For information	-				•
No Change in	Rate				
Home Office:	Southern HealthCare Mana	igement, LLC			
TIOMY VILIOU.	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	e 150			
	Atlanta GA 30328				
	The second secon				



Atlantic Shores Nursing and R	ehab			Provider Number:	0 263389-00
4251 Stack Blvd.				Date:	11/13/2012
Melbourne FL 32901				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sing	le Level		159.20	159.13	3/1/2009
Level	H: AIDS		297.55	297.48	3/1/2009
Level	U: Fragile Under 21		408.56	408.49	3/1/2009
Settlemen	omponent t based on costs rider Prospective data portion Portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects of	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation te limitation change	n Interim Component
R 58	ly	gement, LLC	dicaid Cost	Thomas Parker Reimbursement Plant	ning and Finance



Melbourne FL 32901 Fiscal Year End: 12/31/2007 Audit Status: Unaudited [3]	Atlantic Shores Nurs	ing and Rehab			Provider Number:	0 263389-00
Provider Type: Current Rate Rate Date	4251 Stack Blvd.				Date:	11/13/2012
Nursing Home Single Level 196.90 196.83 4/1/2009	Melbourne FL 32901				Fiscal Year End:	12/31/2007
Provider Type: Current Rate Rate Rate Date					Audit Status:	Unaudited [3]
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Level U: Fragile Under 21 A46.26 A46.19 A471/2009 Rate Type: Interim Total Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget X Unaudited costs Field audited costs Field audite interim Portion Desk audit: Interim Portion Desk audit: Interim Portion Desk audit: Interim Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist S87 Glenridge Drive, Suite 150	Provider Type:					
Level H: AIDS Level U: Fragile Under 21 Level U: Fragile Under 21 Ade.26 Ade.19 Ad	• •					
Level H: AIDS Level U: Fragile Under 21 Add.26	X7					
Rate Type:	Nursing Home	Single Level		196.90	<u> 196.83</u> _	4/1/2009
Interim		Level H: AIDS		335.25	335.18	4/1/2009
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Level U: Fragile Under 21	-	446.26	446.19	4/1/2009
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type :		1100			
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Interim		X	Prospectiv	re.	
Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Total Interim		• •		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change W. Effects of FA & RFA NH06-165J FYE 6/30/04 Rate Semester Change On FRV [2] as of 12/08/1995 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Interim Component			•	for New Costs
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change VX Effects of FA & RFA NH06-165J FYE 6/30/04 Rate Semester Change On FRV [2] as of 12/08/1995 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance		Settlement based on costs			Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change FRVS Change On FRV [2] as of 12/08/1995 Medicaid Cost Reimbursement Planning and Finance	I	Prior Provider Prospective data				
X Unaudited costs	Basis:		Changes			
X Unaudited costs						
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Target Rate limitation change FRVS Change FRVS Change Target Rate limitation change FRVS Change FRVS Change A Rate Semester Change On FRV [2] as of 12/08/1995 Thomas Parker Medicaid Cost Reimbursement Planning and Finance				-		
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150						on ·
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150 X Effects of FA & RFA NH06-165J FYE 6/30/04 Rate Semester Change On FRV [2] as of 12/08/1995 Thomas Parker Medicaid Cost Reimbursement Planning and Finance				_		
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150		-	X	-	•	65J FYE 6/30/04
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150				-		00011200000
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Desk Audit	t - Prospective portion		On FRV	[2] as of 12/08/1995	
Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Distribution:			20	Thomas Parker	
Permanent FileFor information OnlyNo Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Contract Manag	ement / Fiscal Agent		edicaid Cost	Reimbursement Plan	ning and Finance
No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Permanent File					ining and a manufe
Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	For inforn	nation Only				
R. Mark Cronquist 5887 Glenridge Drive, Suite 150	No Chang	ge in Rate				
R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Home Office	Southern HealthCare Man	agement, LLC			
5887 Glenridge Drive, Suite 150	Home Office.					
Atlanta GA 30328		5887 Glenridge Drive, Sui	te 150			
		Atlanta GA 30328				



Atlantic Shores Nurs	ing and Rehab			Provider Number:	0 263389-00		
4251 Stack Blvd.		-		Date:	11/13/2012		
Melbourne FL 32901		-		Fiscal Year End:	12/31/2007		
				Audit Status:	Unaudited [3]		
Provider Type:			Current	New	Effective		
Nursing Home	Single Level	_	Rate 199.83	Rate	Date 7/1/2009		
runsing frome	Single Level	_	177.03		7/1/2009		
	Level H: AIDS		340.18	340.10	7/1/2009		
	Level U: Fragile Under 21		452.80	452.72	7/1/2009		
Rate Type :							
Interim		<u>X</u>	Prospectiv				
	Total Interim		<u>X</u>	Total Prospective	C M C		
	Interim Component		Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Settlement based on costs			Total Prospective with	i interim Component		
	Prior Provider Prospective data						
Basis:		Changes	::				
Budget			Licensur	e Rating Change			
X Unaudited	costs		_	d Customary Limitation	าท		
Field audit	1			ate limitation change	···		
Field audit	- interim portion		FRVS C	hange			
Desk audit	- 1	X	Effects of	f FA & RFA NH06-1	65J FYE 6/30/04		
	- Interim Portion			nester Change			
	t - Prospective portion		On FRV	[2] as of 12/08/1995			
Distribution:			ラひ	Thomas Parker			
-	ement / Fiscal Agent	M	ledicaid Cos	t Reimbursement Plan	ning and Finance		
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No Chang	ge in Rate						
Home Office:	Southern HealthCare Mana	gement, LLC					
Mome Office.	R. Mark Cronquist						
	5887 Glenridge Drive, Suite	e 150					
	Atlanta GA 30328						
	- Address - Addr						



Atlantic Shores Nursing and Rehab		Provider Number:	0 263389-00
4251 Stack Blvd.		Date:	11/13/2012
Melbourne FL 32901		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Curren Rate 196.6	Rate	Effective Date 1/1/2010
Nuising Home Single Level		9 196.62	1/1/2010
Level H: AIDS	338.6	338.54	1/1/2010
Level U: Fragile Under 21	452.4	9 452.42	1/1/2010
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X Prospe	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usua Targe FRV X Effec	asure Rating Change I and Customary Limitati et Rate limitation change S Change ets of FA & RFA NH06- Semester Change RV [2] as of 12/08/1995	
<u>Distribution:</u>	70	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Managen R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328	nent, LLC	Cost Reimbursement Plan	nning and Finance



Atlantic Shores Nursi	ng and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.		-		Date:	11/13/2012
Melbourne FL 32901		-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
MT · TE	C' 1 T 1		Rate	Rate	Date
Nursing Home	Single Level	••••	209.53	209.45	7/1/2010
	Level H: AIDS		352.87	352.79	7/1/2010
	Level U: Fragile Under 21	_	467.90	467.82	7/1/2010
Rate Type :				•	
Interim		X	Prospectiv	e	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
F	Prior Provider Prospective data				
Basis:		Changes:			
					,
Budget			•	Rating Change	
X Unaudited				Customary Limitation	on
Field audite			. FRVS Ch	ate limitation change	
Desk audite	- interim portion	X	•	iange f FA & RFA NH06-1	45 I EVE 4/20/04
	- Interim Portion			ester Change	05J F I E 0/50/04
	- Prospective portion			[2] as of 12/08/1995	
Distribution:		-	7-10	Thomas Parker	
Contract Manage	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File		MIC	aicaia Cost	Reinfoursement i iair	ining and i manec
For inform	nation Only				
No Chang	e in Rate				
Home Office:	Southern HealthCare Mana	gement, LLC			
nome onice.	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	e 150			
	Atlanta GA 30328				Α



Atlantic Shores Nursing and	l Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.		•		Date:	11/13/2012
Melbourne FL 32901				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:	- mlo I ovol		Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level	-	211.72	211.64	1/1/2011
Lev	rel H: AIDS		356.58	356.50	1/1/2011
Lev	rel U: Fragile Under 21		472.83	472.75	1/1/2011
Basis: Budget X Unaudited costs Field audit - inter Desk audited cost Desk audit - Inter	a Component nent based on costs rovider Prospective data is im portion s im Portion	Change X	Licensure Usual and Target Ra FRVS Ch Effects of Rate Sem	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation I climitation change I fa & RFA NH06-1 Ester Change	n Interim Component
Desk Audit - Pros Distribution:	pective portion		On FRV	[2] as of 12/08/1995	14800 Algoria - 1100 A. 11000 A.
Contract Management	/ Fiscal Agent		10/	Thomas Parker	Markey was a same
Permanent FileFor information No Change in R	Only	N	fedicaid Cost	Reimbursement Plans	ning and Finance
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Atlantic Shores Nursing and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.			Date:	11/13/2012
Melbourne FL 32901			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	***************************************	urrent Rate 04.35	New Rate 204.28	Effective Date 7/1/2011
Level H: AIDS	_ 3	50.55	350.48	7/1/2011
Level U: Fragile Under 21	4	67.88	467.81	7/1/2011
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Changes:	Licensur Usual and Target Ra FRVS CI Effects o Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange of FA & RFA NH06-1 nester Change	n Interim Component
Desk Audit - Prospective portion Distribution:	7	>2	[2] as of 12/08/1995 Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Mark Cronquist 5887 Glenridge Drive, Sur Atlanta GA 30328	nagement, LLC	caid Cos	t Reimbursement Plan	ning and Finance



Atlantic Shores Nursi	ing and Rehab		Provider Number:	0 263389-00
4251 Stack Blvd.			Date:	11/13/2012
Melbourne FL 32901			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	Current Rate 200,00	New Rate 199.93	Effective Date 1/1/2012
	Level H: AIDS	347.61	347.54	1/1/2012
	Level U: Fragile Under 21	466.07	466.00	1/1/2012
Basis: Budget X Unaudited Field audit Field audit Desk audite	ed costs - interim portion	Usual ar Target F FRVS C X Effects	Total Prospective Prospective Adjusted Total Prospective with re Rating Change and Customary Limitation Rate limitation change	n Interim Component
Distribution:	- Prospective portion	On FRV	Thomas Parker	
Permanent File	ement / Fiscal Agent nation Only te in Rate Southern HealthCare Manage R. Mark Cronquist		st Reimbursement Plani	ning and Finance
	5887 Glenridge Drive, Suite Atlanta GA 30328	150		



Atlantic Shores Nursi	ing and Rehab			Provider Number:	0 263389-00
4251 Stack Blvd.		_		Date:	11/13/2012
Melbourne FL 32901		-		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
		1	Current	New	Effective
N	Circula I annal		Rate	Rate	Date
Nursing Home	Single Level		205.76		7/1/2012
	Level H: AIDS		354.97	354.89	7/1/2012
	Level U: Fragile Under 21		474.72	474.64	7/1/2012
Rate Type :					
Interim		X	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data		•	Total Prospective with	Interim Component
	Thor Flovider Frospective data		1		
Basis:		Changes:			
			Licensus	e Rating Change	
Budget X Unaudited	costs			e Rating Change d Customary Limitatio	an an
Field audite	1			ate limitation change	711
Field audit	- interim portion		FRVS Cl	nange	
Desk audite		X	Effects o	f FA & RFA NH06-1	65J FYE 6/30/04
	- Interim Portion			ester Change	•
	- Prospective portion		On FRV	[2] as of 12/08/1995	
Distribution:	. / 701 1.4		ロン	Thomas Parker	
_	ement / Fiscal Agent	Med	dicaid Cost	Reimbursement Plant	ning and Finance
Permanent File	antina Out.				
*	nation Only				
No Chang	e in kate				
Home Office:	Southern HealthCare Mana	igement, LLC	444 August 11		
	R. Mark Cronquist	160			
	5887 Glenridge Drive, Suite Atlanta GA 30328	150			
	Atlanta GA 30320				



Bonifay Nursing and Reha	ab			Provider Number:	0 263443-00	
306 West Brock Avenue				Date:	11/16/2012	
Bonifay FL 32425				Fiscal Year End:	6/30/2004	
				Audit Status:	Revised Field Audit [5]	
Provider Type: Nursing Home S	ingle Level	_	Current Rate 142.85	New Rate 142.24	Effective Date 1/1/2006	
- · · · · · · · · · · · · · · · · · · ·			7 12100			
L	evel H: AIDS	_	267.96	267.35	1/1/2006	
L	evel U: Fragile Under 21	-	368.34	367.73	1/1/2006	
Interior X Settle	Interim im Component ement based on costs Provider Prospective data	Changes	F	e Fotal Prospective Prospective Adjusted Fotal Prospective with		
Budget Unaudited costs X Field audited co Field audit - int Desk audit - Int Desk Audit - Pr	erim portion	x	Usual and Target Ra FRVS Ch FA & RF Rate Seme	Rating Change Customary Limitation te limitation change ange A NH06-166J FYE 6 ester Change 2] as of 10/01/2003		
Distribution:	ot / Fiscal A cont		7-6)	Thomas Parker		
Contract Managemer Permanent File For information No Change in Home Office:	n Only	gement, LLC	edicaid Cost	Reimbursement Plan	ning and Finance	



Bonifay Nursing and	Bonifay Nursing and Rehab			Provider Number:	0 263443-00
306 West Brock Aver	nue	_		Date:	11/16/2012
Bonifay FL 32425				Fiscal Year End:	6/30/2004
				Audit Status:	Revised Field Audit [5]
Provider Type:				Tagit States.	101111111111111111111111111111111111111
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		145.71		7/1/2006
	Level H: AIDS		272.84	272.22	7/1/2006
	Level U: Fragile Under 21		374.84	374.22	7/1/2006
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
1	Prior Provider Prospective data			-	
Basis:		Change	es:		
			T :	Detina Chanas	
Budget Unaudited				e Rating Change	
X Field audite	'			d Customary Limitation change	DII
***************************************	- interim portion		FRVS Cl		
Desk audite	_	X	– FA & RI	FA NH06-166J FYE (5/30/2004
	- Interim Portion			ester Change	
	- Prospective portion	-	On FRV	[2] as of 10/01/2003	
Distribution:			200	Thomas Parker	
•	ement / Fiscal Agent	N	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					-
···	nation Only				
No Chang	ge in Rate				
Home Office:	Southern HealthCare Mana	igement, LLC			
· ·	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	e 150			
	Atlanta GA 30328				



Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursin	g and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.		_		Date:	11/1/2012
Palmetto FL 34221		_		Fiscal Year End:	6/30/2004
				Audit Status:	Revised Field Audit [5]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level	_	Rate 157.87	Rate	Date 1/1/2006
nursing Home	Single Level		15/.6/	<u> 156.67</u>	1/1/2000
	Level H: AIDS		282.98	281.78	1/1/2006
	Level U: Fragile Under 21	_	383.36	382.16	1/1/2006
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective Prospective Adjusted:	for New Costs
	nterim Component lettlement based on costs			Total Prospective with	
	rior Provider Prospective data			Total Prospective with	Therm component
		Changes	1		
Basis:		Changes:	J		
Budget			Licensure	e Rating Change	
Unaudited of	costs	-	•	d Customary Limitatio	on
X Field audite	ed costs		Target Ra	ate limitation change	
Field audit	- interim portion		FRVS C	nange	
Desk audite		X	_	FA NH06-155J FYE (5/30/2004
	- Interim Portion - Prospective portion	-		lester Change [2] as of 03/07/1988	
Distribution:	Trospective portion				
	ement / Fiscal Agent		0	Thomas Parker	
Permanent File	······································	Me	dicaid Cost	Reimbursement Plan	ning and Finance
	ation Only				
No Chang	e in Rate				
	Southern HealthCare Mar	nagement IIC			
Home Office:	R. Mark Cronquist	mbonioni, DDC			
	5887 Glenridge Drive, Sui	te 150			
	Atlanta GA 30328				

