




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: October 28, 2013
To: Gay Munyon, Bureau Chief, Medicaid Contract Management
From:  Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement
Subject: Retroactive Nursing Facility Per Diem Rates

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

| | <u>Provider Name</u> | <u>Provider Number</u> | <u>Number of Rate Change Notices</u> |
|-----|--|------------------------|--------------------------------------|
| 1. | The Health Center of Plant City | 0 030484-00 | 1 |
| 2. | The Rohr Home | 0 202533-00 | 2 |
| 3. | Pines of Sarasota | 0 202703-00 | 1 |
| 4. | Miracle Hill Nursing and Convalescent Center | 0 202941-00 | 5 |
| 5. | Taylor Home for The Aged, Inc | 0 204536-00 | 12 |
| 6. | Hardee Manor Healthcare Center | 0 211435-00 | 2 |
| 7. | The Manor At Blue Water Bay | 0 226041-00 | 3 |
| 8. | The Health Center of Lake City | 0 226173-00 | 3 |
| 9. | Royal Oak Nursing Center | 0 228575-00 | 1 |
| 10. | The Health Center of Daytona Beach | 0 229091-00 | 3 |
| 11. | Orchard Ridge Care & Rehabilitation Center | 0 252689-00 | 1 |
| 12. | The Park Summit at Coral Springs | 0 254134-00 | 2 |
| 13. | Surrey Place Convalescent Center of Bradenton | 0 256277-00 | 3 |
| 14. | Clifford Chester Sims State Veterans' Nursing Home | 0 264491-00 | 2 |
| 15. | Douglas Jacobson State Veterans' Nursing Home | 0 269492-00 | 2 |
| | | Total | 43 |

