



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

## MEMORANDUM

**Date:** June 8, 2020  
**To:** Johnnie Mae Peters, SMA Supervisor, Finance and Banking  
**From:** *ZD* Zainab Day, Regulatory Analyst Supervisor  
**Subject:** Retroactive Nursing Facility Per Diem Rates

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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. | Orlando Health Central                             | 1 049565-00            | NFQA Added            | 1                                    |
| 2. | Lakes of Clermont Health and Rehabilitation Center | 1 059536-00            | New Facility          | 1                                    |
|    |  |                        | <b><u>TOTAL:</u></b>  | 2                                    |

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 |
| 104956500       | 20200301                       | 250.46               | 0.00               | 250.46                | 250.46        | 87907-20    |              |
| 105953600       | 20200313                       | 239.93               | 0.00               | 239.93                | 239.93        | 87907-20    |              |



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**

ORLANDO HEALTH CENTRAL  
1300 HEMPEL AVE  
OCOCEE, FL 34761

Provider Number: 1 049565-00  
Date: 5/29/2020  
Fiscal Year End: N/A  
Audit Status: Unaudited

**Provider Type:**

**Nursing Home      Single Level**

Current Rate: **229.34**      New Rate: **250.46**      Effective Date: **03/01/2020**

| Rate Type:   |   |
|--|---|
| <input checked="" type="checkbox"/> Interim              | <input type="checkbox"/> Prospective                              |
| <input checked="" type="checkbox"/> Total Interim        | <input 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:                                       |  |
|--|--|
| <input checked="" type="checkbox"/> Budget   |  |
| <input type="checkbox"/> Unaudited costs     |  |
| <input type="checkbox"/> Field audited costs |  |
| <input type="checkbox"/> Desk audited costs  |  |

| Changes:  |  |
|---|--|
| <input type="checkbox"/> Rate Semester Change                       |  |
| <input checked="" type="checkbox"/> NFQA added effective 03/01/2020 |  |

**Distribution:**

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

Home Office:

No Home Office

**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance



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**Medicaid Reimbursement Per Diem Rates**

|  |                  |             |
|--|------------------|-------------|
| LAKES OF CLERMONT HEALTH AND REHABILITATION CENTER | Provider Number: | 1 059536-00 |
| 1775 HOOKS STREET                                  | Date:            | 5/28/2020   |
| CLERMONT, FL 34711                                 | Fiscal Year End: | N/A         |
|  | Audit Status:    | Unaudited   |

**Provider Type:**

**Nursing Home      Single Level**

| <u>Current Rate</u> | <u>New Rate</u>      | <u>Effective Date</u>   |
|---------------------|----------------------|-------------------------|
| <b><u>0.00</u></b>  | <b><u>239.93</u></b> | <b><u>3/13/2020</u></b> |

|  |   |
|--|---|
| <b>Rate Type:</b>  |   |
| <input checked="" type="checkbox"/> Interim              | <input type="checkbox"/> Prospective                              |
| <input checked="" type="checkbox"/> Total Interim        | <input 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 |   |

|  |  |
|--|--|
| <b>Basis:</b>                                |  |
| <input checked="" type="checkbox"/> Budget   |  |
| <input type="checkbox"/> Unaudited costs     |  |
| <input type="checkbox"/> Field audited costs |  |
| <input type="checkbox"/> Desk audited costs  |  |

|  |  |
|--|--|
| <b>Changes:</b>  |  |
| <input type="checkbox"/> Rate Semester Change                        |  |
| <input checked="" type="checkbox"/> New facility effective 3/13/2020 |  |

**Distribution:**

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

|  |
|--|
| Greystone Healthcare Management<br>4042 Park Oaks Blvd, Suite 300<br>Tampa, FL 33610 |
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**Zainab Day**

Medicaid Cost Reimbursement Planning and Finance