8



Riviera Palms Nursin	g and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.		_		Date:	11/1/2012
Palmetto FL 34221		- -		Fiscal Year End:	6/30/2004
				Audit Status:	Revised Field Audit [5]
Provider Type:			r	Addit Status.	Tevised Field Addit [5]
11001001 15 por			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		161.00	159.78	7/1/2006
	Level H: AIDS		288.13	286.91	7/1/2006
	Level U: Fragile Under 21		390.13	388.91	7/1/2006
	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion	X	Usual and Target R. FRVS CI FA & RI Rate Sem	e Rating Change d Customary Limitation ate limitation change hange FA NH06-155J FYE (nester Change [2] as of 03/07/1988	
<u>Distribution:</u>		7-	7	Thomas Parker	The state of the s
Contract Manag	ement / Fiscal Agent	——————————————————————————————————————	dicaid Cos	t Reimbursement Plans	ning and Finance
Permanent File		1410	aicaia cos	e i connoursomone i iain	inig and i nance
For inform	nation Only				
No Chang	e in Rate				
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



V7.006.1.2:HQPBI

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

Riviera Palms Nursin	g and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	Olladated [5]
A TOVICOL AJ POL	•		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	***************************************	162.50	162.44	1/1/2007
	Level H: AIDS	2	292.10	292.04	1/1/2007
	Level U: Fragile Under 21		396.09	396.03	1/1/2007
Rate Type:		X	Prospectiv		
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
	Tior Trovider Trospective data				
Basis:		Changes:			
Desk audite Desk audit	ed costs - interim portion		Usual and Target Ra FRVS Ch Effects of Rate Sem	Rating Change I Customary Limitation the limitation change ange I FA & RFA NH06-1 ester Change [2] as of 03/07/1988	
Distribution:		7	50	Thomas Parker	
Contract Manage	ement / Fiscal Agent	Med	U licaid Cost	Reimbursement Plan	ning and Finance
Permanent File		14100	neara cost	remoursement rum	mig and i mance
-	nation Only				
No Chang	e in Rate				
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328	•			



Riviera Palms Nursin	g and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.		•		Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
• •		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		164.09	164.02	2/1/2007
	Level H: AIDS		293.69	293.62	2/1/2007
	Level U: Fragile Under 21		397.68	397.61	2/1/2007
Rate Type :					
Interim		XI	Prospectiv	e	
·	Total Interim		***************************************	Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs			Total Prospective with	Interim Component
<u> </u>	rior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited	costs			l Customary Limitatio	on
Field audite	ed costs			te limitation change	
Field audit	- interim portion		FRVS Ch	ange	
Desk audite	i i	X		f FA & RFA NH06-1	55J FYE 6/30/04
	- Interim Portion			ester Change	
	- Prospective portion		On FKV	[2] as of 03/07/1988	
Distribution:		ファ	P	Thomas Parker	
-	ement / Fiscal Agent	Med	icaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For inform	•				
No Chang	e in Rate				
Home Office:	Southern HealthCare Mana	gement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				



Riviera Palms Nursin	g and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.		- -		Date:	11/1/2012
Palmetto FL 34221		_		Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:				ridat Status.	Official Control (5)
J.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	162.50		3/1/2007
	Level H: AIDS		292.10	292.04	3/1/2007
	Level U: Fragile Under 21		396.09	396.03	3/1/2007
Rate Type:		x	Prospectiv	ve	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data				
Basis:		Changes:]		
Durdont			Licensur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitatio	nn
Field audit	1			ate limitation change	· ·
Field audit	- interim portion		FRVS C	hange	
Desk audite		X		f FA & RFA NH06-1	55J FYE 6/30/04
	- Interim Portion			nester Change [2] as of 03/07/1988	
Distribution:	- Prospective portion		OHFRV	[2] as 01 03/07/1966	
	ement / Fiscal Agent		<u> </u>	Thomas Parker	
Permanent File	ement/Tiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only				
No Chang	•				
No Chang					
Home Office:	Southern HealthCare Man	agement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suit	e 150			
	Atlanta GA 30328	C 130			



Riviera Palms Nursing	g and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
• •			Current	New	Effective
N T			Rate	Rate	Date
Nursing Home	Single Level	***************************************	181.56		7/1/2007
	Level H: AIDS		313.50	313.43	7/1/2007
	Level U: Fragile Under 21		419.36	419.29	7/1/2007
[D / D					
Rate Type:		v	Drograativ		
Interim	otal Interim	X	Prospectiv X	e Total Prospective	
	nterim Component			Prospective Adjusted:	for New Costs
	ettlement based on costs			Total Prospective with	
P	rior Provider Prospective data				
Basis:		Changes:			
			•		
Budget				e Rating Change	
X Unaudited c		-		d Customary Limitation thange	on
Field audite	a costs - interim portion		FRVS Cl	_	
Desk audite	-	X		f FA & RFA NH06-1	55.I FYE 6/30/04
	Interim Portion			ester Change	330 1 1 1 1 0/00/04
Desk Audit	- Prospective portion		On FRV	[2] as of 03/07/1988	
Distribution:			70	Thomas Parker	
_	ment / Fiscal Agent	Med	dicaid Cost	Reimbursement Plans	ning and Finance
Permanent File					
For inform	•				
No Change	e in Rate				
Home Office:	Southern HealthCare Mana	gement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				



Riviera Palms Nursing	and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:				riddit biatus.	Onducted [5]
		(Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level		176.66	176.59	1/1/2008
	Level H: AIDS		310.66	310.59	1/1/2008
	Level U: Fragile Under 21		418.18	418.11	1/1/2008
Int Set	tal Interim erim Component tlement based on costs or Provider Prospective data	<u> </u>		re Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Desk audited Desk audit - I	costs interim portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change d Customary Limitation ate limitation change mange f FA & RFA NH06-1 mester Change [2] as of 03/07/1988	
Distribution:				Thomas Parker	
Contract Managem	ent / Fiscal Agent	Med Med	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For informat	•				
No Change	in Rate				
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Riviera Palms Nursing and	l Rehab			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 180.73	New Rate 180.66	Effective Date 7/1/2008
Transing Home	ingle Level	*******	100.75		77172000
Le	evel H: AIDS		317.01	316.94	7/1/2008
Le	evel U: Fragile Under 21		426.36	426.29	7/1/2008
Interi Settle	Interim m Component ment based on costs Provider Prospective data	X Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro Desk Audit - Pro	erim portion	X	Target Ra FRVS Ch Effects of Rate Sem	I Customary Limitation the limitation change hange FFA & RFA NH06-1 ester Change [2] as of 03/07/1988	
<u>Distribution:</u>	(AD)		20	Thomas Parker	
Contract Managemen Permanent File For information No Change in I Home Office:	n Only Rate Southern HealthCare Manag		dicaid Cost	Reimbursement Plans	ning and Finance
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150			



Riviera Palms Nursing	and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		182.39	<u> 182.32</u>	1/1/2009
	Level H: AIDS		320.74	320.67	1/1/2009
	Level U: Fragile Under 21		431.75	431.68	1/1/2009
Int Set	tal Interim erim Component tlement based on costs or Provider Prospective data	Changes:		e Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change	
X Unaudited co	į.			Customary Limitation the limitation change lange	on
Desk audited Desk audit - I	_	X	Effects of Rate Sem	f FA & RFA NH06-1 ester Change [2] as of 03/07/1988	55J FYE 6/30/04
<u>Distribution:</u>			6	Thomas Parker	
Contract Management Permanent File For informat No Change	ion Only	Med	dicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and	Rehab			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
· -			Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level	-	167.10	167.04	3/1/2009
Le	vel H: AIDS		305.45	305.39	3/1/2009
Le	vel U: Fragile Under 21	- -	416.46	416.40	3/1/2009
Rate Type :					
Interim		X	_ Prospective	е	
Total	Interim			Total Prospective	
	n Component			Prospective Adjusted	
	nent based on costs			Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes	<u>:</u>		
Dudnot			Licensure	Rating Change	
Budget X Unaudited costs				l Customary Limitatio	ın
Field audited cos	sts		_	te limitation change	
Field audit - inte	rim portion		FRVS Ch	ange	
Desk audited cos	1	X		f FA & RFA NH06-1	55J FYE 6/30/04
Desk audit - Inter Desk Audit - Pro	1			ester Change [2] as of 03/07/1988	
Distribution:	spective portion)	
Contract Management	t / Ficcal Agent		1701	Thomas Parker	
Permanent File	17 I Isodi Agoni	M	edicaid Cost	Reimbursement Plan	ning and Finance
For information	Only				
No Change in F	•				
	Southern HealthCare Manag	rement IIC		3	
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				

V7.006.1.2:HQPBI



Riviera Palms Nursin	g and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
		1	Current	New	Effective
NI TI.	C' - I T I		Rate	Rate	Date
Nursing Home	Single Level	<u></u>	204.93		4/1/2009
	Level H: AIDS		343.28	343.20	4/1/2009
	Level U: Fragile Under 21		454.29	454.21	4/1/2009
Rate Type :					
Interim		X	Prospectiv	e	
1	Total Interim			Total Prospective	
ì	nterim Component	-		Prospective Adjusted	
***************************************	ettlement based on costs			Total Prospective with	Interim Component
	rior Provider Prospective data				
Basis:		Changes:]		
			T *	Dating Channel	
Budget				Rating Change	-
X Unaudited of Field audited				d Customary Limitation the limitation change	on
	- interim portion		FRVS Ch	_	
Desk audite	-	X	Effects o	f FA & RFA NH06-1	55J FYE 6/30/04
	- Interim Portion			ester Change	
	- Prospective portion		On FRV	[2] as of 03/07/1988	
Distribution:			761	Thomas Parker	
_	ement / Fiscal Agent	Med	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					-
For inform	•				
No Chang	e in Rate				
Home Office:	Southern HealthCare Manage	ement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				



Riviera Palms Nursing	and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
, ,	•		Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		207.45		7/1/2009
	Level H: AIDS		347.80	347.72	7/1/2009
	Level U: Fragile Under 21	_	460.42	460.34	7/1/2009
Int Set	tal Interim erim Component ttlement based on costs or Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Desk audited Desk audit - l	costs interim portion	X	Usual and Target R. FRVS Cl Effects o Rate Sem	e Rating Change d Customary Limitation ate limitation change hange f FA & RFA NH06-1 nester Change [2] as of 03/07/1988	
Distribution:	J		7-60	Thomas Parker	
Contract Managen	nent / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For information	•				
No Change	in Rate				
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Riviera Palms Nursing and Rehab		Provider Number:	0 263451-00
926 Haben Blvd.		Date:	11/1/2012
Palmetto FL 34221		Fiscal Year End:	12/31/2008
		Audit Status:	Unaudited [3]
Provider Type:			
	Curr		Effective
Name of the state of	Rat		Date
Nursing Home Single Level		44 196.37	1/1/2010
Level H: AIDS	338.	338.29	1/1/2010
Level U: Fragile Under	452.	24 452.17	1/1/2010
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective Basis:		x Total Prospective Prospective Adjusted Total Prospective wi	I for New Costs th Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usi Tat FR X Eff Rat	ensure Rating Change nal and Customary Limitati get Rate limitation change VS Change ects of FA & RFA NH06- e Semester Change FRV [2] as of 03/07/1988	
Distribution:	7	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCa R. Mark Cronquist 5887 Glenridge Dri Atlanta GA 30328	Management, LLC	d Cost Reimbursement Plan	nning and Finance



Riviera Palms Nursing	g and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.		Date: 11/		11/1/2012	
Palmetto FL 34221				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		209.26		7/1/2010
	Level H: AIDS		352.60	352.52	7/1/2010
	Level U: Fragile Under 21		467.63	467.55	7/1/2010
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audit Desk Audit	ed costs - interim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects of Rate Sem On FRV	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I Change	on S5J FYE 6/30/04
Permanent File	Ū	Med	licald Cost	Reimbursement Plan	ning and Finance
For inform	·				
No Change	e in Rate				
Home Office:	Southern HealthCare Man R. Mark Cronquist 5887 Glenridge Drive, Sui Atlanta GA 30328				



Riviera Palms Nursing and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.			Date:	11/1/2012
Palmetto FL 34221			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:			Audit Status.	Official Control (5)
110.tuol 1, por		Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	211.65	211.58	1/1/2011
Level H: AIDS	_	356.51	356.44	1/1/2011
Level U: Fragile Under 21	_	472.76	472.69	1/1/2011
Rate Type:				
Interim	X	Prospectiv		
Total Interim Interim Component			Total Prospective Prospective Adjusted	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data		***************************************	200012100p100110 11100	
Basis:	Changes:	1		
Dasis.	Changes.	J		
Budget		Licensure	Rating Change	
X Unaudited costs			d Customary Limitation	on
Field audited costs		Target Ra	ate limitation change	
Field audit - interim portion		FRVS C		
Desk audited costs	X		f FA & RFA NH06-1	55J FYE 6/30/04
Desk audit - Interim Portion Desk Audit - Prospective portion			lester Change [2] as of 03/07/1988	
Distribution:				
Contract Management / Fiscal Agent		0-	Thomas Parker	
Permanent File	Me	dicaid Cost	Reimbursement Plan	ning and Finance
For information Only				
No Change in Rate				
	anagement IIC			
Home Office: R. Mark Cronquist 5887 Glenridge Drive, S Atlanta GA 30328				



Riviera Palms Nursing and	i Rehab			Provider Number:	0 263451-00
926 Haben Blvd.				Date:	11/1/2012
Palmetto FL 34221				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 202.81	New Rate	Effective Date 7/1/2011
Le	evel H: AIDS		349.01	348.94	7/1/2011
Le	evel U: Fragile Under 21	***************************************	466.34	466.27	7/1/2011
Interi	Interim m Component ment based on costs Provider Prospective data	X	-	e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Basis:		Changes:			,
Budget X Unaudited costs Field audited co Field audit - int Desk audit - Inte Desk Audit - Pre	sts erim portion sts	X	Usual and Target Ra FRVS Ch Effects of Rate Sem	e Rating Change I Customary Limitation Intellimitation change I FA & RFA NH06-1 I ester Change I as of 03/07/1988	
Distribution:			20	Thomas Parker	494
Contract Management Permanent File For information No Change in Home Office:	n Only Rate Southern HealthCare Manag		dicaid Cost	Reimbursement Plan	ning and Finance
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150			



Riviera Palms Nursing and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.	Date: 11/		11/1/2012	
Palmetto FL 34221			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 204.13	New Rate 204.06	Effective Date 1/1/2012
Level H: AIDS Level U: Fragile Under 21		351.74 470.20	351.67 470.13	1/1/2012 1/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X Changes:		e Total Prospective Prospective Adjusted : Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA NH06-155J FYE 6/3 Rate Semester Change On FRV [2] as of 03/07/1988			
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Managem R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328	nent, LLC	licaid Cost	Thomas Parker Reimbursement Plani	ning and Finance



Riviera Palms Nursing a	and Rehab			Provider Number:	0 263451-00
926 Haben Blvd.		Date: 11		11/1/2012	
Palmetto FL 34221				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 209.90	New Rate 209.83	Effective Date 7/1/2012
	Level H: AIDS		359.11	359.04	7/1/2012
	Level U: Fragile Under 21	-	478.86	478.79	7/1/2012
Basis: Budget X Unaudited cos Field audited of Field audited of Desk audited of	costs nterim portion costs	Changes:	Licensure Usual and Target Ra FRVS Ch Effects of Rate Sem	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation Ite limitation change	Interim Component
Distribution: Contract Managemer Permanent File For informati No Change in Home Office:	on Only	ement, LLC	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance