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

TP/ab
Attachments



| Provider Number | Effective Date Format YYYYMMDD | Single Level | Level H: AIDS | Single Level | Single Level | MCM number | Audit Number |
|-----------------|-----------------------------------|----------------------|--------------------|-----------------------|---------------|------------|--------------|
| | | Intermediate I (IN1) | Skilled AIDS (SKA) | Intermediate II (IN2) | Skilled (SKD) | | |
| 003048400 | 20130101 | 235.33 | 386.14 | 235.33 | 235.33 | 74224-13 | |
| 020253300 | 20110701 | 227.71 | 373.91 | 227.71 | 227.71 | 74224-13 | NH12-067W |
| 020253300 | 20120101 | 229.86 | 377.47 | 229.86 | 229.86 | 74224-13 | NH12-067W |
| 020270300 | 20130701 | 255.25 | 0.00 | 255.25 | 255.25 | 74224-13 | |
| 020294100 | 20080101 | 160.59 | 294.59 | 160.59 | 160.59 | 74224-13 | NH09-101L |
| 020294100 | 20080701 | 162.08 | 298.36 | 162.08 | 162.08 | 74224-13 | NH09-101L |
| 020294100 | 20090101 | 162.92 | 301.27 | 162.92 | 162.92 | 74224-13 | NH09-101L |
| 020294100 | 20090301 | 149.26 | 287.61 | 149.26 | 149.26 | 74224-13 | NH09-101L |
| 020294100 | 20090401 | 186.03 | 324.38 | 186.03 | 186.03 | 74224-13 | NH09-101L |
| 020453600 | 20070101 | 169.74 | 299.34 | 169.74 | 169.74 | 74224-13 | NH11-098L |
| 020453600 | 20070701 | 192.23 | 324.17 | 192.23 | 192.23 | 74224-13 | NH11-098L |
| 020453600 | 20080101 | 190.54 | 324.54 | 190.54 | 190.54 | 74224-13 | NH11-098L |
| 020453600 | 20080701 | 188.46 | 324.74 | 188.46 | 188.46 | 74224-13 | NH11-098L |
| 020453600 | 20090101 | 190.65 | 329.00 | 190.65 | 190.65 | 74224-13 | NH11-098L |
| 020453600 | 20090301 | 174.67 | 313.02 | 174.67 | 174.67 | 74224-13 | NH11-098L |
| 020453600 | 20090401 | 205.95 | 344.30 | 205.95 | 205.95 | 74224-13 | NH11-098L |
| 020453600 | 20090701 | 207.06 | 347.41 | 207.06 | 207.06 | 74224-13 | NH11-098L |
| 020453600 | 20100701 | 201.08 | 344.42 | 201.08 | 201.08 | 74224-13 | NH11-098L |
| 020453600 | 20110101 | 204.01 | 348.87 | 204.01 | 204.01 | 74224-13 | NH11-098L |
| 020453600 | 20110701 | 205.68 | 351.88 | 205.68 | 205.68 | 74224-13 | NH11-098L |
| 020453600 | 20120701 | 212.50 | 361.71 | 212.50 | 212.50 | 74224-13 | NH11-098L |
| 021143500 | 20130101 | 191.30 | 342.11 | 191.30 | 191.30 | 74224-13 | |
| 021143500 | 20130701 | 196.36 | 0.00 | 196.36 | 196.36 | 74224-13 | |
| 022604100 | 20070101 | 161.77 | 291.37 | 161.77 | 161.77 | 74224-13 | NH03-206J |
| 022604100 | 20070201 | 166.26 | 295.86 | 166.26 | 166.26 | 74224-13 | NH03-206J |
| 022604100 | 20070301 | 161.77 | 291.37 | 161.77 | 161.77 | 74224-13 | NH03-206J |
| 022617300 | 20070101 | 161.73 | 291.33 | 161.73 | 161.73 | 74224-13 | NH03- 203J |
| 022617300 | 20070201 | 163.73 | 293.33 | 163.73 | 163.73 | 74224-13 | NH03- 203J |
| 022617300 | 20070301 | 161.73 | 291.33 | 161.73 | 161.73 | 74224-13 | NH03- 203J |
| 022857500 | 20130101 | 200.74 | 351.55 | 200.74 | 200.74 | 74224-13 | |
| 022909100 | 20070101 | 174.21 | 303.81 | 174.21 | 174.21 | 74224-13 | NH03- 208J |
| 022909100 | 20070201 | 175.83 | 305.43 | 175.83 | 175.83 | 74224-13 | NH03- 208J |
| 022909100 | 20070301 | 174.21 | 303.81 | 174.21 | 174.21 | 74224-13 | NH03- 208J |
| 025268900 | 20130701 | 214.71 | 0.00 | 214.71 | 214.71 | 74224-13 | |
| 025413400 | 20070701 | 203.45 | 335.39 | 203.45 | 203.45 | 74224-13 | NH10 - 053W |
| 025413400 | 20080101 | 200.91 | 334.91 | 200.91 | 200.91 | 74224-13 | NH10 - 053W |
| 025627700 | 20070101 | 171.43 | 301.03 | 171.43 | 171.43 | 74224-13 | NH06-162C |
| 025627700 | 20070201 | 174.55 | 304.15 | 174.55 | 174.55 | 74224-13 | NH06-162C |
| 025627700 | 20070301 | 171.43 | 301.03 | 171.43 | 171.43 | 74224-13 | NH06-162C |
| 026449100 | 20090701 | 200.53 | 340.88 | 200.53 | 200.53 | 74224-13 | NH11-053L |
| 026449100 | 20100101 | 200.30 | 342.22 | 200.30 | 200.30 | 74224-13 | NH11-053L |
| 026949200 | 20090701 | 208.89 | 349.24 | 208.89 | 208.89 | 74224-13 | NH11- 057L |
| 026949200 | 20100101 | 209.57 | 351.49 | 209.57 | 209.57 | 74224-13 | NH11- 057L |



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

The Health Center of Plant City
 701 North Wilder Road
 Plant City FL 33566

Provider Number: 0 030484-00
 Date: 10/3/2013
 Fiscal Year End: 6/30/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 235.64 | 235.33 | 1/1/2013 |
| | Level H: Aids | 386.45 | 386.14 | 1/1/2013 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Rating Days Correction for 1/13 Rate Semester**
- Rate Semester Change
- On FRV [2] as of 10/01/2000

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

The Rohr Home
 2120 Marshall Edwards Drive
 Bartow FL 33830

Provider Number: 0 202533-00
 Date: 10/16/2013
 Fiscal Year End: 9/30/2010
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 232.16 | 227.71 | 7/1/2011 |
| | Level H: Aids | 378.36 | 373.91 | 7/1/2011 |

