



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: June 5, 2020
To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking
From: ZD 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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	PruittHealth - Southwood	1 064829-00	New Facility	1
			<u>TOTAL:</u>	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		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
106482900	20200601	589.08	0.00	263.38	263.38	87898-20	



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

PRUITTHEALTH - SOUTHWOOD

2301 BLUFF OAK WAY

TALLAHASSEE, FL 32311

Provider Number:

1 064829-00

Date:

6/2/2020

Fiscal Year End:

N/A

Audit Status:

Unaudited

Provider Type:

Nursing Home

Single Level - Bed Hold

Intermediate I - Standard Medicaid Rate

Current
Rate

0.00

New
Rate

263.38

Effective
Date

6/1/2020

0.00

589.08

6/1/2020

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

New facility effective 6/1/2020

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

PruittHealth
1626 Jeurgens Court
Norcross, GA 30093

Zainab Day

Medicaid Cost Reimbursement Planning and Finance

Zainab Day