Medicaid Reimbursement Per Diem Rates

Arbor Trail Nursing and	i Rehab			Provider Number:	0 263478-00
611 Turner Camp Road		Date: 10			10/25/2012
Inverness FL 34453				Fiscal Year End: 6/30/	
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level		Current Rate 160.30	New Rate 158.43	Effective Date 1/1/2006
	Level H: AIDS		285.41	283.54	1/1/2006
	Level U: Fragile Under 21		385.79	383.92	1/1/2006
Basis: Budget Unaudited cool X Field audited Field audit - i	costs interim portion	Changes:	Licensur Usual and Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
	costs nterim Portion Prospective portion	X	Rate Sem	F A NH06-149J FYE (nester Change [2] as of 07/17/1987	5/30/2004
Distribution: Contract Managem Permanent File For informat No Change	ion Only		licaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				

16



Arbor Trail Nursing and	Rehab	Provider Number: 0 2634		0 263478-00	
611 Turner Camp Road		•	***************************************		10/25/2012
Inverness FL 34453					6/30/2004
				Audit Status:	Revised Field Audit [5]
Provider Type:				Transfer Location	
		•	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		163.47	161.58	7/1/2006
L	evel H: AIDS		290.60	288.71	7/1/2006
L	evel U: Fragile Under 21		392.60	390.71	7/1/2006
Rate Type: Interim Tota	l Interim	X	Prospectiv	e Fotal Prospective	
	rim Component			Prospective Adjusted	for New Costs
	ement based on costs			Total Prospective with	•
Prior	Provider Prospective data				
Basis:		Changes:			
Budget Unaudited costs X Field audited co Field audit - in Desk audited co Desk Audit - Int Desk Audit - Pt	osts terim portion osts	X	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change		
Distribution:			~	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	O licaid Cost	Reimbursement Plani	ning and Finance
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For information	on Only				
No Change in	Rate				
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Arbor Trail Nursing and	l Rehab			Provider Number:	0 263478-00
611 Turner Camp Road				10/25/2012	
Inverness FL 34453				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 158.28	New Rate	Effective
	Level H: AIDS		287.88	286.53	1/1/2007
	Level U: Fragile Under 21	_	391.87	390.52	1/1/2007
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion	Changes:	Licensure Usual and Target R: FRVS CI Effects o	Total Prospective Prospective Adjusted a Total Prospective with e Rating Change d Customary Limitation ate limitation change hange f FA & RFA NH06-1 nester Change [2] as of 07/17/1987	n Interim Component
Distribution:	·	<u></u>	611 KV	Thomas Parker	
Contract Managem Permanent File For informat No Change i Home Office:	ion Only		licaid Cost	t Reimbursement Plani	ning and Finance
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150			



Arbor Trail Nursing and R	Rehab			Provider Number:	0 263478-00
611 Turner Camp Road		Date: 10/2			10/25/2012
Inverness FL 34453				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	_ _	Current Rate 161.12	New Rate 159.77	Effective Date 2/1/2007
Le	evel H: AIDS		290.72	289.37	2/1/2007
Le	evel U: Fragile Under 21	_	394.71	393.36	2/1/2007
Basis: Budget X Unaudited costs Field audit - inte Desk audited co Desk audit - Inte	erim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects of	Total Prospective Prospective Adjusted Total Prospective with Read Prospective Adjusted Prospective With Prospective Pros	n Interim Component
Distribution: Contract Management Permanent File For information No Change in	n Only	Me	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Arbor Trail Nursing and F	Rehab			Provider Number:	0 263478-00
611 Turner Camp Road		Date: 10/25			10/25/2012
Inverness FL 34453		-		Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level	_	Current Rate 158.28	New Rate 156.93	Effective Date 3/1/2007
Le	evel H: AIDS		287.88	286.53	3/1/2007
Lo	evel U: Fragile Under 21	_	391.87	390.52	3/1/2007
Basis: Budget X Unaudited costs		Changes:	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Reference Rating Change Country Limitation	n Interim Component
Field audited co Field audit - int Desk audited co Desk audit - Inte Desk Audit - Pre	erim portion	Target Rate limitation change FRVS Change X Effects of FA & RFA NH06-149J FYE 6/30/04 Rate Semester Change On FRV [2] as of 07/17/1987			49J FYE 6/30/04
Distribution:			2/	Thomas Parker	
Contract Managemer Permanent File For information No Change in Home Office:	n Only Rate Southern HealthCare Mana R. Mark Cronquist	gement, LLC	dicaid Cost	Reimbursement Plan	ning and Finance
	5887 Glenridge Drive, Suite Atlanta GA 30328	e 150			,



Arbor Trail Nursing an	d Rehab			0 263478-00	
611 Turner Camp Road	d			10/25/2012	
Inverness FL 34453		•		Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Onadared [5]
11011401 17 por		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		170.19		7/1/2007
	Level H: AIDS		302.13	302.03	7/1/2007
	Level U: Fragile Under 21	_	407.99	407.89	7/1/2007
Rate Type:		x	Prospectiv		
	otal Interim		Prospectiv X	e Total Prospective	
	terim Component			Prospective Adjusted	for New Costs
	ettlement based on costs		***	Total Prospective with	
Pr	ior Provider Prospective data				
Basis:		Changes:			
Budget X Unaudited co Field audited Field audit - Desk audited	X	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation the limitation change transperse RFA NH06-1		
Desk audit -	Interim Portion Prospective portion		Rate Sem	ester Change [2] as of 07/17/1987	
Distribution:			2	Thomas Parker	***************************************
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No Change	in Rate				
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Arbor Trail Nursing a	and Rehab			0 263478-00	
611 Turner Camp Ro	ad			10/25/2012	
Inverness FL 34453				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nuveing Uome	Single I aval		Rate	Rate	Date 1/1/2008
Nursing Home	Single Level	*****	168.84	<u>168.75</u> _	1/1/2008
	Level H: AIDS		302.84	302.75	1/1/2008
	Level U: Fragile Under 21		410.36	410.27	1/1/2008
Rate Type :			····		
Interim		X	Prospectiv	e	
-	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited	costs		•	l Customary Limitatio	on
Field audite	ed costs			te limitation change	
Field audit	- interim portion		FRVS Ch	ange	
Desk audite		X		f FA & RFA NH06-1	49J FYE 6/30/04
	- Interim Portion - Prospective portion			ester Change [2] as of 07/17/1987	
Distribution:				Thomas Parker	
Contract Manage	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File		1710	aivaia cost	Temoursement Franc	ning and I manee
For inform	nation Only				
No Chang	e in Rate				
Home Office:	Southern HealthCare Mana	gement, LLC			
Home Office.	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				



Arbor Trail Nursing and Rehab				0 263478-00	
611 Turner Camp Road				10/25/2012	
Inverness FL 34453			Fiscal Year End: 12/3		12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home Single	e Level		170.41	170.32	7/1/2008
Level F	i: AIDS		306.69	306.60	7/1/2008
Level U	: Fragile Under 21		416.04	415.95	7/1/2008
		X Changes:	I	Total Prospective Prospective Adjusted	for New Costs n Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim posk audited costs Desk audit - Interim posk Audit - Prospect	Portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA NH06-149J FYE 6/30/04 Rate Semester Change On FRV [2] as of 07/17/1987			
R. 588	-	ement, LLC	icaid Cost	Thomas Parker Reimbursement Plan	ning and Finance



Arbor Trail Nursing and	Rehab			Provider Number:	0 263478-00	
611 Turner Camp Road		Date: 10/25/2		10/25/2012	12	
Inverness FL 34453				Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	167.04	<u>166.95</u> _	1/1/2009	
	Level H: AIDS	_	305.39	305.30	1/1/2009	
	Level U: Fragile Under 21	_	416.40	416.31	1/1/2009	
Basis: Budget X Unaudited cos Field audited Field audit - i	costs nterim portion	Changes:	Licensur Usual and Target R	Total Prospective Prospective Adjusted of Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component	
Desk audited of Desk audit - In Desk Audit - In		X	Rate Sem	f FA & RFA NH06-1 nester Change [2] as of 07/17/1987	49J FYE 6/30/04	
Distribution: Contract Managem Permanent File For informati No Change i	ion Only	Me	dicaid Cos	Thomas Parker Reimbursement Plan	ning and Finance	-
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Arbor Trail Nursing and	Rehab			Provider Number:	0 263478-00
611 Turner Camp Road		Date: 10/25			10/25/2012
Inverness FL 34453				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 153.04	New Rate 152.95	Effective Date 3/1/2009
L	evel H: AIDS		291.39	291.30	3/1/2009
L	evel U: Fragile Under 21		402.40	402.31	3/1/2009
Basis: Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Inter	osts terim portion osts terim Portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects of	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change I FA & RFA NH06-1 Ester Change	n Interim Component
Distribution: Contract Manageme	nt / Fiscal Agent		8	Thomas Parker	
Permanent FileFor informationNo Change in Home Office:	on Only	ement, LLC	dicaid Cost	Reimbursement Plan	ning and Finance
	Atlanta GA 30328				



Arbor Trail Nursing and I	Rehab			Provider Number:	0 263478-00	
611 Turner Camp Road		•		Date:	10/25/2012	
Inverness FL 34453		ı		Fiscal Year End:	12/31/2007	_
				Audit Status:	Unaudited [3]	
Provider Type:						_
• •			Current	New	Effective	
N		_	Rate	Rate	Date	
Nursing Home S	Single Level	_	189.01	<u> 188.91</u> _	4/1/2009	
L	evel H: AIDS		327.36	327.26	4/1/2009	
L	evel U: Fragile Under 21	- -	438.37	438.27	4/1/2009	
Rate Type :						
Interim		X	Prospectiv	e		
Tota	l Interim	-	_	Total Prospective		
Inter	im Component			Prospective Adjusted	for New Costs	
Settle	ement based on costs			Total Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:		Changes	:			
Budget			_	Rating Change		
X Unaudited costs Field audited co			_	d Customary Limitation thange	on	
Field audit - int			FRVS Ch			
Desk audited co	-	<u> </u>	_	f FA & RFA NH06-1	49.1 FVF 6/30/04	
Desk audit - Int				ester Change	190 1 1 1 0/00/01	
Desk Audit - Pr	ospective portion		On FRV	[2] as of 07/17/1987		
Distribution:			20	Thomas Parker		
Contract Managemen	nt / Fiscal Agent		edicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File						
For informatio	n Only					
No Change in	Rate					
Home Office:	Southern HealthCare Manag	gement, LLC				
Home Office.	R. Mark Cronquist	- ·				
	5887 Glenridge Drive, Suite	150				
	Atlanta GA 30328					



Arbor Trail Nursing and Rehab		Provider Number:	0 263478-00
611 Turner Camp Road		Date:	10/25/2012
Inverness FL 34453		Fiscal Year End:	12/31/2007
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 191.54	Rate	Effective Date 7/1/2009
Level H: AIDS	331.89	331.80	7/1/2009
Level U: Fragile Und			7/1/2009
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospectiv	X Prospec	etive Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual	sure Rating Change and Customary Limitation Rate limitation change Change s of FA & RFA NH06-1 emester Change	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern Health R. Mark Cronqui 5887 Glenridge I Atlanta GA 3032	are Management, LLC	Thomas Parker Ost Reimbursement Plan	ning and Finance



Arbor Trail Nursing and Rehal)			Provider Number:	0 263478-00
611 Turner Camp Road				Date:	10/25/2012
Inverness FL 34453				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Sing	le Level		Current Rate 184.64	New Rate 184.54	Effective Date 1/1/2010
Level	H: AIDS	(326.56	326.46	1/1/2010
Level	U: Fragile Under 21		440.44	440.34	1/1/2010
	portion Portion etive portion iscal Agent	Changes:	Licensure Usual and Target Ra FRVS Ch Effects of Rate Sem On FRV	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation te limitation change	n Interim Component on 49J FYE 6/30/04
R. 58	outhern HealthCare Manage Mark Cronquist 87 Glenridge Drive, Suite I lanta GA 30328				



Arbor Trail Nursing a	and Rehab			Provider Number:	0 263478-00
611 Turner Camp Road		<u>-</u>		Date:	10/25/2012
Inverness FL 34453		•		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Name in a II am a	Circula I amal	_	Rate	Rate	Date
Nursing Home	Single Level	-	197.73	197.64	7/1/2010
	Level H: AIDS		341.07	340.98	7/1/2010
	Level U: Fragile Under 21	-	456.10	456.01	7/1/2010
Rate Type :					
Interim		X	Prospectiv	⁄e	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	Interim Component
I	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			_	e Rating Change	
X Unaudited				d Customary Limitatio	on
Field audit			FRVS Cl	ate limitation change	
Desk audite	- interim portion	X		of FA & RFA NH06-1	40 I EVE 6/30/04
	- Interim Portion			nester Change	470 F1E 0/50/04
Desk Audit	- Prospective portion		On FRV	[2] as of 07/17/1987	
Distribution:				Thomas Parker	
Contract Manage	ement / Fiscal Agent		edicaid Cost	t Reimbursement Plans	ning and Finance
Permanent File		141	calcula Cos	i Komitoursomont i tun	ining and I manor
For inform	nation Only				
No Chang	ge in Rate				
Home Office:	Southern HealthCare Mana	gement, LLC			
Home Office.	R. Mark Cronquist	,			
	5887 Glenridge Drive, Suite	: 150			
	Atlanta GA 30328				
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Arbor Trail Nursing and Rehab		Provider Number:	0 263478-00
611 Turner Camp Road		Date:	10/25/2012
Inverness FL 34453	_	Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate	New Rate	Effective Date  1/1/2011
Nursing Home Single Level	199.94		1/1/2011
Level H: AIDS	344.80	344.70	1/1/2011
Level U: Fragile Under 21	461.05	460.95	1/1/2011
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data  Basis:	X Prospecti X  Changes:	Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion	Usual ar	re Rating Change nd Customary Limitatio Rate limitation change Change	n
Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Rate Ser	of FA & RFA NH06-1 mester Change [2] as of 07/17/1987	49J FYE 6/30/04
<u>Distribution:</u>	78	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Man R. Mark Cronquist 5887 Glenridge Drive, Sui Atlanta GA 30328	agement, LLC	st Reimbursement Planı	ning and Finance



Arbor Trail Nursing and	d Rehab			Provider Number:	0 263478-00	
611 Turner Camp Road				Date:	10/25/2012	
Inverness FL 34453	······································			Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	-	Current Rate	New Rate 192.57	Effective Date 7/1/2011	
	Level H: AIDS	,	338.86	338.77	7/1/2011	
	Level U: Fragile Under 21		456.19	456.10	7/1/2011	
Basis:  Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs Interim portion costs Interim Portion	Changes	Licensure Usual and Target Ra FRVS Ch Effects of Rate Seme	Rating Change Customary Limitation te limitation change ange FA & RFA NH06-1 ester Change	n Interim Component	
Distribution:	Prospective portion		Ontkvi	2] as of 07/17/1987		
Contract Managem Permanent File For informat No Change i Home Office:	ion Only	gement, LLC	ledicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	