Rate Type :

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

Basis:

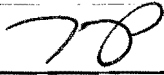
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH12-067W FYE 09/30/2010**
- Rate Semester Change
- On FRV [2] as of 01/01/1989

Distribution:

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


Thomas Parker
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Home Office: I - No Home Office



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Rohr Home
 2120 Marshall Edwards Drive
 Bartow FL 33830

Provider Number: 0 202533-00
 Date: 10/16/2013
 Fiscal Year End: 9/30/2010
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 234.36 | 229.86 | 1/1/2012 |
| | Level H: Aids | 381.97 | 377.47 | 1/1/2012 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH12-067W FYE 09/30/2010
- Rate Semester Change
- On FRV [2] as of 01/01/1989

Distribution:

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

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Medicaid Cost Reimbursement Planning and Finance

Home Office: I - No Home Office



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Medicaid Reimbursement Per Diem Rates

Pines of Sarasota
 1501 North Orange Avenue
 Sarasota FL 34236

Provider Number: 0 202703-00
 Date: 10/1/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|--------------------------------|--------------|----------|----------------|
| Nursing Home Single Level | 257.20 | 255.25 | 7/1/2013 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 using FYE 07/31/12 C/R
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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

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Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

MIRACLE HILL NURSING AND CONVALESCENT C
1329 ABRAHAM STREET
Tallahassee FL 32304

Provider Number: 0 202941-00
 Date: 9/4/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>166.97</u> | <u>160.59</u> | <u>1/1/2008</u> |
| | Level H: Aids | <u>300.97</u> | <u>294.59</u> | <u>1/1/2008</u> |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH09-101L FYE 6/30/2007**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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

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Home Office:

No Home Office



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Medicaid Reimbursement Per Diem Rates

MIRACLE HILL NURSING AND CONVALESCENT C
 1329 ABRAHAM STREET
 Tallahassee FL 32304

Provider Number: 0 202941-00
 Date: 9/4/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------|-------------------------|---------------------|---------------------------|
| Nursing Home | Single Level | 168.50 | 162.08 | 7/1/2008 |
| | Level H: Aids | 304.78 | 298.36 | 7/1/2008 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH09-101L FYE 6/30/2007**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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

TP

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Home Office:

1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

MIRACLE HILL NURSING AND CONVALESCENT C
 1329 ABRAHAM STREET
 Tallahassee FL 32304

Provider Number: 0 202941-00
 Date: 9/4/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 169.33 | 162.92 | 1/1/2009 |
| | Level H: Aids | 307.68 | 301.27 | 1/1/2009 |

Rate Type :

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

Basis:


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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH09-101L FYE 6/30/2007**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: T - No Home Office



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Medicaid Reimbursement Per Diem Rates

MIRACLE HILL NURSING AND CONVALESCENT C
 1329 ABRAHAM STREET
 Tallahassee FL 32304

Provider Number: 0 202941-00
 Date: 9/4/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 155.13 | 149.26 | 3/1/2009 |
| | Level H: Aids | 293.48 | 287.61 | 3/1/2009 |

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH09-101L FYE 6/30/2007
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

MIRACLE HILL NURSING AND CONVALESCENT C
 1329 ABRAHAM STREET
 Tallahassee FL 32304

Provider Number: 0 202941-00
 Date: 9/4/2013
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 192.84 | 186.03 | 4/1/2009 |
| | Level H: Aids | 331.19 | 324.38 | 4/1/2009 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH09-101L FYE 6/30/2007**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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

Home Office:

1 - No Home Office

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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

Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 171.66 | 169.74 | 1/1/2007 |
| | Level H: Aids | 301.26 | 299.34 | 1/1/2007 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-098L FYE 8/31/06**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Taylor Foundation Services, Inc.
 James T. Price
 6601 Chester Avenue
 Jacksonville FL 32217



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

Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 194.25 | 192.23 | 7/1/2007 |
| | Level H: Aids | 326.19 | 324.17 | 7/1/2007 |

