




RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: February 4, 2019
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From:  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.**

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
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 Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit 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



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

STUART NURSING & RESTORATIVE CARE CENTER
1500 SE PALM BEACH RD
STUART, FL 34994

Provider Number: 0 225991-00
Date: 8/3/2018
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
243.30 237.54 9/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-057C FYE 12/31/2014

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

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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

STUART NURSING & RESTORATIVE CARE CENTER
1500 SE PALM BEACH RD
STUART, FL 34994

Provider Number: 0 225991-00
Date: 8/3/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 247.09 New Rate: 244.10 Effective Date: 9/1/2016

Rate Type:

Interim Prospective
Total Interim Total Prospective
Interim Component Total Prospective with Interim Component
Settlement based on cost
Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Effects of Field Audit #NH15-057C FYE 12/31/2014

Distribution:

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 No Change in Rate

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Medicaid Reimbursement Per Diem Rates

STUART NURSING & RESTORATIVE CARE CENTER
1500 SE PALM BEACH RD
STUART, FL 34994

Provider Number: 0 225991-00
Date: 8/3/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate: 252.71
New Rate: 249.77
Effective Date: 9/1/2017

Rate Type:

Interim

X Prospective

Total Interim

X Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X Effects of Field Audit #NH15-057C FYE 12/31/2014

Distribution:

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No Change in Rate

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Handwritten signature of Lisa Smith

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Medicaid Reimbursement Per Diem Rates

PORT ST. LUCIE NURSING & RESTORATIVE CARE CENTER
7300 OLEANDER AVE
PORT ST LUCIE, FL 34952-8299

Provider Number: 0 226009-00
Date: 7/31/2018
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
234.76	229.36	9/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-056C FYE 12/31/2014

Distribution:

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Permanent File

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PORT ST. LUCIE NURSING & RESTORATIVE CARE CENTER
7300 OLEANDER AVE
PORT ST LUCIE, FL 34952-8299

Provider Number: 0 226009-00
Date: 7/31/2018
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
237.71 **231.95** **9/1/2016**

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Field Audit #NH15-056C FYE 12/31/2014

Distribution:

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Permanent File

For Information Only

No Change in Rate

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Medicaid Reimbursement Per Diem Rates

PORT ST. LUCIE NURSING & RESTORATIVE CARE CENTER
7300 OLEANDER AVE
PORT ST LUCIE, FL 34952-8299

Provider Number: 0 226009-00
Date: 7/31/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 239.88, 235.96, 9/1/2017

Rate Type:

Interim

X Prospective

Total Interim

X

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

X

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X

Effects of Field Audit #NH15-056C FYE 12/31/2014

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Signature of Lisa Smith

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Medicaid Reimbursement Per Diem Rates

MARTIN NURSING AND RESTORATIVE CARE CENTER
6011 SE TOWER DR
STUART, FL 34997

Provider Number: 0 226033-00
Date: 8/3/2018
Fiscal Year End: 12/31/2014
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
232.06	228.91	9/1/2015

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 _____ Unaudited costs
 Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Field Audit #NH15-055C FYE 12/31/2014

Distribution:

Contract Management / Fiscal Agent
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 _____ For Information Only
 _____ No Change in Rate


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Medicaid Reimbursement Per Diem Rates

MARTIN NURSING AND RESTORATIVE CARE CENTER
6011 SE TOWER DR
STUART, FL 34997

Provider Number: 0 226033-00
Date: 8/3/2018
Fiscal Year End: 12/31/2015
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>250.56</u>	<u>250.55</u>	<u>9/1/2017</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Effects of Field Audit #NH15-055C FYE 12/31/2014

Distribution:

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No Change in Rate

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