



MEMORANDUM

Date:

February 4, 2019

To:

Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From: (2

Zainab Day, Regulatory Analyst Supervisor

Subject:

Retroactive Nursing Facility Per Diem Rates - Providers with Escrow Accounts

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP. Please set the max recoupment to \$0.01 so the amount owed based on these rate changes may be dispositioned by Financial Services.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
1.	Stuart Nursing & Restorative Care Center	0 225991-00	FA	3
2.	Port St. Lucie Nursing & Restorative Care Center	0 226009-00	FA	3
3.	Martin Nursing & Restorative Care Center	0 226033-00	FA	2
			TOTAL:	8

If you have any questions regarding the above contact Zainab Day 412-4798.

ZD/sj



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
022599100	20150901	237.54	0.00	237.54	237.54	84944-19	NH15-057C
022599100	20160901	244.10	0.00	244.10	244.10	84944-19	NH15-057C
022599100	20170901	249.77	0.00	249.77	249.77	84944-19	NH15-057C
022600900	20150901	229.36	0.00	229.36	229.36	84944-19	NH15-056C
022600900	20160901	231.95	0.00	231.95	231.95	84944-19	NH15-056C
022600900	20170901	235.96	0.00	235.96	235.96	84944-19	NH15-056C
022603300	20150901	228.91	0.00	228.91	228.91	84944-19	NH15-055C
022603300	20170901	250.55	0.00	250.55	250.55	84944-19	NH15-055C



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STUART NURSING & REST	FORATIVE CARE CENTER		Provider Number:		0 225991-00		
1500 SE PALM BEACH RD	500 SE PALM BEACH RD				8/3/2018		
STUART, FL 34994			Fiscal Year End:				12/31/2014
			Audit Status:	-	Field Aud	lited	
Provider Type:				-			
•				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Sing	le Level			<u>243.30</u>	<u>237.54</u>	<u>9/1/2015</u>	
Rate Type:							
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Interim		X	Prospective				
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	Interim Component		Tota	l Prospective	with Interim	Component	
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	Prior Provider Prospective data						
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Basis:		Cha	nges:				
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Desk audit		:					
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Distribution:				Lisa Smith			
Contract Management / Fisca	l Agent		Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File				ï.			
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Home Office:	Eden Park Health Services, Inc.						
	7300 Oleander Ave						
	Port St. Lucie, FL 34952					:	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STUART NURSING & REST	ORATIVE CARE CENTER		Provider Number: 0 225991-00			-00	
1500 SE PALM BEACH RD			Date:		8/3/2018		
STUART, FL 34994			Fiscal Year End:	7	12/31/20)15	
			Audit Status:		Unaudit	ed	
Provider Type:							
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single	e Level			247.09	<u>244.10</u>	9/1/2016	
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Contract Management / Fiscal	Agent			Lisa Smith	<i>y</i>		
Permanent File	1184]	Medicaid Cost Rei	mbursement P	lanning and F	inance	
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Home Office:	Eden Park Health Services, Inc.						
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	Port St. Lucie, FL 34952					4	

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Medicaid Reimbursement Per Diem Rates

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1500 SE PALN				Date:		8/3/2018				
STUART, FL	34994			Fiscal	Year E	nd:		12/31/20)15	
				Audit	Status:			Unaudit	ed	
Provider Ty	-						Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Singl	e Level					<u>252.71</u>	<u>249.77</u>	9/1/2017	
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Permanent Fil	le						24			
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		7300 Oleander Ave								
		Port St. Lucie, FL 34952								

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PORT ST. LUCIE NURSING & RESTORATIVE CARE CENTER	Provider Number:	r: 0 226009-00		-00	
7300 OLEANDER AVE	Date:		7/31/20:		
PORT ST LUCIE, FL 34952-8299	Fiscal Year End:		12/31/2014		
	Audit Status:		Field Aud	lited	
Provider Type:		: ·			
••		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>234.76</u>	<u>229.36</u>	9/1/2015	
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No Change in Rate					
Home Office: Eden Park Health Services, Inc.				· · · · · · · · · · · · · · · · · · ·	
7300 Oleander Ave					
Port St. Lucie, FL 34952					

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Medicaid Reimbursement Per Diem Rates

PORT ST. LUCIE NURSING & RESTORATIVE CARE CENTER	Provider Number:	: 0 226009-00		-00
7300 OLEANDER AVE	Date:	7/31/2018		
PORT ST LUCIE, FL 34952-8299	Fiscal Year End:		12/31/20)14
	Audit Status:		Field Auc	lited
Provider Type:				
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		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>237.71</u>	<u>231.95</u>	<u>9/1/2016</u>
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Home Office: Eden Park Health Services, Inc.				
7300 Oleander Ave				
Port St. Lucie, FL 34952				

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Medicaid Reimbursement Per Diem Rates

PORT ST. LUCIE NURSING & RESTORATIVE CARE CENTER			Provider Number	r:	0 226009-00 7/31/2018		
7300 OLEANDER AVE				Date:			
PORT ST LUC	IE, FL 34952	-8299		Fiscal Year End:			
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	gle Level			239.88	<u>235.96</u>	9/1/2017
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Medicaid Reimbursement Per Diem Rates

MARTIN NURSING AND RESTORATIVE CARE CENTER	Provider Number:		0 226033-00		
6011 SE TOWER DR	Date:	8/3/2018			
STUART, FL 34997	Fiscal Year End:		12/31/20)14	
	Audit Status:		Field Aud	lited	
Provider Type:					
		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		232.06	<u>228.91</u>	9/1/2015	
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Contract Management / Fiscal Agent	Medicaid Cost Rem		lanning and E	inonce	
Permanent File	Wedlead Coll Rom	burschicht i	anning and r	mance	
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Albany, NY 12207					

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MARTIN NURSING AND RESTORATIVE CARE CENTER		Provider Number:		0 226033-00 8/3/2018			
6011 SE TOWER DR		Date:					
STUART, FL 34997		Fiscal Year End:		12/31/2015			
		Audit Status:		Unaudit	ied		
Provider Type:			Current Rate	New <u>Rate</u>	Effective Date		
Nursing Home Single Level			<u>250.56</u>	<u>250.55</u>	9/1/2017		
Rate Type:							
<u> </u>							
Interim	X	Prospective					
Total Interim			Prospective				
Interim Component		Total	Prospective	with Interim	Component		
Settlement based on cost							
Prior Provider Prospective data							
Basis:	Cha	nges:					
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Distribution:		TM	Lisa Smith				
Contract Management / Fiscal Agent		Medicaid Cos Beim		lanning and F	inance		
Permanent File				Ü			
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No Change in Rate							
Home Office: Eden Park Health Services, Inc. 45 Learned Street Albany, NY 12207							

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