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH11-098L FYE 8/31/06

Rate Semester Change

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

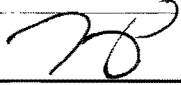
Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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

Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 192.54 | 190.54 | 1/1/2008 |
| | Level H: Aids | 326.54 | 324.54 | 1/1/2008 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-098L FYE 8/31/06
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Taylor Foundation Services, Inc.
 James T. Price
 6601 Chester Avenue
 Jacksonville FL 32217



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

Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2007
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>188.36</u> | <u>188.46</u> | <u>7/1/2008</u> |
| | Level H: Aids | <u>324.64</u> | <u>324.74</u> | <u>7/1/2008</u> |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-098L FYE 8/31/06
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>190.40</u> | <u>190.65</u> | <u>1/1/2009</u> |
| | Level H: Aids | <u>328.75</u> | <u>329.00</u> | <u>1/1/2009</u> |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-098L FYE 8/31/06
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 174.44 | 174.67 | 3/1/2009 |
| | Level H: Aids | 312.79 | 313.02 | 3/1/2009 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-098L FYE 8/31/06
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|-------------|-------------------|
| Nursing Home | Single Level | 205.68 | 205.95 | 4/1/2009 |
| | Level H: Aids | 344.03 | 344.30 | 4/1/2009 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-098L FYE 8/31/06
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2008
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 206.80 | 207.06 | 7/1/2009 |
| | Level H: Aids | 347.15 | 347.41 | 7/1/2009 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-098L FYE 8/31/06**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 200.81 | 201.08 | 7/1/2010 |
| | Level H: Aids | 344.15 | 344.42 | 7/1/2010 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
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- Effects of Field Audit #NH11-098L FYE 8/31/06
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Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2009
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 203.73 | 204.01 | 1/1/2011 |
| | Level H: Aids | 348.59 | 348.87 | 1/1/2011 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-098L FYE 8/31/06
- Rate Semester Change
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Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2010
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 205.41 | 205.68 | 7/1/2011 |
| | Level H: Aids | 351.61 | 351.88 | 7/1/2011 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-098L FYE 8/31/06
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
 3937 Spring Park Road
 Jacksonville FL 32207

Provider Number: 0 204536-00
 Date: 9/25/2013
 Fiscal Year End: 8/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 212.61 | 212.50 | 7/1/2012 |
| | Level H: Aids | 361.82 | 361.71 | 7/1/2012 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-098L FYE 8/31/06
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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 Jacksonville FL 32217



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Hardee Manor Healthcare Center
 401 Orange Place
 Wauchula FL 33873

Provider Number: 0 211435-00
 Date: 10/1/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|--------------|----------|----------------|
| Nursing Home | Single Level | 194.52 | 191.30 | 1/1/2013 |
| | Level H: Aids | 345.33 | 342.11 | 1/1/2013 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Late Test FYE 12/31/2011
- Rate Semester Change
- On FRV [2] as of 10/01/1989

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Advocat Inc. & Subsidiaries
 Walt McCullough
 1621 Galleria Blvd
 Brentwood TN 37027



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

Hardee Manor Healthcare Center
 401 Orange Place
 Wauchula FL 33873

Provider Number: 0 211435-00
 Date: 10/1/2013
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | Current Rate | New Rate | Effective Date |
|--------------------------------|--------------|----------|----------------|
| Nursing Home Single Level | 199.66 | 196.36 | 7/1/2013 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Late Test FYE 12/31/2011
- Rate Semester Change
- On FRV [2] as of 10/01/1989

Distribution:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Manor At Blue Water Bay
 1500 North White Point Rd.
 Niceville FL 32578

Provider Number: 0 226041-00
 Date: 10/11/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 163.11 | 161.77 | 1/1/2007 |
| | Level H: Aids | 292.71 | 291.37 | 1/1/2007 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA RFA #NH03-206J FYE 8/31/01
- Rate Semester Change
- On FRV [2] as of 02/02/1993

Distribution:

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

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: 1 - No Home Office



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Manor At Blue Water Bay
1500 North White Point Rd.
Niceville FL 32578