Arbor Trail Nursing and	l Rehab			Provider Number:	0 263478-00
611 Turner Camp Road				Date:	10/25/2012
Inverness FL 34453				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		190.81	190.72	1/1/2012
	Level H: AIDS		338.42	338.33	1/1/2012
	Level U: Fragile Under 21	_	456.88	456.79	1/1/2012
Rate Type:		X	Prospectiv	e	
	tal Interim		-	Total Prospective	
·	erim Component			Prospective Adjusted	for New Costs
Set	tlement based on costs			Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
X Unaudited co	sts		Usual and	d Customary Limitatio	n
Field audited	costs		•	ate limitation change	
	interim portion		FRVS CI	· ·	
Desk audited	costs nterim Portion	X		f FA & RFA NH06-1 lester Change	49J FYE 6/30/04
	Prospective portion			[2] as of 07/17/1987	
Distribution:			6	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Me	dicaid Cost	Reimbursement Plani	ning and Finance
Permanent File	. 01				
For informat	•				
No Change	in Rate				
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Arbor Trail Nursing and I	Rehab			Provider Number:	0 263478-00	)
611 Turner Camp Road				Date:	10/25/2012	
Inverness FL 34453				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3	<b>;</b> ]
Provider Type:  Nursing Home	Single Level	_	Current Rate 196.77	New Rate 196.68	Effective Date 7/1/2012	
L	evel H: AIDS		345.98	345.89	7/1/2012	
L	evel U: Fragile Under 21	_	465.73	465.64	7/1/2012	
Basis:  Budget X Unaudited costs Field audit - int Desk audited co	terim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change I Customary Limitation Total Prospective with	n Interim Componen	ıt
Distribution:  Contract Management File  For information No Change in	n Only	Med	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	_
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Pinellas Point Nursing an	d Rehab			Provider Number:	0 263486-00	
5601 31st Street South				Date:	11/14/2012	
St. Petersburg FL 33712			Fiscal Year End:		6/30/2004	
				Audit Status:	Revised Field Audit [5]	
Provider Type:  Nursing Home	Single Level		Current Rate	New Rate 156.10	Effective     Date 1/1/2006	
L	evel H: AIDS		282.11	281.21	1/1/2006	
I	evel U: Fragile Under 21	••••	382.49	381.59	1/1/2006	
Inter X Settle	osts terim portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component	
Desk audit - Int			Rate Sem	tester Change [2] as of 03/08/1995	T 1 E 0/30/2004	
<b>Distribution:</b>			6	Thomas Parker		
Contract Manageme Permanent File For information No Change in	on Only	Me	dicaid Cost	Reimbursement Plan	ning and Finance	
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328		***************************************			



Pinellas Point Nursing and	Rehab			Provider Number:	0 263486-00	
5601 31st Street South St. Petersburg FL 33712				Date:	11/14/2012	
			Fiscal Year End:		6/30/2004	
				Audit Status:	Revised Field Audit [5]	
Provider Type:  Nursing Home Sin	ngle Level		Current Rate 160.08	New Rate 159.16	Effective Date 7/1/2006	
Lev	vel H: AIDS		287.21	286.29	7/1/2006	
Lev	vel U: Fragile Under 21		389.21	388.29	7/1/2006	
X Settlen	nterim n Component nent based on costs rovider Prospective data	X Changes:		e Total Prospective Prospective Adjusted Total Prospective with		
Budget Unaudited costs X Field audited cost Field audit - inter Desk audit - Inter Desk Audit - Pros	rim portion s im Portion	X	Usual and Target Ra FRVS Ch Field Au Rate Sem	e Rating Change I Customary Limitation the limitation change hange dit RFA NH06-150J ester Change [2] as of 03/08/1995		
Distribution:  Contract Management Permanent File For information No Change in R  Home Office:	Only	gement, LLC	dicaid Cost	Thomas Parker Reimbursement Plans	ning and Finance	



Pinellas Point Nursing and	l Rehab			Provider Number:	0 263486-00
5601 31st Street South				Date:	11/14/2012
St. Petersburg FL 33712				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	ingle Level		Current Rate 158.00	New Rate 157.86	Effective Date 1/1/2007
Le	evel H: AIDS		287.60	287.46	1/1/2007
Le	evel U: Fragile Under 21		391.59	391.45	1/1/2007
Basis:  Budget X Unaudited costs Field audit - int Desk audited co	erim portion sts	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective wit  e Rating Change d Customary Limitati ate limitation change hange f FA RFA NH06-15	h Interim Component
Desk audit - Into	ospective portion			lester Change [2] as of 03/08/1995	
Distribution:			76	) Thomas Parker	
Contract Managemer Permanent FileFor informationNo Change in Home Office:	n Only	nent, LLC	licaid Cost	Reimbursement Plan	nning and Finance



Pinellas Point Nursing and Rehab		Provider Number:	0 263486-00
5601 31st Street South		Date:	11/14/2012
St. Petersburg FL 33712		Fiscal Year End:	12/31/2005
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current	New Rate 160.97	Effective Date 2/1/2007
Level H: AIDS	290.71	290.57	2/1/2007
Level U: Fragile Under 21	394.70	394.56	2/1/2007
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data  Basis:BudgetUnaudited costsField audited costs	Changes:  Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Read Prospective with Read Prospective with Read Prospective with Read Prospective with	n Interim Component
Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	X Effects o	f FA RFA NH06-150 ester Change [2] as of 03/08/1995	J FYE 6/30/2004
Distribution:	76-	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Manager  R. Mark Cronquist  5887 Glenridge Drive, Suite 15  Atlanta GA 30328	ent, LLC	Reimbursement Plan	ning and Finance



Pinellas Point Nursing and Rehab			Provider Number:	0 263486-00
5601 31st Street South	Date:		11/14/2012	
St. Petersburg FL 33712			Fiscal Year End:	12/31/2005
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 158.00	New Rate 157.86	Effective Date  3/1/2007
Nursing Home Single Level		130.00		3/1/2007
Level H: AIDS		287.60	287.46	3/1/2007
Level U: Fragile Under 21		391.59	391.45	3/1/2007
Rate Type:	-			
Interim	X	Prospectiv		
Total Interim			Total Prospective	C. N. G.
Interim Component			Prospective Adjusted	
Settlement based on costs			Total Prospective with	i interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		Linomaum	a Batina Chanas	
Budget X Unaudited costs			e Rating Change	
Field audited costs	***************************************		d Customary Limitation thange	OU
Field audit - interim portion		FRVS C	_	
Desk audited costs	X		g- f FA RFA NH06-150	J FYE 6/30/2004
Desk audit - Interim Portion			ester Change	01120,00,2001
Desk Audit - Prospective portion		On FRV	[2] as of 03/08/1995	
Distribution:		)~{-	Thomas Parker	
Contract Management / Fiscal Agent	Med	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Southern HealthCare Management	ent, LLC			
R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328				



Pinellas Point Nursing	and Rehab			Provider Number:	0 263486-00
5601 31st Street South			Date:		
St. Petersburg FL 3371	2		Fiscal Year End:		12/31/2006
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_ _	Current Rate 190.90	New Rate 190.76	Effective Date 7/1/2007
	Level H: AIDS		322.84	322.70	7/1/2007
	Level U: Fragile Under 21	_ _	428.70	428.56	7/1/2007
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk audited	l costs interim portion	Changes:	Licensur Usual and Target R FRVS CI Effects of Rate Sem	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange f FA RFA NH06-150 nester Change [2] as of 03/08/1995	n Interim Component
	ment / Fiscal Agent		<i>/ () -</i>	Thomas Parker	
Permanent File For informa No Change	tion Only	Me	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Pinellas Point Nursing and	l Rehab			Pr	ovider Number:	0 263486-00	
5601 31st Street South					Date:	11/14/2012	
St. Petersburg FL 33712				F	iscal Year End:	12/31/2006	
					Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home S	ingle Level		Current Rate		New Rate 189.30	Effective Date 1/1/2008	
Le	evel H: AIDS		323.44	,	323.30	1/1/2008	
Le	evel U: Fragile Under 21		430.96		430.82	1/1/2008	
Interi Settle Prior  Basis:  Budget	Interim m Component ment based on costs Provider Prospective data	Changes:	Licensur	Tota Pros Tota	ing Change	h Interim Component	
X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro Desk Audit - Pro	sts erim portion sts	X	Target R FRVS C Effects of Rate Sen	ate li hang of FA nester		on OJ FYE 6/30/2004	
Distribution:  Contract Managemen			06	T	homas Parker		
Permanent File For information No Change in	ı Only	Ме	dicaid Cos	t Rei	mbursement Plar	nning and Finance	
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite I Atlanta GA 30328	·		A V			



Pinellas Point Nursing and Rehab		Provider Number:	0 263486-00
5601 31st Street South		11/14/2012	
St. Petersburg FL 33712		Fiscal Year End:	12/31/2006
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 191.43	New Rate 191.29	Effective
Level H: AIDS	327.71	327.57	7/1/2008
Level U: Fragile Under 21	437.06	436.92	7/1/2008
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion	Changes:  Licensure Usual and Target Ra FRVS Ch X Effects o Rate Sem	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange f FA RFA NH06-150 nester Change	n Interim Component
Desk Audit - Prospective portion  Distribution:		[2] as of 03/08/1995	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Southern HealthCare Manager  R. Mark Cronquist  5887 Glenridge Drive, Suite 15  Atlanta GA 30328	ent, LLC	Thomas Parker t Reimbursement Plan	ning and Finance



Pinellas Point Nursin	g and Rehab			Provider Number:	0 263486-00
5601 31st Street Sout	th	•		Date:	11/14/2012
St. Petersburg FL 33	712		Fiscal Year End:		12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 186.67	New Rate 186.53	Effective Date 1/1/2009
	Level H: AIDS		325.02	324.88	1/1/2009
	Level U: Fragile Under 21		436.03	435.89	1/1/2009
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk audit	ed costs - interim portion	Changes:	Licensure Usual and Target Ra FRVS Cl Effects o Rate Sem	Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange f FA RFA NH06-150 hester Change [2] as of 03/08/1995	Interim Component
Distribution:  Contract Manag  Permanent File  For inform	ement / Fiscal Agent	Med	76	Thomas Parker t Reimbursement Plant	ning and Finance
No Chang Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328		<del></del>		



Pinellas Point Nursin	g and Rehab			Provider Number:	0 263486-00
5601 31st Street Sout	h			Date:	11/14/2012
St. Petersburg FL 337	712			Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	<del>-</del>	Current Rate 171.02	New Rate 170.90	Effective Date 3/1/2009
	Level H: AIDS		309.37	309.25	3/1/2009
	Level U: Fragile Under 21	_	420.38	420.26	3/1/2009
Basis:	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes	:]	Total Prospective Prospective Adjusted Total Prospective with	
Desk audit	ed costs - interim portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	1 Customary Limitation the limitation change	
Permanent File	ement / Fiscal Agent nation Only ge in Rate	Me	edicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	·			



Pinellas Point Nursing and	i Rehab			Provider Number:	0 263486-00	
5601 31st Street South				Date:	11/14/2012	
St. Petersburg FL 33712		Fiscal Year End:		12/31/2007		
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home  S	ingle Level		Current Rate 210.77	New Rate 210.62	Effective Date 4/1/2009	
3	0					
L	evel H: AIDS	_	349.12	348.97	4/1/2009	
L	evel U: Fragile Under 21		460.13	459.98	4/1/2009	
Inter Settle	Interim im Component ement based on costs Provider Prospective data	X Changes:		e  Fotal Prospective  Prospective Adjusted  Total Prospective with		
Budget X Unaudited costs Field audited co Field audit - int Desk audit - Int Desk Audit - Pr	erim portion	X	Usual and Target Ra FRVS Ch Effects of Rate Sem	Rating Change I Customary Limitation Ite limitation change I FA RFA NH06-150 ester Change [2] as of 03/08/1995		
Distribution:  Contract Management Permanent File		Med	8	Thomas Parker Reimbursement Plant	ning and Finance	
For informatio No Change in	•					
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328		4			



Pinellas Point Nursing	and Rehab	Provider Number: 0 26		0 263486-00	
5601 31st Street South		-		Date:	11/14/2012
St. Petersburg FL 3371	2	-		Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	~ <del>.</del> .		Rate	Rate	Date
<b>Nursing Home</b>	Single Level	-	219.96		7/1/2009
	Level H: AIDS		360.31	360.17	7/1/2009
	Level U: Fragile Under 21		472.93	472.79	7/1/2009
Rate Type :					
Interim		X	_ Prospectiv	ve	
To	otal Interim		X	Total Prospective	
Int	terim Component			Prospective Adjusted	for New Costs
Se	ttlement based on costs			Total Prospective with	n Interim Component
Pri	or Provider Prospective data				
Basis:		Changes	:		
Budget				e Rating Change	
X Unaudited co	1			d Customary Limitatio	on
Field audited			FRVS Cl	ate limitation change	
	interim portion		<del></del>	•	T 175/17 6/20/2004
Desk audited	Interim Portion	<u> </u>		f FA RFA NH06-150 nester Change	J F Y E 0/30/2004
	Prospective portion			[2] as of 03/08/1995	
Distribution:			76	Thomas Parker	п дуу-да арду
Contract Managen	nent / Fiscal Agent	M	edicaid Cost	t Reimbursement Plan	ning and Finance
Permanent File					
For informa	tion Only				
No Change	in Rate				
Home Office:	Southern HealthCare Mana	igement, LLC			
Home Office,	R. Mark Cronquist	- /			
	5887 Glenridge Drive, Suite	e 150			
	Atlanta GA 30328				
	<u> </u>				



Pinellas Point Nursing a	nd Rehab				0 263486-00
5601 31st Street South					11/14/2012
St. Petersburg FL 33712		-		Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudited [3]
110vider Type.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		222.52	222.37	1/1/2010
	Level H: AIDS		364.44	364.29	1/1/2010
	Level U: Fragile Under 21	_	478.32	478.17	1/1/2010
Rate Type:					
Interim		X	Prospectiv		•
	al Interim			Total Prospective	
	erim Component	`		Prospective Adjusted:	
	tlement based on costs or Provider Prospective data			Total Prospective with	i Interim Component
	of Flovider Flospective data		7		
Basis:		Changes:			
				n	
Budget			-	Rating Change	
X Unaudited cos			_	d Customary Limitation thange	n
	nterim portion		FRVS Ch	-	
Desk audited	-	<u> </u>	-	g. f FA RFA NH06-150	J FYE 6/30/2004
Desk audit - In	1		-	ester Change	<del>-</del> - <del></del>
Desk Audit - I	Prospective portion		On FRV	[2] as of 03/08/1995	
Distribution:			75	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Me	dicaid Cost	Reimbursement Plant	ning and Finance
Permanent File					
For informati	_				
No Change is	n Kate				
Home Office:	Southern HealthCare Mana	gement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	: 150			



Pinellas Point Nursing and	Rehab			Provider Number:	0 263486-00
5601 31st Street South				Date:	11/14/2012
St. Petersburg FL 33712				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	-	227.18	<u>227.04</u> _	7/1/2010
Le	evel H: AIDS	_	370.52	370.38	7/1/2010
Le	evel U: Fragile Under 21	-	485.55	485.41	7/1/2010
Interi Settle Prior	Interim m Component ment based on costs Provider Prospective data	X		re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion	Changes	Licensure Usual and Target Ra FRVS CI Effects o	e Rating Change d Customary Limitation ate limitation change hange f FA RFA NH06-150 nester Change [2] as of 03/08/1995	
Distribution:			7/	Thomas Parker	
Contract Managemen Permanent File For information No Change in I Home Office:	ı Only	gement, LLC	edicaid Cost	t Reimbursement Plan	ning and Finance



Pinellas Point Nursing and F	Rehab			Provider Number:	0 263486-00
5601 31st Street South		Date:		11/14/2012	
St. Petersburg FL 33712				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Sin	igle Level		Current Rate 226.23	New Rate 226.08	Effective Date 1/1/2011
ridibing from Sir	.gic Devel		EE0.EU		
Lev	el H: AIDS		371.09	370.94	1/1/2011
Lev	el U: Fragile Under 21		487.34	487.19	1/1/2011
Basis:  Budget X Unaudited costs Field audit - interposes audited costs	Component ent based on costs rovider Prospective data	Change X	Licensure Usual and Target Ra FRVS Ch Effects of	Prospective Adjusted Prospective Adjusted Prospective with Cotal Prospective with Rating Change Customary Limitation change ange	n Interim Component
Desk audit - Interi Desk Audit - Pros				ester Change 2] as of 03/08/1995	
Distribution:		-	76	Thomas Parker	
	Only	gement, LLC	Medicaid Cost	Reimbursement Plan	ning and Finance



