



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

## MEMORANDUM

**Date:** June 25, 2024

**To:** Johnnie Mae Peters, Program Operations Administrator, Finance and Banking

*YR* **From:** Yndia Rutland, Regulatory Analyst Supervisor

**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>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	PruittHealth North Tampa	1 208484-00	New Facility	2
2.	Victoria Crossing Rehabilitation Center	1 222300-00	New Facility/CHOW	1
			<b>Total:</b>	3

If you have any questions regarding the above, contact Yndia Rutland at [Yndia.Rutland@ahca.myflorida.com](mailto:Yndia.Rutland@ahca.myflorida.com).

YR/kg



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
120848400	20230315	265.68	0.00	265.68	265.68	94813-24	
120848400	20231001	277.25	0.00	277.25	277.25	94813-24	
122230000	20240207	272.10	0.00	272.10	272.10	94813-24	



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**

PRUITTHEALTH NORTH TAMPA	Provider Number:	1 208484-00
18940 Sunlake Blvd.	Date:	05/28/2024
LUTZ, FL 33558	Fiscal Year End:	09/29/2023
	Audit Status:	Unaudited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>0.00</u>	<u>265.68</u>	<u>03/15/2023</u>

**Rate Type:**

<input checked="" type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
	Interim component		Total Prospective with Interim component
	Settlement based on cost		
	Prior Provider Prospective Data		

**Basis:**

<input checked="" type="checkbox"/>	Budget
<input checked="" type="checkbox"/>	Unaudited costs
	Field audited costs
	Desk audited costs

**Changes:**

Rate Semester Change  
 New Facility effective 03/15/2023

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
 For Information Only  
 No change in Rate

**Home Office:** PruittHealth, Inc.  
 1626 Jeurgens Court  
 Norcross, GA 30093

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*



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**

PRUITTHEALTH NORTH TAMPA	Provider Number:	1 208484-00
18940 Sunlake Blvd.	Date:	06/21/2024
LUTZ, FL 33558	Fiscal Year End:	09/29/2023
	Audit Status:	Unaudited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>265.68</u>	<u>277.25</u>	<u>10/01/2023</u>

**Rate Type:**

<input checked="" type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
	<input checked="" type="checkbox"/> Total Interim	<input checked="" type="checkbox"/>	Total Prospective
	Interim component		Total Prospective with Interim component
	Settlement based on cost		
	Prior Provider Prospective Data		

**Basis:**

<input checked="" type="checkbox"/>	Budget
<input checked="" type="checkbox"/>	Unaudited costs
	Field audited costs
	Desk audited costs

**Changes:**

Rate Semester Change  
 Rate Semester Change

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
 For Information Only  
 No change in Rate

**Home Office:** PruittHealth, Inc.  
 1626 Jeurgens Court  
 Norcross, GA 30093

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

*Yndia Rutland*



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**

VICTORIA CROSSING REHABILITATION CENTER  
 701 VICTORIA ST  
 BRANDON, FL 33510-4100

Provider Number: 1 222300-00  
 Date: 06/12/2024  
 Fiscal Year End: 04/30/2025  
 Audit Status: Unaudited

Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>0.00</u>	<u>272.10</u>	<u>02/07/2024</u>

**Rate Type:**

<input checked="" 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"/> Total Prospective with Interim component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective Data	

**Basis:**

Budget  
 Unaudited costs  
 Field audited costs  
 Desk audited costs

**Changes:**

Rate Semester Change  
 New Facility/CHOW effective 05/01/2024

**Distribution:**

Contract Management / Fiscal Agent  
 Permanent File  
 For Information Only  
 No change in Rate

**Yndia Rutland**

Medicaid Cost Reimbursement Planning and Finance

**Home Office:**