Provider Number: 0 226041-00
 Date: 10/11/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Unaudited [3]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>167.59</u> | <u>166.26</u> | <u>2/1/2007</u> |
| | Level H: Aids | <u>297.19</u> | <u>295.86</u> | <u>2/1/2007</u> |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA RFA #NH03-206J FYE 8/31/01
 Rate Semester Change
 On FRV [2] as of 02/02/1993

Distribution:

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

Home Office: 1 - No Home Office

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Manor At Blue Water Bay
1500 North White Point Rd.
Niceville FL 32578

Provider Number: 0 226041-00
 Date: 10/11/2013
 Fiscal Year End: 8/31/2006
 Audit Status: Unaudited [3]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>163.11</u> | <u>161.77</u> | <u>3/1/2007</u> |
| | Level H: Aids | <u>292.71</u> | <u>291.37</u> | <u>3/1/2007</u> |

Rate Type :

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

Basis:

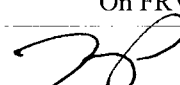
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA RFA #NH03-206J FYE 8/31/01**
- Rate Semester Change
- On FRV [2] as of 02/02/1993

Distribution:

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


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: I - No Home Office



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Medicaid Reimbursement Per Diem Rates

The Health Center of Lake City
 560 S.W. McFarlane Ave.
 Lake City FL 32025

Provider Number: 0 226173-00
 Date: 8/29/2013
 Fiscal Year End: 9/30/2005
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 163.47 | 161.73 | 1/1/2007 |
| | Level H: Aids | 293.07 | 291.33 | 1/1/2007 |

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH03- 203J FYE 9/30/2001
 Rate Semester Change
 On FRV [2] as of 05/01/1999

Distribution:

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

Home Office:

No Home Office

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

The Health Center of Lake City
 560 S.W. McFarlane Ave.
 Lake City FL 32025

Provider Number: 0 226173-00
 Date: 8/29/2013
 Fiscal Year End: 9/30/2005
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 165.47 | 163.73 | 2/1/2007 |
| | Level H: Aids | 295.07 | 293.33 | 2/1/2007 |

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA & RFA #NH03- 203J FYE 9/30/2001

Rate Semester Change

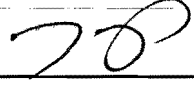
On FRV [2] as of 05/01/1999

Distribution:

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Home Office:

1 - No Home Office


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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Health Center of Lake City
 560 S.W. McFarlane Ave.
 Lake City FL 32025

Provider Number: 0 226173-00
 Date: 8/29/2013
 Fiscal Year End: 9/30/2005
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 163.47 | 161.73 | 3/1/2007 |
| | Level H: Aids | 293.07 | 291.33 | 3/1/2007 |

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH03- 203J FYE 9/30/2001
 Rate Semester Change
 On FRV [2] as of 05/01/1999

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Royal Oak Nursing Center
 37300 Royal Oak Lane
 Dade City FL 33525

Provider Number: 0 228575-00
 Date: 9/30/2013
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 200.28 | 200.74 | 1/1/2013 |
| | Level H: Aids | 351.09 | 351.55 | 1/1/2013 |

Rate Type :

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

Basis:

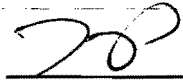
Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Ratings Days Correction
 Rate Semester Change
 On FRV [2] as of 01/01/2000

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Services Mgt., Inc.
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 206 Fortress Blvd.
 Murfreesboro TN 37128



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

The Health Center of Daytona Beach
550 National Healthcare Drive
Daytona Beach FL 32114

Provider Number: 0 229091-00
 Date: 10/14/2013
 Fiscal Year End: 6/30/2005
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>175.67</u> | <u>174.21</u> | <u>1/1/2007</u> |
| | Level H: Aids | <u>305.27</u> | <u>303.81</u> | <u>1/1/2007</u> |

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH03- 208J FYE 6/30/2001
 Rate Semester Change
 On FRV [2] as of 07/11/1996

Distribution:

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Home Office: Home Office



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Medicaid Reimbursement Per Diem Rates

The Health Center of Daytona Beach
550 National Healthcare Drive
Daytona Beach FL 32114