Pinellas Point Nursing a	and Rehab	_		Provider Number:	0 263486-00	
5601 31st Street South				Date:	11/14/2012	
St. Petersburg FL 33712	2	-		Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:						
•••		•	Current	New	Effective	
	~	•	Rate	Rate	Date	
Nursing Home	Single Level		218.13		7/1/2011	
	Level H: AIDS		364.33	364.20	7/1/2011	
	Level U: Fragile Under 21		481.66	481.53	7/1/2011	
Basis:  Budget X Unaudited comprised audited	costs	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted to Total Prospective with Reference Rating Change If Customary Limitation thange	Interim Component	
	nterim Portion Prospective portion			ester Change [2] as of 03/08/1995		
Distribution:			20	Thomas Parker		
Contract Managem	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plani	ning and Finance	
Permanent File	ion Only					
For informat	•					
No Change i	in Kate					
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Pinellas Point Nursing an	d Rehab			Provider Number:	0 263486-00
5601 31st Street South				Date:	11/14/2012
St. Petersburg FL 33712				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 212.54	New Rate 212.40	Effective Date 1/1/2012
	evel H: AIDS		360.15	360.01	1/1/2012
Ι	evel U: Fragile Under 21.		478.61	<u>478.47</u>	1/1/2012
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Interest of the second content o	osts terim portion osts	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o Rate Sem	Total Prospective Prospective Adjusted of Total Prospective with Read Prospective with Read Read Prospective with Read Read Prospective with Read Read Prospective With	Interim Component
Distribution:  Contract Manageme Permanent File For information No Change in	on Only	Med	Joseph Cost	Thomas Parker Reimbursement Plant	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	•	4		



Pinellas Point Nursing	g and Rehab			Provider Number:	0 263486-00
5601 31st Street Sout	601 31st Street South			Date:	11/14/2012
St. Petersburg FL 337	'12	_		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					· · · · · · · · · · · · · · · · · · ·
			Current	New	Effective
Name in a House	Cimale I and	_	Rate	Rate	Date
Nursing Home	Single Level	<del>-</del>	221.22		7/1/2012
	Level H: AIDS		370.43	370.29	7/1/2012
	Level U: Fragile Under 21	·	490.18	490.04	7/1/2012
Rate Type :					
Interim		X	Prospectiv	⁄e	
	Total Interim		_	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
S	Settlement based on costs			Total Prospective with	Interim Component
P	Prior Provider Prospective data				
Basis:		Changes	S:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitatio	on
Field audite	ed costs			ate limitation change	
Field audit	- interim portion		_ FRVS CI	hange	
Desk audite		X		f FA RFA NH06-150	J FYE 6/30/2004
	- Interim Portion - Prospective portion			nester Change [2] as of 03/08/1995	
Distribution:			78	Thomas Parker	
Contract Manage	ement / Fiscal Agent		Codinaid Com		ning and Finance
Permanent File		IV.	ledicald Cos	t Reimbursement Plans	ning and rmance
For inform	ation Only				
No Chang	e in Rate				
Home Office:	Southern HealthCare Mana	agement, LLC			
nome Office:	R. Mark Cronquist	J,			
	5887 Glenridge Drive, Suite	e 150		Tangent in the control of the contro	
	Atlanta GA 30328				



Jacksonville Nursing	and Rehab			Provider Number:	0 263494-00	
4134 Dunn Ave.				Date:	11/13/2012	
Jacksonville FL 3221	18			Fiscal Year End:	6/30/2004	
				Audit Status:	Revised Field Audit [5]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		149.09	<u> 148.45</u> _	1/1/2006	
	Level H: AIDS		274.20	273.56	1/1/2006	
	Level U: Fragile Under 21		374.58	373.94	1/1/2006	
X	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with		
Budget Unaudited X Field audit Field audit Desk audit Desk Audit	ted costs t - interim portion	X	Usual and Target Ra FRVS Ch FA & RI Rate Sem	e Rating Change d Customary Limitation ate limitation change hange FA #NH06-163J FYE hester Change [2] as of 10/31/1990		
Permanent File	rement / Fiscal Agent  nation Only  ge in Rate  Southern HealthCare Mana  R. Mark Cronquist  5887 Glenridge Drive, Suit  Atlanta GA 30328	agement, LLC	dicaid Cost	Thomas Parker t Reimbursement Plant	ning and Finance	



Jacksonville Nursing	and Rehab			Provider Number:	0 263494-00
4134 Dunn Ave.		_		Date:	11/13/2012
Jacksonville FL 3221	8			Fiscal Year End:	6/30/2004
				Audit Status:	Revised Field Audit [5]
Provider Type:					
• •			Current	New	Effective
	~		Rate	Rate	Date
Nursing Home	Single Level		152.12		7/1/2006
	Level H: AIDS		279.25	278.60	7/1/2006
	Level U: Fragile Under 21	-	381.25	380.60	7/1/2006
	20,010,1148,100,140,21	-	301.23		77 17 2000
Rate Type :					
Interim		X	Prospective		
	Total Interim			Total Prospective	6 N C
	Interim Component			Prospective Adjusted	ĺ
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			_	e Rating Change	
Unaudited				d Customary Limitation	on
X Field audit	ed costs			ate limitation change	
	: - interim portion		FRVS C	hange	
Desk audit		<u> </u>		FA #NH06-163J FYE	06/30/04
	- Interim Portion			nester Change	
	t - Prospective portion		On FRV	[2] as of 10/31/1990	
<b>Distribution:</b>			7	Thomas Parker	
	ement / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For inform	nation Only	•			
No Chang	ge in Rate				
Home Office:	Southern HealthCare Man	agement, LLC			
Home Office.	R. Mark Cronquist	<u> </u>			
	5887 Glenridge Drive, Suit	te 150			
	Atlanta GA 30328				



Port Orange Nursing a	nd Rehab			Provider Number:	0 263508-00
5600 Victory Gardens	Blvd.			Date:	10/26/2012
Port Orange FL 32127				Fiscal Year End:	6/30/2004
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level	<u>-</u> -	Current Rate	New Rate 159.01	Effective Date 1/1/2006
	Level H: AIDS		284.64	284.12	1/1/2006
	Level U: Fragile Under 21	_	385.02	384.50	1/1/2006
X So Pr	otal Interim  Iterim Component  ettlement based on costs  rior Provider Prospective data	Changes:		e Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change	
Desk audited Desk audit -	d costs interim portion	X	Usual and Target Ra FRVS Ch FA & RF Rate Sem	Customary Limitation te limitation change	
Distribution:  Contract Manager  Permanent File  For information No Change	•	Me	edicaid Cost	Thomas Parker Reimbursement Plant	ning and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Port Orange Nursing a	nd Rehab			Provider Number:	0 263508-00	
5600 Victory Gardens Blvd.				Date:	10/26/2012	
Port Orange FL 32127				Fiscal Year End:	6/30/2004	
				Audit Status:	Revised Field Audit	[5]
Provider Type:				radic outus.	TOTISCE FICE FIELD	[0]
, , , , , , , , , , , , , , , , , , ,			Current	New	Effective	
NI . IF	C'III		Rate	Rate	Date	
<b>Nursing Home</b>	Single Level		162.65	<u>162.11</u> _	7/1/2006	
	Level H: AIDS		289.78	289.24	7/1/2006	
	Level U: Fragile Under 21		391.78	391.24	7/1/2006	
	<b>U</b>					
Rate Type:				·		
Interim		X	Prospectiv	⁄e		
To	otal Interim			Total Prospective		
In	terim Component			Prospective Adjusted	for New Costs	
X Se	ttlement based on costs			Total Prospective with	Interim Component	
Pr	ior Provider Prospective data					
Basis:		Change	s:			
Budget				e Rating Change		
Unaudited co				d Customary Limitatio	n	
X Field audited				ate limitation change		
Desk audited	interim portion		FRVS CI	•	TAC 153 I	
	Interim Portion	X		FA FYE 06/30/04 #NI nester Change	100-152J	
	Prospective portion			[2] as of 10/09/1992		
Distribution:			2	Thomas Parker		
Contract Manager	ment / Fiscal Agent		Andigoid Cost	t Reimbursement Plan	ning and Finance	
Permanent File		1	redicald Cos	t Kennoursement i ian	ning and Phiance	
For informa	tion Only					
No Change	in Rate					
Home Office:	Southern HealthCare Man	agement, LLC				
Home Office,	R. Mark Cronquist					
	5887 Glenridge Drive, Sui	te 150				
	Atlanta GA 30328					



Port Orange Nursing and Rehab		Provider Number:	0 263508-00
5600 Victory Gardens Blvd.		Date:	10/26/2012
Port Orange FL 32127		Fiscal Year End:	12/31/2005
		Audit Status:	Unaudited [3]
Provider Type:		*	
	Current	New	Effective
Nursing Home Single Level	Rate 168.44	Rate	Date 1/1/2007
Nursing frome Single Level	100.44	<u>168.45</u> _	1/1/2007
Level H: AIDS	298.04	298.05	1/1/2007
Level U: Fragile Under 21	402.03	402.04	1/1/2007
Rate Type:			
Interim	X Prospective	e	
Total Interim	<u>X</u>	Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	1 Interim Component
Prior Provider Prospective data			
Basis: Ch	anges:		
Distant	Licensure	Rating Change	
Budget X Unaudited costs		Customary Limitation	nn
Field audited costs		te limitation change	<b>711</b>
Field audit - interim portion	FRVS Ch		
Desk audited costs	X Effects of	FA & RFA FYE 06	/30/04 #NH06-152J
Desk audit - Interim Portion		ester Change	•
Desk Audit - Prospective portion	On FRV [	2] as of 10/09/1992	
<u>Distribution:</u>	20	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: Southern HealthCare Management, I	LC		
R. Mark Cronquist			
5887 Glenridge Drive, Suite 150			
Atlanta GA 30328			



Port Orange Nursing and Rehab				Provider Number:	0 263508-00
5600 Victory Garden	s Blvd.	Date:		10/26/2012	
Port Orange FL 3212	7			Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:				ridait outus.	Ontario [5]
<b>J F</b>			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	****	168.44	<u>168.45</u> _	3/1/2007
	Level H: AIDS		298.04	298.05	3/1/2007
	Level U: Fragile Under 21		402.03	402.04	3/1/2007
Rate Type :					
Interim		X	Prospective	e ·	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
	Prior Provider Prospective data			777. The control of t	
Basis:		Changes:	ļ		
Budget			Licensure	Rating Change	
X Unaudited	costs	-		Customary Limitation	on
Field audit	ed costs		-	te limitation change	
	- interim portion		FRVS Ch	•	
Desk audite	ed costs - Interim Portion	<u>X</u>		FA & RFA FYE 06	/30/04 #NH06-152J
	- Prospective portion			ester Change [2] as of 10/09/1992	
Distribution:			<u></u>	Thomas Parker	
Contract Manag	ement / Fiscal Agent		<u> </u>		
Permanent File	-	Med	ncaid Cost	Reimbursement Plan	ning and Finance
For inform	nation Only				
No Chang	ge in Rate				
Home Office:	Southern HealthCare Manag	ement, LLC	**************************************		
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Port Orange Nursing and Rehab				Provider Number:	0 263508-00
5600 Victory Gardens		Date: 1		10/26/2012	
Port Orange FL 32127	7			Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:			urrent Rate	New Rate	Effective Date
Nursing Home	Single Level	1	86.78	186.79	1/1/2008
	Level H: AIDS	3	20.78	320.79	1/1/2008
	Level U: Fragile Under 21	_4	28.30	428.31	1/1/2008
I: S	Cotal Interim Interim Component Settlement based on costs Trior Provider Prospective data	XP	1	e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Desk audite Desk audit	ed costs - interim portion	X	Usual and Target Ra FRVS Ch Effects of Rate Sem	Rating Change Customary Limitation the limitation change ange FA & RFA FYE 06 ester Change [2] as of 10/09/1992	
Distribution:  Contract Manage Permanent File For inform No Change Home Office:	•	gement, LLC	caid Cost	Thomas Parker Reimbursement Plan	ning and Finance



Port Orange Nursing	t Orange Nursing and Rehab Prov		Provider Number:	0 263508-00	
5600 Victory Gardens	Blvd.		Date:		10/26/2012
Port Orange FL 3212	7	<u> </u>		Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:				Adda Status.	Onadanca [5]
riovider ryper		(	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	188.51	188.52	7/1/2008
	Level H: AIDS	;	324.79	324.80	7/1/2008
	Level U: Fragile Under 21		434.14	434.15	7/1/2008
Basis:  Budget X Unaudited of Field audited au	ed costs - interim portion ed costs - Interim Portion - Prospective portion  ement / Fiscal Agent	Changes:	Licensure Usual and Target Ra FRVS CH Effects o Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation ate limitation change	n Interim Component on /30/04 #NH06-152J
Home Office:	Southern HealthCare Mar R. Mark Cronquist 5887 Glenridge Drive, Sui Atlanta GA 30328	_			



Port Orange Nursing and	Rehab			Provider Number:	0 263508-00
5600 Victory Gardens Blv	⁄d.	-		Date:	10/26/2012
Port Orange FL 32127		-		Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:		(	Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	_	170.10	170.11	3/1/2009
L	evel H: AIDS		308.45	308.46	3/1/2009
L	evel U: Fragile Under 21	_	419.46	419.47	3/1/2009
Inter Settle	Interim im Component ement based on costs Provider Prospective data		I	e Fotal Prospective Prospective Adjusted Fotal Prospective with	
<b>Distribution:</b> Contract Management	osts erim portion osts erim Portion ospective portion	Changes:  X  Med	Usual and Target Ra FRVS Ch Effects of Rate Sem On FRV [	Rating Change Customary Limitation te limitation change ange FA & RFA FYE 06 ester Change 2] as of 10/09/1992  Thomas Parker Reimbursement Plant	/30/04 #NH06-152J
Permanent FileFor informatioNo Change in Home Office:	•	gement, LLC			and I mulio



Port Orange Nursing and Rehab				Provider Number:	0 263508-00
5600 Victory Gardens	Blvd.	Date:		10/26/2012	
Port Orange FL 32127	7	•	Fiscal Year End: 12		12/31/2007
				Audit Status:	
Provider Type:				Audit Status:	Unaudited [3]
riovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		207.37	207.38	4/1/2009
	Level H: AIDS		345.72	345.73	4/1/2009
	Level U: Fragile Under 21		456.73	456.74	4/1/2009
Rate Type :					
Interim	Satal Tutania	X	Prospectiv		
	Otal Interim nterim Component		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Total Prospective Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	
	rior Provider Prospective data			101011100p001110 // 101	· ····································
	r				
Basis:		Changes:	_		
D 44			Licensur	e Rating Change	
Budget X Unaudited of	roets		-	d Customary Limitatio	nn
Field audite			-	ate limitation change	<i>,</i> 1
	- interim portion		FRVS CI	<del>-</del>	
Desk audite	-	X	Effects o	f FA & RFA FYE 06	/30/04 #NH06-152J
	Interim Portion			ester Change	
	- Prospective portion		On FRV	[2] as of 10/09/1992	
<b>Distribution:</b>			6	Thomas Parker	
	ment / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					<b>V</b>
For inform	ation Only				
No Change	e in Rate				
Home Office:	Southern HealthCare Mana	gement, LLC			
Tiome Office.	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Port Orange Nursing	and Rehab			Provider Number:	0 263508-00
5600 Victory Gardens	s Blvd.			Date:	10/26/2012
Port Orange FL 3212	7			Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaudited [5]
i i ovider i ype.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	212.48	212.49	7/1/2009
	Level H: AIDS		352.83	352.84	7/1/2009
	Level U: Fragile Under 21	-	465.45	465.46	7/1/2009
		•			_
Rate Type :			<del></del> _		
		v	D		
Interim	Total Interim	X	- Prospectiv	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			1000 1 100p000 0 WA	
Basis:	•	Changes			
Dasis.		Changes	<u>.</u>		
Budget			Licensur	e Rating Change	
X Unaudited	costs		_	d Customary Limitatio	on
Field audite			_	ate limitation change	
Field audit	- interim portion		FRVS CI	nange	
Desk audite	ed costs	X	Effects o	f FA & RFA FYE 06	/30/04 #NH06-152J
	- Interim Portion			ester Change	
	- Prospective portion		On FRV	[2] as of 10/09/1992	
Distribution:	ement / Fiscal Agent		6	Thomas Parker	
Permanent File	ement / Tiscal Agent	M	edicaid Cost	t Reimbursement Plan	ning and Finance
	nation Only				
No Chang	•				
Home Office:	Southern HealthCare Mana	gement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suite Atlanta GA 30328	: 150			
V7.006.1.2:VR934	Report Calculated: 10/26/2012 Rep	ort Printed: 10/26	/2012 Book:0	ID:5543326350820090	7012012102609461



