



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

MEMORANDUM

Date: July 2, 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.	Oasis Health and Rehabilitation Center	0 266124-00	Covid-19 Rate Adjustment	1
2.	Viera Del Mar Health and Rehabilitation Center	1 032910-01	Covid-19 Rate Adjustment	1
			<u>TOTAL:</u>	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
026612400	20200701	573.76	0.00	248.06	248.06	88025-20	
103291000	20200701	578.02	0.00	252.32	252.32	88025-20	



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

OASIS HEALTH AND REHABILITATION CENTER
1201 12TH AVENUE SOUTH
LAKE WORTH, FL 33460

Provider Number: 0 266124-00
Date: 7/01/2020
Fiscal Year End: 12/31/2017
Audit Status: Unaudited

Provider Type:

Nursing Home

Single Level - Bed Hold

Intermediate I - Standard Medicaid Rate

Current Rate	New Rate	Effective Date
248.06	248.06	7/01/2020
0.00	573.76	7/01/2020

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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 type="checkbox"/> Budget	
<input checked="" 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"/> COVID-19 Rate Adjustment effective 7/01/2020	

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

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Zainab Day

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VIERA DEL MAR HEALTH AND REHABILITATION CENTER	Provider Number:	1 032910-00
2355 VIDINA DRIVE	Date:	7/01/2020
VIERA, FL 32940	Fiscal Year End:	N/A
	Audit Status:	Unaudited

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level - Bed Hold	<u>252.32</u>	<u>252.32</u>	<u>7/1/2020</u>
Intermediate I - Standard Medicaid Rate	<u>0.00</u>	<u>578.02</u>	<u>7/1/2020</u>

Rate Type:	
<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" 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 type="checkbox"/> Budget	
<input checked="" type="checkbox"/> Unaudited costs	
<input type="checkbox"/> Field audited costs	
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Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> COVID-19 Rate Adjustment effective 7/1/2020	

Distribution:

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No Change in Rate

Home Office:

No Home Office

Zainab Day

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