Provider Number: 0 229091-00
 Date: 10/14/2013
 Fiscal Year End: 6/30/2005
 Audit Status: Unaudited [3]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>177.28</u> | <u>175.83</u> | <u>2/1/2007</u> |
| | Level H: Aids | <u>306.88</u> | <u>305.43</u> | <u>2/1/2007</u> |

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH03- 208J FYE 6/30/2001
 Rate Semester Change
 On FRV [2] as of 07/11/1996

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Home Office:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Health Center of Daytona Beach
550 National Healthcare Drive
Daytona Beach FL 32114

Provider Number: 0 229091-00
 Date: 10/14/2013
 Fiscal Year End: 6/30/2005
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>175.67</u> | <u>174.21</u> | <u>3/1/2007</u> |
| | Level H: Aids | <u>305.27</u> | <u>303.81</u> | <u>3/1/2007</u> |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA #NH03- 208J FYE 6/30/2001**
- Rate Semester Change
- On FRV [2] as of 07/11/1996

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Orchard Ridge Care & Rehabilitation Center
 4927 Voorhees Road
 New Port Richey FL 34653

Provider Number: 0 252689-00
 Date: 9/30/2013
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

| Current Rate | New Rate | Effective Date |
|---------------|---------------|-----------------|
| 213.68 | 214.71 | 7/1/2013 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Retro for 7/13 R/S using 7/31/12 C/R**
- Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sun Healthcare Group, Inc.
 Reimbursement Department
 101 Sun Avenue NE
 Albuquerque NM 87109



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Park Summit at Coral Springs
8500 Royal Palm Blvd.
Coral Springs FL 33065

Provider Number: 0 254134-00
 Date: 8/28/2013
 Fiscal Year End: 6/30/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>204.36</u> | <u>203.45</u> | <u>7/1/2007</u> |
| | Level H: Aids | <u>336.30</u> | <u>335.39</u> | <u>7/1/2007</u> |

Rate Type :

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

Basis:

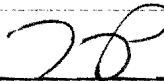
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH10- 053W FYE 6/30/2006**
- Rate Semester Change
- On FRV [2] as of 06/01/1986

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: FiveStar Quality Care Inc
400 Centre Street
Newton MA 02458



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

The Park Summit at Coral Springs
 8500 Royal Palm Blvd.
 Coral Springs FL 33065

Provider Number: 0 254134-00
 Date: 8/28/2013
 Fiscal Year End: 6/30/2006
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|-------------|-------------------|
| Nursing Home | Single Level | 201.79 | 200.91 | 1/1/2008 |
| | Level H: Aids | 335.79 | 334.91 | 1/1/2008 |

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH10- 053W FYE 6/30/2006
 Rate Semester Change
 On FRV [2] as of 06/01/1986

Distribution:

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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: FiveStar Quality Care Inc
 400 Centre Street
 Newton MA 02458



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

Surrey Place Convalescent Center of Bradenton
 5525 21st Avenue West
 Bradenton FL 34209

Provider Number: 0 256277-00
 Date: 4/17/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | <u>171.92</u> | <u>171.43</u> | <u>1/1/2007</u> |
| | Level H: AIDS | <u>301.52</u> | <u>301.03</u> | <u>1/1/2007</u> |

Rate Type :

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

Basis:

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

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA & RFA #NH06-162C FYE 10/31/03
 Rate Semester Change
 On FRV [2] as of 02/08/1989

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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office:

Summit Care II, Inc
 Guy Farmer
 2851 Remington Green Circle, Ste. D
 Tallahassee FL 32308



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Surrey Place Convalescent Center of Bradenton
5525 21st Avenue West
Bradenton FL 34209

Provider Number: 0 256277-00
 Date: 4/17/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------|----------------------|----------------------|------------------------|
| Nursing Home | Single Level | <u>175.04</u> | <u>174.55</u> | <u>2/1/2007</u> |
| | Level H: AIDS | <u>304.64</u> | <u>304.15</u> | <u>2/1/2007</u> |