V7.006.1.2:VR934

### 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**

Port Orange Nursing	and Rehab			Provider Number:	0 263508-00
5600 Victory Garden				Date:	10/26/2012
Port Orange FL 3212	7			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	213.09	213.10	7/1/2010
<b></b>	~ <b>-</b>				77172010
	Level H: AIDS	_	356.43	356.44	7/1/2010
	Level U: Fragile Under 21	_	471.46	471.47	7/1/2010
	·				
Rate Type :					
Interim		x	Prospectiv	re	
	Total Interim		-	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
s	Settlement based on costs			Total Prospective with	
F	Prior Provider Prospective data				
Basis:		Changes:			
Dudget			Licensur	e Rating Change	
Budget X Unaudited	costs			d Customary Limitation	an
Field audite				ate limitation change	11
	- interim portion		FRVS Cl		
Desk audite	-	<u> </u>	Effects o	f FA & RFA FYE 06	/30/04 #NH06-152J
	- Interim Portion			ester Change	
	- Prospective portion		On FRV	[2] as of 10/09/1992	
<b>Distribution:</b>			76)	Thomas Parker	
J	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For inform	•				
No Chang	e in Rate				
Home Office:	Southern HealthCare Manag	ement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				
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Report Calculated: 10/26/2012 Report Printed: 10/26/2012 Book:0 ID:55433263508201007012012102609462



V7.006.1.2:VR934

### 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**

Port Orange Nursing	and Rehab			Provider Number:	0 263508-00
5600 Victory Gardens	s Blvd.			Date:	10/26/2012
Port Orange FL 3212	7			Fiscal Year End:	12/31/2009
		•		Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current	New	Effective
N. T.	S'- 1 I - 1		Rate	Rate	Date
Nursing Home	Single Level	_	216.07	216.08	1/1/2011
	Level H: AIDS		360.93	360.94	1/1/2011
	Level U: Fragile Under 21	_	477.18	477.19	1/1/2011
					,
Rate Type :					
Interim		X	Prospectiv		
	Total Interim		·	Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	
	rior Provider Prospective data			r	<b>r</b>
Basis:	-	Changes:	1		
		onunges.			
Budget			Licensure	e Rating Change	
X Unaudited	costs			d Customary Limitatio	n .
Field audite	ed costs		•	ate limitation change	
	- interim portion		FRVS Cl	•	
Desk audite		X		f FA & RFA FYE 06	/30/04 #NH06-152J
	- Interim Portion - Prospective portion			ester Change [2] as of 10/09/1992	
Distribution:	- 1 rospective portion				
	ement / Fiscal Agent		46	Thomas Parker	
Permanent File	and a second second	Me	dicaid Cost	Reimbursement Plan	ning and Finance
For inform	ation Only				
No Chang	•				•
Home Office:	Southern HealthCare Manage	ment, LLC			
Home Office.	R. Mark Cronquist	,			
	5887 Glenridge Drive, Suite 1:	50			
	Atlanta GA 30328				

Report Calculated: 10/26/2012 Report Printed: 10/26/2012 Book:0 ID:55433263508201101012012102609463



#### **Medicaid Reimbursement Per Diem Rates**

Port Orange Nursing	and Rehab	_		Provider Number:	0 263508-00
5600 Victory Gardens		_		Date:	10/26/2012
Port Orange FL 3212	7	-		Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate [©]	New Rate	Effective Date
Nursing Home	Single Level		208.41		7/1/2011
	Level H: AIDS		354.61	354.62	7/1/2011
	Level U: Fragile Under 21		471.94	471.95	7/1/2011
Basis:  Budget X Unaudited of Field audite Field audite Desk audite	ed costs - interim portion	Change  X	Licensure Usual and Target Ra FRVS Ch Effects of	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change	n Interim Component
	- Prospective portion		On FRV [	[2] as of 10/09/1992	
Distribution:	omant / Figaal A gart		7-6-)	Thomas Parker	
Permanent File	ement / Fiscal Agent nation Only se in Rate	N	ledicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				

V7.006.1.2:VR934 Report Calculated: 10/26/2012 Report Printed: 10/26/2012 Book:0 ID:55433263508201107012012102609463



#### **Medicaid Reimbursement Per Diem Rates**

Tiffany Hall Nursing an	nd Rehab			0 263532-00	
1800 SE Hillmoor Driv	e			11/2/2012	
Port St. Lucie FL 34952				Fiscal Year End:	6/30/2004
				Audit Status:	Revised Field Audit [5]
Provider Type:					
		(	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		164.67	162.05	1/1/2006
	Level H: AIDS		289.78	287.16	1/1/2006
	Level U: Fragile Under 21	_	390.16	387.54	1/1/2006
Rate Type :				-	
Interim		X	Prospectiv	e	
То	tal Interim			Total Prospective	
Int	erim Component			Prospective Adjusted:	
	tlement based on costs			Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
Dudget			Licensure	e Rating Change	
Budget Unaudited co	ete			d Customary Limitatio	an
X Field audited				ate limitation change	711
Field audit - i	interim portion		FRVS Ch	nange	
Desk audited	costs	X	Field Au	dit RFA NH06-156J	FYE 6/30/2004
	nterim Portion			ester Change	
	Prospective portion		On FRV	[2] as of 07/06/1993	
<u>Distribution:</u>			0	Thomas Parker	
Contract Managem	ient / Fiscal Agent	Med	licaid Cost	Reimbursement Plant	ning and Finance
Permanent File					
For informat	•				
No Change i	in Rate				
Home Office:	Southern HealthCare Manag	gement, LLC			
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150			

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Tiffany Hall Nursing and Rehab				Provider Number:	0 263532-00	
1800 SE Hillmoor Drive	800 SE Hillmoor Drive			Date:	11/2/2012	
Port St. Lucie FL 34952	_			Fiscal Year End:	6/30/2004	
				Audit Status:	Revised Field Audit [5]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home S	ingle Level	_	167.89	<u>165.23</u>	7/1/2006	
Le	evel H: AIDS		295.02	292.36	7/1/2006	
Le	vel U: Fragile Under 21		397.02	394.36	7/1/2006	
Interi X Settle Prior  Basis:  Budget Unaudited costs	Interim m Component ment based on costs Provider Prospective data	Changes	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation	n Interim Component	
X Field audited co Field audit - inte Desk audited co Desk audit - Inte Desk Audit - Pro	erim portion	X	FRVS Cl Field Au Rate Sem	ate limitation change nange dit RFA NH06-156J nester Change [2] as of 07/06/1993	FYE 6/30/2004	
Distribution:			8	Thomas Parker		
Contract Managemen Permanent File For information No Change in I Home Office:	ı Only	gement, LLC	edicaid Cost	Reimbursement Plan	ning and Finance	



Tiffany Hall Nursing	and Rehab	Provider Number: 0 26353			0 263532-00
1800 SE Hillmoor Dr	ive	Date: 12		12/7/2012	
Port St. Lucie FL 349	52	•		Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT . TT	O		Rate	Rate	Date
Nursing Home	Single Level	-	171.28	<u>169.39</u> _	1/1/2007
	Level H: AIDS		300.88	298.99	1/1/2007
	Level U: Fragile Under 21	-	404.87	402.98	1/1/2007
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim	<u></u>	X	Total Prospective	
1	nterim Component			Prospective Adjusted	
ĺ	Settlement based on costs		****	Total Prospective with	Interim Component
I	Prior Provider Prospective data				
Basis:		Changes	:		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitatio	on
Field audite	ed costs .			ate limitation change	
Field audit	- interim portion		FRVS C	•	
Desk audite	1	X			H06-156J FYE 6/30/04
	- Interim Portion - Prospective portion			nester Change [2] as of 07/06/1993	
Distribution:					
	ement / Fiscal Agent		0	Thomas Parker	
Permanent File		M	edicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only				
No Chang	•				
	Southern HealthCare Mana	gement, LLC			
Home Office:	R. Mark Cronquist	<i>ــــــــــــــــــــــــــــــــــــ</i>			
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328				



Tiffany Hall Nursing and Rehab				Provider Number:	0 263532-00
1800 SE Hillmoor Dri		<del>-</del>		Date:	12/7/2012
Port St. Lucie FL 3495	52			Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:		,			
			Current	New Rate	Effective Date
Nursing Home	Single Level	*****	Rate 174.24	172.35	2/1/2007
	Single Bever		1,4.24		2/ 1/2007
	Level H: AIDS		303.84	301.95	2/1/2007
	Level U: Fragile Under 21		407.83	405.94	2/1/2007
Rate Type:					
Interim		X	Prospectiv		
	otal Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs			Total Prospective with	i interim Component
	rior Provider Prospective data		_		
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited c	osts			d Customary Limitatio	on .
Field audite				ate limitation change	- <del>-</del>
Field audit	- interim portion		FRVS CI	nange	
Desk audited		X			H06-156J FYE 6/30/04
	Interim Portion			ester Change	
	- Prospective portion		Oll FRV	[2] as of 07/06/1993	
Distribution:			26	Thomas Parker	
•	ment / Fiscal Agent	Med	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File For information	ation Only				
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No Change	e in Kate				
Home Office:	Southern HealthCare Mana	agement, LLC			
	R. Mark Cronquist				
	5887 Glenridge Drive, Suit Atlanta GA 30328	e 150			
	Atlanta GA JVJ20				



Tiffany Hall Nursing and Rehab				Provider Number:	0 263532-00
1800 SE Hillmoor Drive Date:			12/7/2012		
Port St. Lucie FL 3495	52	<del>-</del>		Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NT • TT	C' 1 T 1		Rate	Rate	Date
Nursing Home	Single Level		171.28	<u> 169.39</u> _	3/1/2007
	Level H: AIDS	_	300.88	298.99	3/1/2007
	Level U: Fragile Under 21	_	404.87	402.98	3/1/2007
Rate Type :					
Interim		X	Draanaatis	10	
	otal Interim		Prospectiv X	Total Prospective	
<u> </u>	nterim Component			Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	
	rior Provider Prospective data			•	1
Basis:		Changes:	1		
Dasis.		Changes.	J		
Budget			Licensur	e Rating Change	
X Unaudited co	osts		•	d Customary Limitatio	on
Field audite	d costs			ate limitation change	
Field audit -	· interim portion		FRVS C	hange	
Desk audited		X	_		H06-156J FYE 6/30/04
	Interim Portion			nester Change	
Distribution:	- Prospective portion		On FRV	[2] as of 07/06/1993	
	ment / Fiscal Agent		0	Thomas Parker	
Permanent File	mont, i isoni i igoni	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information	ation Only				
No Change	•				
	Southern HealthCare Mana	gement IIC	w	1	
Home Office:	R. Mark Cronquist	Somoni, LLC			
	5887 Glenridge Drive, Suite	150			
	Atlanta GA 30328	· -			



Tiffany Hall Nursing a	nd Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Driv	re	Date:		12/7/2012	
Port St. Lucie FL 3495	2	A		Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:	Simple Level		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		191.68	<u>191.60</u> _	7/1/2007
	Level H: AIDS		323.62	323.54	7/1/2007
	Level U: Fragile Under 21		429.48	429.40	7/1/2007
In: Se	otal Interim terim Component ttlement based on costs ior Provider Prospective data	x	]	e Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit - Desk Audit -	costs interim portion	Changes:	Usual and Target Ra FRVS Ch Effects of Rate Sem	•	on H06-156J FYE 6/30/04
Distribution:  Contract Manager  Permanent File  For informa  No Change  Home Office:	•		dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
nome office.	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	•			



Tiffany Hall Nursing and Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Drive			Date:	12/7/2012
Port St. Lucie FL 34952			Fiscal Year End:	12/31/2006
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate	New Rate 189.48	Effective Date 1/1/2008
Level H: AIDS		323.56	323.48	1/1/2008
Level U: Fragile Under 21	_	431.08	431.00	1/1/2008
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audit - Interim Portion  Desk Audit - Prospective portion	Changes:	Licensure Usual and Target R: FRVS CI Effects o	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change mange	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Management R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328	nent, LLC	licaid Cost	Thomas Parker  Reimbursement Plan	ning and Finance



Tiffany Hall Nursing	and Rehab		Provider Number:	0 263532-00
1800 SE Hillmoor Di	rive		Date:	12/7/2012
Port St. Lucie FL 349	952		Fiscal Year End:	12/31/2006
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.13	<u> 192.05</u> _	7/1/2008
	Level H: AIDS	328.41	328.33	7/1/2008
	Level U: Fragile Under 21	437.76	437.68	7/1/2008
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospect X Changes:	Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Licensu Usual a Target I FRVS C X Effects Rate Se	· ·	on H06-156J FYE 6/30/04 
Permanent File	ement / Fiscal Agent  nation Only ge in Rate  Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	ement, LLC	Thomas Parker st Reimbursement Plani	ning and Finance



Tiffany Hall Nursing and Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Drive			Date:	12/7/2012
Port St. Lucie FL 34952			Fiscal Year End:	12/31/2007
			Audit Status:	Unaudited [3]
Provider Type:				
	(	Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		177.67		1/1/2009
Level H: AIDS		316.02	315.94	1/1/2009
Level U: Fragile Under 21		427.03	426.95	1/1/2009
Rate Type:				
Interim	. <b>X</b>	Prospectiv	re	
Total Interim		X	Total Prospective	
Interim Component			Prospective Adjusted:	for New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			***************************************
		т •	. During Chair	
Budget			e Rating Change	
Y Unaudited costs Field audited costs	-		d Customary Limitation thange	on
Field audit - interim portion	-	FRVS C	_	
Desk audited costs	X		•	H06-156J FYE 6/30/04
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 07/06/1993	
Distribution:		Y -	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File				
For information Only	•			
No Change in Rate				
Home Office: Southern HealthCare Manage	ment, LLC			
R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328	50			



Tiffany Hall Nursing and	Rehab	_		Provider Number:	0 263532-00	
1800 SE Hillmoor Drive	***************************************	_		Date:	12/7/2012	
Port St. Lucie FL 34952		-		Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home	Single Level		Current Rate 162.77	New Rate 162.70	Effective Date 3/1/2009	
ivursing frome	Single Level		102.//		3/1/2009	
L	evel H: AIDS		301.12	301.05	3/1/2009	
L	evel U: Fragile Under 21	_	412.13	412.06	3/1/2009	
Basis:  Budget X Unaudited cost Field audit - in Desk audited co Desk audit - Inference of the cost	osts terim portion osts	Changes:	Licensur Usual and Target Ra FRVS Cl Effects o Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change nange	Interim Component	4
Distribution:  Contract Manageme Permanent File For information No Change in Home Office:	on Only	agement, LLC	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	



