



## **MEMORANDUM**

**Date:** April 23, 2020

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From: Z Zainab Day, 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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
1.	Dolphin Pointe Health Care Center	1 059993-00	New Facility	1
			TOTAL:	1

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



		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
105999300	20200403	583.57	0.00	257.87	257.87	87699-20	



## 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**

DOLPHIN POINTE HEALTH CARE CENTER 5355 DOLPHIN HEALTH CARE CENTER JACKSONVILLE, FL 32211			Provider Number:		1 059993-00			
			Date:	4/9/2020 N/A				
			Fiscal Year End:					
			Audit Status:		Unaudit	ed		
<b>Provider Ty</b>	pe:							
·	•			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
<b>Nursing Ho</b>	me Singl	e Level - Bed Hold		$\underline{0.00}$	0.00 $257.87$ $4/3/2020$			
	Inter	mediate I - Standard Medicaid Ra	nte	<u>0.00</u>	583.57	4/3/2020		
Rate	Type:							
X	Interim		Prospective					
	- X	Total Interim		l Prospective				
		Interim Component	Tota	l Prospective	with Interim	Component		
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:		C	hanges:					
			Rate Semes	ter Change				
X	Budget		X New facilit	y effective 4/	3/2020			
	Unaudited o							
	Field audite							
	Desk audite	d costs						
<b>Distribution:</b>			Zainab Day					
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance					
Permanent File	e							
For Inf	formation Only							
No Cha	ange in Rate							
Но	me Office:	Clear Choice Health Care LLC 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901						
XXX205	Report Calcu	ulated: 4/9/2020 1:00 PM Report Prin	ited:4/9/2020 ID:					