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

| | |
|---|---|
| Basis: | Changes: |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Licensure Rating Change |
| <input checked="" type="checkbox"/> Unaudited costs | <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Field audited costs | <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> Field audit - interim portion | <input type="checkbox"/> FRVS Change |
| <input type="checkbox"/> Desk audited costs | <input checked="" type="checkbox"/> Effects of FA & RFA #NH06-162C FYE 10/31/03 |
| <input type="checkbox"/> Desk audit - Interim Portion | <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> Desk Audit - Prospective portion | <input type="checkbox"/> On FRV [2] as of 02/08/1989 |

Distribution:

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 No Change in Rate

Thomas Parker
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Home Office:

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 Guy Farmer
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 Tallahassee FL 32308



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Surrey Place Convalescent Center of Bradenton
 5525 21st Avenue West
 Bradenton FL 34209

Provider Number: 0 256277-00
 Date: 4/17/2013
 Fiscal Year End: 12/31/2005
 Audit Status: Unaudited [3]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------|-------------------------|---------------------|---------------------------|
| Nursing Home | Single Level | <u>171.92</u> | <u>171.43</u> | <u>3/1/2007</u> |
| | Level H: AIDS | <u>301.52</u> | <u>301.03</u> | <u>3/1/2007</u> |

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA & RFA #NH06-162C FYE 10/31/03

Rate Semester Change

On FRV [3] as of 02/08/1989

Distribution:

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No Change in Rate

Thomas Parker
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 Tallahassee FL 32308



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Clifford Chester Sims State Veterans' Nursing Home
4419 Tram Road
Springfield FL 32404

Provider Number: 0 264491-00
 Date: 8/20/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>206.61</u> | <u>200.53</u> | <u>7/1/2009</u> |
| | Level H: Aids | <u>346.96</u> | <u>340.88</u> | <u>7/1/2009</u> |

Rate Type :

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

Basis:


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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-053L FYE 06/08/2008**
- Rate Semester Change
- On FRV [2] as of 11/05/2003

Distribution:

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

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



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Clifford Chester Sims State Veterans' Nursing Home
4419 Tram Road
Springfield FL 32404

Provider Number: 0 264491-00
 Date: 8/20/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | <u>Current Rate</u> | <u>New Rate</u> | <u>Effective Date</u> |
|---------------------|---------------------|-------------------------|----------------------|---------------------------|
| Nursing Home | Single Level | <u>206.62</u> | <u>200.30</u> | <u>1/1/2010</u> |
| | Level H: Aids | <u>348.54</u> | <u>342.22</u> | <u>1/1/2010</u> |

Rate Type :

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

Basis:

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

Changes:

| |
|--|
| <input type="checkbox"/> Licensure Rating Change |
| <input type="checkbox"/> Usual and Customary Limitation |
| <input type="checkbox"/> Target Rate limitation change |
| <input type="checkbox"/> FRVS Change |
| <input checked="" type="checkbox"/> Field Audit #NH11-053L FYE 06/08/2008 |
| <input type="checkbox"/> Rate Semester Change |
| <input type="checkbox"/> On FRV [2] as of 11/05/2003 |

Distribution:

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 No Change in Rate

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 Medicaid Cost Reimbursement Planning and Finance

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



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veterans Nursing Home
 21281 Grayton Terrace
 Port Charlotte FL 33954

Provider Number: 0 269492-00
 Date: 8/20/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|--------------|---------------|-----------------|---------------|-------------------|
| Nursing Home | Single Level | 218.35 | 208.89 | 7/1/2009 |
| | Level H: Aids | 358.70 | 349.24 | 7/1/2009 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11- 057L FYE 6/30/2008
- Rate Semester Change
- On FRV [2] as of 06/07/2004

Distribution:

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- No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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



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

Douglas Jacobson State Veterans Nursing Home
 21281 Grayton Terrance
 Port Charlotte FL 33954

Provider Number: 0 269492-00
 Date: 8/20/2013
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

| | | Current Rate | New Rate | Effective Date |
|---------------------|---------------------|---------------|---------------|-----------------|
| Nursing Home | Single Level | 219.12 | 209.57 | 1/1/2010 |
| | Level H: Aids | 361.04 | 351.49 | 1/1/2010 |

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11- 057L FYE 6/30/2008**
- Rate Semester Change
- On FRV [2] as of 06/07/2004

Distribution:

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

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Medicaid Cost Reimbursement Planning and Finance

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