Tiffany Hall Nursing and R	ehab			Provider Number:	0 263532-00	
1800 SE Hillmoor Drive		•		Date:	12/7/2012	_
Port St. Lucie FL 34952				Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Sin	ngle Level	_ _	Current Rate 201.16	New Rate 201.08	Effective	
Lev	vel H: AIDS		339.51	339.43	4/1/2009	
Lev	vel U: Fragile Under 21	-	450.52	450.44	4/1/2009	
Settlen	ts rim portion s in Component nent based on costs rovider Prospective data	Changes	Licensure Usual and Target Ra FRVS CH Effects 0 Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Re Rating Change d Customary Limitation ate limitation change nange f Field Audit RFA Notester Change [2] as of 07/06/1993	Interim Component	ļ
Contract Management Permanent File For information No Change in R	Only	Mo	edicaid Cost	Thomas Parker  Reimbursement Plan	ning and Finance	
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	-				



Tiffany Hall Nursing and	Rehab			Provider Number:	0 263532-00	
1800 SE Hillmoor Drive		<b>-</b>		Date:	12/7/2012	
Port St. Lucie FL 34952		-		Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home S	ingle Level	-	Current Rate 203.72	New Rate 203.64	Effective Date 7/1/2009	
L	evel H: AIDS		344.07	343.99	7/1/2009	
L	evel U: Fragile Under 21		456.69	456.61	7/1/2009	
Basis:  Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Interpretation	erim portion ests	Change	Licensure Usual and Target Ra FRVS Ch Effects of	Total Prospective Prospective Adjusted Total Prospective with Rating Change Customary Limitation Itelimitation change Itelimitation change	n Interim Component	
Distribution:  Contract Managemer  Permanent File  For information  No Change in	n Only	N	Medicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Tiffany Hall Nursing and	Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Drive	800 SE Hillmoor Drive			Date:	12/7/2012
Port St. Lucie FL 34952				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	<del></del>	Current Rate	New Rate 192.45	Effective Date 1/1/2010
L	evel H: AIDS		334.46	334.37	1/1/2010
L	evel U: Fragile Under 21		448.34	448.25	1/1/2010
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk Audit - Pr  Distribution: Contract Management Permanent File	erim portion ests erim portion ests erim Portion ospective portion ent / Fiscal Agent	Changes:	Licensure Usual and Target Ra FRVS CI Effects o Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange	n Interim Component  on  H06-156J FYE 6/30/04
For informatio No Change in Home Office:					



Tiffany Hall Nursing and Rehab				Provider Number:	0 263532-00
1800 SE Hillmoor Drive				Date:	12/7/2012
Port St. Lucie FL 34952				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Single	Level	***************************************	208.93		7/1/2010
Level H:	AIDS		352.27	352.19	7/1/2010
Level U:	Fragile Under 21		467.30	467.22	7/1/2010
****	prize a sed on costs er Prospective data or c	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change nange	n Interim Component on H06-156J FYE 6/30/04
No Change in Rate  Home Office:  R. M. 588	thern HealthCare Manag Iark Cronquist Glenridge Drive, Suite nta GA 30328	_			



Tiffany Hall Nursing and R	ehab			Provider Number:	0 263532-00	
1800 SE Hillmoor Drive		-		Date:	12/7/2012	
Port St. Lucie FL 34952		-		Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level		211.32	211.23	1/1/2011	
Lev	vel H: AIDS		356.18	356.09	1/1/2011	
Lev	vel U: Fragile Under 21	-	472.43	472.34	1/1/2011	
Rate Type :						
Interim		X	Prospective			
	nterim			Total Prospective		
	n Component nent based on costs		***************************************	Prospective Adjusted to Fotal Prospective with		
***************************************	rovider Prospective data			rotat Frospective with	internii Component	
	10114011100p001110 4444					
Basis:		Changes	<u>:</u>			
Dudant			Licensure	Rating Change		
Budget X Unaudited costs			••••	l Customary Limitatio	n	
Field audited cos	ts			te limitation change		
Field audit - inter	rim portion		FRVS Ch	ange		
Desk audited cost	4	X	_		H06-156J FYE 6/30/0	4
Desk audit - Inter Desk Audit - Pros				ester Change [2] as of 07/06/1993		
Distribution:	Post		2	•		
Contract Management	/ Fiscal Agent		/ () -			
Permanent File		1010	edicaid Cost	Reimbursement Plani	ling and rinance	
For information	Only					
No Change in R	ate					
Home Office:	Southern HealthCare Mana	gement, LLC	, , , , , , , , , , , , , , , , , , , ,			
noine Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Tiffany Hall Nursing and	Rehab			Provider Number:	0 263532-00
1800 SE Hillmoor Drive				Date:	12/7/2012
Port St. Lucie FL 34952				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 203.82	New Rate 203.74	Effective Date 7/1/2011
L	evel H: AIDS		350.02	349.94	7/1/2011
L	evel U: Fragile Under 21	_	467.35	467.27	7/1/2011
Basis:  Budget X Unaudited cost: Field audit - in: Desk audited co	osts terim portion osts	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk audit - Int Desk Audit - Pr	terim Portion rospective portion			lester Change [2] as of 07/06/1993	
Distribution:			2//	Thomas Parker	
Permanent File For informatio No Change in	on Only	·	licaid Cost	Reimbursement Plan	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Tiffany Hall Nursing and Rehab		Provider Number:	0 263532-00
1800 SE Hillmoor Drive	_	Date:	12/7/2012
Port St. Lucie FL 34952	_	Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 201.01	New Rate 200.93	Effective Date 1/1/2012
Level H: AIDS	348.62	348.54	1/1/2012
Level U: Fragile Under 21	467.08	467.00	1/1/2012
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audited costs  Desk audited costs  Desk Audit - Interim Portion  Desk Audit - Prospective portion	Changes:  Licensur Usual and Target R FRVS CI X Effects of Rate Sem	Total Prospective Prospective Adjusted of Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange	Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Mark Cronquist 5887 Glenridge Drive, Sur Atlanta GA 30328	agement, LLC	Thomas Parker t Reimbursement Plans	ning and Finance



Tiffany Hall Nursing and Rehab	,	Provider Number:	0 263532-00	
1800 SE Hillmoor Drive		Date:	12/7/2012	
Port St. Lucie FL 34952		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level	Current Rate 207.92	New Rate 207.84	Effective Date 7/1/2012	
Level H: AIDS	357.13	357.05	7/1/2012	
Level U: Fragile Under 21	476.88	476.80	7/1/2012	
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audited costs  Desk audited costs  Desk Audit - Interim Portion  Desk Audit - Prospective portion	Changes:  Licensure Usual and Target Ra FRVS Ch X Effects o Rate Sem	Total Prospective Prospective Adjusted Total Prospective with  Rating Change d Customary Limitation ate limitation change nange	n Interim Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Southern HealthCare Managen  R. Mark Cronquist  5887 Glenridge Drive, Suite 15  Atlanta GA 30328	ent, LLC	Thomas Parker Reimbursement Plan	ning and Finance	



### **Medicaid Reimbursement Per Diem Rates**

Metrowest Nursing and	Rehab			Provider Number:	0 263541-00	
5900 West Gate Drive Orlando FL 32835				Date:	11/16/2012	
				Fiscal Year End:	6/30/2004	
				Audit Status:	Revised Field Audit [5]	_ 
Provider Type: Nursing Home	Single Level	_	Current Rate 157.90	New Rate 156.80	Effective Date 1/1/2006	
	Level H: AIDS		<b>283.0</b> 1	281.91	1/1/2006	
	Level U: Fragile Under 21	_	383.39	382.29	1/1/2006	
Int X Se	otal Interim terim Component ttlement based on costs for Provider Prospective data	Changes:		e Total Prospective Prospective Adjusted a Total Prospective with		-
Desk audited Desk audit - 1	costs interim portion	X	FRVS Ch Field Au Rate Sem	d Customary Limitation the limitation change nange dit RFA NH06-168J eester Change [2] as of 10/21/1994		
Distribution:  Contract Managen  Permanent File  For information  No Change	tion Only	Me	dicaid Cost	Thomas Parker Reimbursement Plant	ning and Finance	
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328		_			

Report Calculated: 11/16/2012 Report Printed: 11/16/2012 Book:0 ID:48203263541200601012012111615102



Metrowest Nursing a	nd Rehab			Provider Number:	0 263541-00
5900 West Gate Drive	e			Date:	11/16/2012
Orlando FL 32835				Fiscal Year End:	6/30/2004
				Audit Status:	Revised Field Audit [5]
Provider Type: Nursing Home	Single Level	_	Current Rate 161.40	New <u>Rate</u> 160.30	Effective Date 7/1/2006
runsing nome	Single Level	_	101.40		//1/2000
	Level H: AIDS		288.53	287.43	7/1/2006
	Level U: Fragile Under 21		390.53	389.43	7/1/2006
Basis:  Budget Unaudited of X Field audite Field audite Desk audite Desk Audite Desk Audite Contract Manage Permanent File	ed costs - interim portion	Changes:  X  Me	Licensure Usual and Target Ra FRVS CI Field Au Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component  on  FYE 6/30/2004
No Chang Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



### **Medicaid Reimbursement Per Diem Rates**

Metrowest Nursing and Rehab				Provider Number:	0 263541-00
5900 West Gate Drive				Date:	11/16/2012
Orlando FL 32835				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:	,	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		158.07	157.52	1/1/2007
	Level H: AIDS	-	287.67	287.12	1/1/2007
	Level U: Fragile Under 21	-	391.66	391.11	1/1/2007
			4		
Rate Type :					
Interim	otal Interim	X	Prospectiv	e Total Prospective	
I1	nterim Component			Prospective Adjusted	for New Costs
	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes	<u>:</u>		
Desk audited Desk audit -	d costs - interim portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change I Customary Limitation the limitation change nange I FA RFA NH06-168. Lester Change [2] as of 10/21/1994	
Distribution:			77	Thomas Parker	
Contract Manage Permanent FileFor information of the properties of the propert	•	M	edicaid Cost	Reimbursement Plann	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				

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Metrowest Nursing and	Rehab	_		Provider Number:	0 263541-00
5900 West Gate Drive		_ _		Date:	11/16/2012
Orlando FL 32835		_	Fiscal Year End:		12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
	~		Rate	Rate	Date
Nursing Home	Single Level		160.34	<u> 159.79</u> _	2/1/2007
1	Level H: AIDS	_	289.94	289.39	2/1/2007
1	Level U: Fragile Under 21	-	393.93	393.38	2/1/2007
Basis:  Budget X Unaudited cos Field audit - ir Desk audited co	costs nterim portion costs nterim Portion	Changes  X	Licensure Usual and Target Ra FRVS Ch Effects o Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation te limitation change tange TFA RFA NH06-168 ester Change	n Interim Component
Distribution:	Prospective portion		OILLE	[2] as of 10/21/1994	
Contract Manageme	ent / Fiscal Agent		0	Thomas Parker	
Permanent File	VIII / 1 100m1 1 150m1	Me	edicaid Cost	Reimbursement Plant	ning and Finance
For informati	on Only				
No Change in	•				
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Metrowest Nursing and Rehab		Provider Number:	0 263541-00
5900 West Gate Drive		Date:	11/16/2012
Orlando FL 32835		Fiscal Year End:	12/31/2005
		Audit Status:	Unaudited [3]
Provider Type:		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
v 1	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	158.07		3/1/2007
Level H: AIDS	287.67	287.12	3/1/2007
Level U: Fragile Under 21	391.66	391.11	3/1/2007
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:	X Prospec X Changes:	Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licens Usual Target FRVS X Effects Rate S	ure Rating Change and Customary Limitation Rate limitation change Change s of FA RFA NH06-168 emester Change V [2] as of 10/21/1994	
Distribution:	26	) Thomas Parker	-
Contract Management / Fiscal Agent  Permanent File For information OnlyNo Change in Rate  Home Office:  Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	ement, LLC	ost Reimbursement Plan	ning and Finance



Moultrie Creek Nursing and Rehab			Provider Number:	0 263559-00		
200 Mariner Health Way			Date:	11/19/2012 6/30/2004		
St. Augustine FL 32086			Fiscal Year End:			
			Audit Status:	Revised Field Audit [5]		
Provider Type:						
	_	Current Rate	New Rate	Effective Date		
Nursing Home Single Level	_	154.99	154.37	1/1/2006		
Level H: AIDS		280.10	279.48	1/1/2006		
Level U: Fragile Und	er 21	380.48	379.86	1/1/2006		
Rate Type :						
Interim	X	Prospectiv				
Total Interim			Total Prospective			
Interim Component			Prospective Adjusted			
X Settlement based on cost			Total Prospective with	Interim Component		
Prior Provider Prospectiv	e data					
Basis:	Changes	•				
Budget		Licensur	e Rating Change			
Unaudited costs		_	d Customary Limitatio	on		
X Field audited costs		Target Rate limitation change				
Field audit - interim portion		FRVS Cl	nange			
Desk audited costs	X	FA & RI	FA #NH06-167J FYE	06/30/04		
Desk audit - Interim Portion		Rate Semester Change				
Desk Audit - Prospective portion		On FRV	[2] as of 05/01/1996			
Distribution:		8	Thomas Parker			
Contract Management / Fiscal Agent	M	edicaid Cost	Reimbursement Plans	ning and Finance		
Permanent File						
For information Only						
No Change in Rate						
Home Office: Southern Health	Care Management, LLC					
R. Mark Cronqui 5887 Glenridge I Atlanta GA 3032	st Prive, Suite 150					



Moultrie Creek Nursing a	and Rehab			Provider Number:	0 263559-00
200 Mariner Health Way				Date:	11/19/2012 6/30/2004
St. Augustine FL 32086				Fiscal Year End:	
				Audit Status:	Revised Field Audit [5]
Provider Type:  Nursing Home	Single Level	-	Current Rate 158.09	New Rate	Effective Date 7/1/2006
L	evel H: AIDS	_	285.22	284.58	7/1/2006
L	evel U: Fragile Under 21	<del>-</del>	387.22	386.58	7/1/2006
Inter X Settle	I Interim im Component ement based on costs Provider Prospective data	Changes		e Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited costs X Field audited co Field audit - in Desk audited co Desk audit - Int Desk Audit - Pr	osts terim portion osts	X	Usual and Target Ra FRVS Ch FA & RI Rate Sem	e Rating Change d Customary Limitation ate limitation change nange FA #NH06-167J FYE lester Change [2] as of 05/01/1996	
Distribution:			200	Thomas Parker	
Contract Management Permanent File For information No Change in	on Only		edicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Moultrie Creek Nursing and Rehab				Provider Number:	0 263559-00
200 Mariner Health Way	Ý			Date:	11/19/2012
St. Augustine FL 32086				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		150.09	150.04	1/1/2007
	Level H: AIDS	_	279.69	279.64	1/1/2007
	Level U: Fragile Under 21	_	383.68	383.63	1/1/2007
Inte	al Interim erim Component element based on costs	X		e Total Prospective Prospective Adjusted Total Prospective with	
	or Provider Prospective data	Cl		•	
Desk audited of Desk audit - Ir	nterim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change d Customary Limitation ate limitation change nange f FA & RFA #NH06- nester Change [2] as of 05/01/1996	
Distribution:	J		70	Thomas Parker	
Contract Managem Permanent File For informati No Change is	on Only	Me	dicaid Cost	Reimbursement Plani	ning and Finance
Home Office:	Southern HealthCare Managem R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328				



Moultrie Creek Nursing a	and Rehab			Provider Number:	0 263559-0	0
200 Mariner Health Way				Date:	11/19/2012	<u> </u>
St. Augustine FL 32086				Fiscal Year End:	12/31/2005	I
				Audit Status:	Unaudited [3	3]
Provider Type:  Nursing Home	Single Level		Current Rate 154.48	New Rate 154.43	Effective Date 2/1/2007	
- · · · · · · · · · · · · · · · · · · ·	<b>G</b>					
L	evel H: AIDS		284.08		2/1/2007	
L	evel U: Fragile Under 21		388.07	388.02	2/1/2007	
Inter Settle	I Interim rim Component ement based on costs Provider Prospective data	Changes:	Licensure	e  Total Prospective  Prospective Adjusted  Total Prospective with  Rating Change  Customary Limitation	Interim Componen	ıt
Field audited control Field audit - in Desk audited control	terim portion	X	FRVS Ch	f FA & RFA #NH06-	167J FYE 06/30/04	4
Desk audit - Int Desk Audit - Pr	terim Portion cospective portion			ester Change [2] as of 05/01/1996		
Distribution:			7	Thomas Parker	,	***************************************
Contract Manageme Permanent File For information No Change in	on Only	Med	dicaid Cost	Reimbursement Plan	ning and Finance	_
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Moultrie Creek Nursing and Rehab		Provider Number:	0 263559-00
200 Mariner Health Way		Date:	11/19/2012
St. Augustine FL 32086		Fiscal Year End:	12/31/2005
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 150.09	New Rate 150.04	Effective Date 3/1/2007
Level H: AIDS	279.69	279.64	3/1/2007
Level U: Fragile Under 21	383.68	383.63	3/1/2007
Interim  Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:  Licensure Usual and Target Ra FRVS Ch X Effects o Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:	26	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Management R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328		t Reimbursement Plan	ning and Finance



Moultrie Creek Nursing and Rehab				Provider Number:	0 263559-00
200 Mariner Health Wa	у			Date:	11/19/2012
St. Augustine FL 32086	5			Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	170.84	170.79	7/1/2007
	Level H: AIDS		302.78	302.73	7/1/2007
	Level U: Fragile Under 21	_	408.64	408.59	7/1/2007
Interest Services	etal Interim terim Component ttlement based on costs or Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited co Field audited Field audit - Desk audited Desk audit - Desk Audit -	costs interim portion	X	Usual and Target Ra FRVS Cl Effects o Rate Sem	e Rating Change d Customary Limitation ate limitation change hange of FA & RFA #NH06- nester Change [2] as of 05/01/1996	
Distribution:			4	Thomas Parker	
Contract Managen Permanent File For informat No Change	tion Only	Med	dicaid Cost	t Reimbursement Plani	ning and Finance
Home Office:	Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Moultrie Creek Nursing an	d Rehab			Provider Number:	0 263559-00
200 Mariner Health Way St. Augustine FL 32086			•	Date:	11/19/2012
				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ingle Level		Current Rate 169.51	New Rate 169.46	Effective Date  1/1/2008
<b>.</b>	- <b></b>	•			
Le	vel H: AIDS	<u>.</u>	303.51	303.46	1/1/2008
Le	vel U: Fragile Under 21		411.03	410.98	1/1/2008
Interin Settler	Interim n Component ment based on costs Provider Prospective data	Changes:		e Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inte Desk audit - Inte Desk Audit - Pro	rim portion its rim Portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change I Customary Limitation I change	
Distribution:	/E' 14		20	Thomas Parker	
Contract Management Permanent File For information No Change in F	Only	Med	icaid Cost	Reimbursement Planı	ning and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Moultrie Creek Nursing and Rehab 200 Mariner Health Way				Provider Number:	0 263559-00
			Date:		11/19/2012
St. Augustine FL 3208	36			Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:	C'araba I arab		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		171.26	<u> 171.21</u> _	7/1/2008
	Level H: AIDS		307.54	307.49	7/1/2008
	Level U: Fragile Under 21	_	416.89	416.84	7/1/2008
Rate Type:	· · · · · · · · · · · · · · · · · · ·				
Basis:  Budget X Unaudited c Field audite Field audite Desk audited	d costs interim portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I Change	n Interim Component
	- Prospective portion		On FRV	[2] as of 05/01/1996	
Distribution:	mont / Figgal A gant		10 m	Thomas Parker	
Permanent FileFor informaNo Change	-	Med	licaid Cost	Reimbursement Plan	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Moultrie Creek Nurs	ing and Rehab	_		Provider Number:	0 263559-00
200 Mariner Health Way		•		Date:	11/19/2012
St. Augustine FL 320	086	-		Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
<b>Provider Type:</b>					
			Current	New	Effective
N	Cimala I amal		Rate	Rate	Date
Nursing Home	Single Level		163.81	<u> 163.76</u> _	1/1/2009
	Level H: AIDS	_	302.16	302.11	1/1/2009
	Level U: Fragile Under 21		413.17	413.12	1/1/2009
		<del></del>			
Rate Type:					
Interim		X	Prospectiv	/e	
	Total Interim		<u>X</u>	Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes			
				n .:	
Budget			-	e Rating Change	,
X Unaudited Field audit			-	d Customary Limitation ate limitation change	on
			FRVS C		
Desk audit	t - interim portion	X	-	-	1471 EVE 04/20/04
	: - Interim Portion	X Effects of FA & RFA #NH06-167J FYE 06/30/04 Rate Semester Change			
	t - Prospective portion			[2] as of 05/01/1996	
Distribution:			2/	Thomas Parker	
Contract Manag	gement / Fiscal Agent	<u></u>	1:-:10-		
Permanent File		IVI	edicaid Cos	t Reimbursement Plan	ning and rinance
For inform	nation Only				
	ge in Rate				
Home Office	Southern HealthCare Mana	agement, LLC			
Home Office:	R. Mark Cronquist	,			
	5887 Glenridge Drive, Suite	e 150			
	Atlanta GA 30328				



Moultrie Creek Nursin	ng and Rehab			Provider Number:	0 263559-00
200 Mariner Health W	'ay			Date:	11/19/2012
St. Augustine FL 32086				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 150.08	New Rate 150.03	Effective Date 3/1/2009
	Level H: AIDS		288.43	288.38	3/1/2009
	Level U: Fragile Under 21	_	399.44	399.39	3/1/2009
Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk audited	d costs  · interim portion d costs Interim Portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Reference Rating Change If Customary Limitation Total Prospective with	n Interim Component
<u>Distribution:</u>	- Prospective portion ment / Fiscal Agent	7	0	Thomas Parker	
Permanent File For informa No Change Home Office:	ation Only	gement, LLC	dicaid Cost	Reimbursement Plan	ning and Finance
	Atlanta GA 30328				



Moultrie Creek Nursing and Rehab			Provider Number:	0 263559-00
200 Mariner Health Way			Date:	11/19/2012
St. Augustine FL 32086	Fiscal Year End: 12/31		12/31/2007	
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		185.95	<u> 185.89</u> _	4/1/2009
Level H: AIDS		324.30	324.24	4/1/2009
Level U: Fragile Under 21		435.31	435.25	4/1/2009
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:	X Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change I Customary Limitation ate limitation change hange I FA & RFA #NH06- ester Change [2] as of 05/01/1996	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Managem  R. Mark Cronquist  5887 Glenridge Drive, Suite 150  Atlanta GA 30328	ent, LLC	licaid Cost	Thomas Parker Reimbursement Plant	ning and Finance



Moultrie Creek Nursing	and Rehab			Provider Number:	0 263559-00
200 Mariner Health Way St. Augustine FL 32086				Date:	11/19/2012
				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 189.95	Effective Date 7/1/2009
	Level H: AIDS		330.35	330.30	7/1/2009
	Level U: Fragile Under 21	<del>-</del>	442.97	442.92	7/1/2009
Basis:  Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion costs nterim Portion Prospective portion  ment / Fiscal Agent ion Only	Changes:  X  Me	Licensure Usual and Target Ra FRVS Ch Effects of Rate Sem On FRV	Fotal Prospective Prospective Adjusted: Fotal Prospective with Rating Change I Customary Limitation the limitation change	Interim Component on 167J FYE 06/30/04
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Moultrie Creek Nursing	g and Rehab			Provider Number:	0 263559-00	
200 Mariner Health Way				Date:	11/19/2012	
St. Augustine FL 3208	6			Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 190.23	New Rate 190.18	Effective Date  1/1/2010	
J	Level H: AIDS	<del></del>	222.15		1/1/2010	
			332.15	332.10	1/1/2010	
	Level U: Fragile Under 21	_	446.03	445.98	1/1/2010	
Rate Type :	<u> </u>					
Interim		X	Prospectiv			
	otal Interim			Total Prospective	Carlo Carlo	
	terim Component attlement based on costs			Prospective Adjusted: Total Prospective with		
	ior Provider Prospective data			Total Frospective with	i interim Component	
	Torrider Prospective data					
Basis:		Changes:				
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Budget				e Rating Change		
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	interim portion		FRVS Ch			
Desk audited	costs	X	X Effects of FA & RFA #NH06-167J FYE 06/30/04			
	Interim Portion Prospective portion			ester Change [2] as of 05/01/1996		
Distribution:	•		2/-	Thomas Parker		
Contract Managen	nent / Fiscal Agent		dinaid Card		-i	
Permanent File		IVIE	licala Cosi	Reimbursement Plant	ning and rinance	
For informa	tion Only					
No Change	in Rate					
Home Office:	Southern HealthCare Manag	gement, LLC				
nome office.	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Moultrie Creek Nursi	ng and Rehab			Provider Number:	0 263559-00		
200 Mariner Health Way		<del>-</del> -	Date:		11/19/2012		
St. Augustine FL 320	Augustine FL 32086			Fiscal Year End:	12/31/2009		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
N	Circula I arral		Rate	Rate	Date		
Nursing Home	Single Level		200.19		7/1/2010		
	Level H: AIDS		343.53	343.47	7/1/2010		
	Level U: Fragile Under 21	_	458.56	458.50	7/1/2010		
D 4 T							
Rate Type :							
Interim		X	Prospectiv				
	Total Interim			Total Prospective	C. M. C. 4		
	Interim Component		Prospective Adjusted for New Costs Total Prospective with Interim Component				
	Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component		
	Tior Provider Prospective data		<u> </u>	_			
Basis:		Changes:					
			T :	Dating Change			
Budget				e Rating Change			
XUnaudited   Field audite				d Customary Limitation ate limitation change			
	- interim portion		FRVS Ch	_			
Desk audite	-	<u> </u>		gc f FA & RFA #NH06-	.167.I FVF. 06/30/04		
	- Interim Portion	Rate Semester Change					
Desk Audit	- Prospective portion		On FRV	[2] as of 05/01/1996			
<b>Distribution:</b>			26	Thomas Parker			
Contract Manage	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plans	ning and Finance		
Permanent File		1120	<b></b>		and I many		
For inform	nation Only						
No Chang	e in Rate						
Home Office:	Southern HealthCare Mana	igement, LLC			·		
Home Office:	R. Mark Cronquist	5 1 1, == -					
	5887 Glenridge Drive, Suite	e 150					
	Atlanta GA 30328						



Moultrie Creek Nursing and Rehab		Provider Number:	0 263559-00
200 Mariner Health Way		Date:	11/19/2012
St. Augustine FL 32086		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curren Rate 202.5	Rate	Effective Date 1/1/2011
Level H: AIDS	347.3	6 347.31	1/1/2011
Level U: Fragile Under 21	463.6	1 463.56	1/1/2011
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs	Usua Targe FRV		h Interim Component
Desk audit - Interim Portion  Desk Audit - Prospective portion		Semester Change RV [2] as of 05/01/1996	
<u>Distribution:</u>	76	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaid	Cost Reimbursement Plan	ning and Finance
Home Office: Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328			



Date: 11/19/2012   St. Augustine FL 32086   Fiscal Year End: 12/31/2009   Audit Status: Unaudited [3]	
Provider Type:   Current   New   Effective   Date	
Provider Type:           Current Rate         New Rate         Effective Date           Nursing Home         Single Level         195.21         195.16         7/1/2011           Level H: AIDS         341.41         341.36         7/1/2011	
Provider Type:           Current Rate         New Rate         Effective Date           Nursing Home         Single Level         195.21         195.16         7/1/2011           Level H: AIDS         341.41         341.36         7/1/2011	
Current Rate         New Rate         Effective Date           Nursing Home         Single Level         195.21         195.16         7/1/2011           Level H: AIDS         341.41         341.36         7/1/2011	
Nursing Home         Single Level         195.21         195.16         7/1/2011           Level H: AIDS         341.41         341.36         7/1/2011	
Level H: AIDS 341.41 341.36 7/1/2011	
Level U: Fragile Under 21 458.74 458.69 7/1/2011	
Rate Type:	
Interim X Prospective	
Total Interim X Total Prospective	
Interim Component Prospective Adjusted for New Costs	
Settlement based on costs  Total Prospective with Interim Component	
Prior Provider Prospective data	
Basis: Changes:	
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Budget Licensure Rating Change  Was Unaudited costs  Licensure Rating Change  Usual and Customary Limitation	
X Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change	
Field audit - interim portion FRVS Change	
Desk audited costs  X Effects of FA & RFA #NH06-167J FYE 06/30/04	
Desk audit - Interim Portion Rate Semester Change	
Desk Audit - Prospective portion  On FRV [2] as of 05/01/1996	
Distribution:  Thomas Parker	
Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Planning and Finance	
Permanent File	
For information Only	
No Change in Rate	
Home Office: Southern HealthCare Management, LLC	
R. Mark Cronquist	
5887 Glenridge Drive, Suite 150	
Atlanta GA 30328	



Moultrie Creek Nursing	and Rehab			Provider Number:	0 263559-00
200 Mariner Health Way St. Augustine FL 32086				Date:	11/19/2012
				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 190.45	New Rate 190.40	Effective Date  1/1/2012
	-		*****		
	Level H: AIDS		338.06	338.01	1/1/2012
	Level U: Fragile Under 21		456.52	456.47	1/1/2012
Basis:  Budget X Unaudited cos Field audited		Changes	Licensure Usual and	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation te limitation change	n Interim Component
Desk audited o	costs	X	Rate Sem	FFA & RFA #NH06- ester Change 2] as of 05/01/1996	167J FYE 06/30/04
Distribution:			7	Thomas Parker	
Contract Managem Permanent File For informati No Change in Home Office:	ion Only		edicaid Cost	Reimbursement Plan	ning and Finance
Home Office.	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Moultrie Creek Nursing	g and Rehab			Provider Number:	0 263559-00		
200 Mariner Health Way St. Augustine FL 32086		<b>-</b>		Date:	11/19/2012		
		-		Fiscal Year End:	12/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:				Tudit Status.	Onadated [5]		
			Current	New	Effective		
		_	Rate	Rate	Date		
<b>Nursing Home</b>	Single Level	_	201.43		7/1/2012		
	Level H: AIDS		350.64	350.59	7/1/2012		
	Level U: Fragile Under 21	-	470.39	470.34	7/1/2012		
Rate Type :							
Interim		X	Prospectiv	re			
	otal Interim			Total Prospective			
	terim Component	Prospective Adjusted for New Costs					
	ttlement based on costs			Total Prospective with	1 Interim Component		
Pr	ior Provider Prospective data						
Basis:		Changes					
Pudget			Licensure	e Rating Change			
Budget X Unaudited co	osts		Usual and Customary Limitation				
Field audited			Target Rate limitation change				
Field audit -	interim portion		FRVS C	nange			
Desk audited	-	X Effects of FA & RFA #NH06-167J FYE 06/30/04					
	Interim Portion	Rate Semester Change					
	Prospective portion		On FRV	[2] as of 05/01/1996			
<u>Distribution:</u>			76/	Thomas Parker			
•	nent / Fiscal Agent	Me	edicaid Cost	Reimbursement Plan	ning and Finance		
Permanent File							
For informa	tion Only						
No Change	in Rate						
Home Office:	Southern HealthCare Mana	agement, LLC					
1101110 011100.	R. Mark Cronquist						
	5887 Glenridge Drive, Suite	e 150					
	Atlanta GA 30328						