



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: July 10, 2018
To: Johnnie Mae Peters, Acting SMA Supervisor, Finance and Banking
From: Lisa Smith, 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.	Gainesville Health Care Center	0 229288-00	CS	6
2.	The Care Center at Pinellas Park	0 233885-00	NRP CHOP/CHOW	1
3.	Ridgecrest Nursing and Rehabilitation Center	0 282464-00	FA & RFA	5
			TOTAL:	12

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/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
022928800	20160607	247.57	0.00	247.57	247.57	83714-18	
022928800	20160901	249.17	0.00	249.17	249.17	83714-18	
022928800	20170101	255.31	0.00	255.31	255.31	83714-18	
022928800	20170607	253.16	0.00	253.16	253.16	83714-18	
022928800	20170901	256.68	0.00	256.68	256.68	83714-18	
022928800	20171207	256.68	0.00	256.68	256.68	83714-18	
023388500	20180101	250.18	0.00	250.18	250.18	83714-18	
028246400	20110701	200.78	346.98	200.78	200.78	83714-18	NH13-103C
028246400	20130101	205.21	356.02	205.21	205.21	83714-18	NH13-103C
028246400	20130701	216.19	0.00	216.19	216.19	83714-18	NH13-103C
028246400	20140101	215.56	0.00	215.56	215.56	83714-18	NH13-103C
028246400	20140701	224.09	0.00	224.09	224.09	83714-18	NH13-103C



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

THE CARE CENTER AT PINELLAS PARK
8701 49TH ST N
PINELLAS PARK, FL 33782

Provider Number: 0 233885-00
Date: 5/29/2018
Fiscal Year End: 12/31/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
220.02	250.18	1/1/2018

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"/>	NRP CHOP/CHOW effective 01/01/2018

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No Change in Rate

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

RIDGECREST NURSING AND REHABILITATION CENTER
1200 NORTH STONE STREET
DELAND, FL 32720

Provider Number: 0 282464-00
Date: 3/27/2018
Fiscal Year End: 12/31/2009
Audit Status: Revised Field Audit

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>200.91</u>	<u>200.78</u>	<u>7/1/2011</u>
	Level H: Aids	<u>347.11</u>	<u>346.98</u>	<u>7/1/2011</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 type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> FA & RFA #NH13-103C FYE 12/31/2009

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RIDGECREST NURSING AND REHABILITATION CENTER
1200 NORTH STONE STREET
DELAND, FL 32720

Provider Number: 0 282464-00
Date: 3/27/2018
Fiscal Year End: 12/31/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.22</u>	<u>205.21</u>	<u>1/1/2013</u>
	Level H: Aids	<u>356.03</u>	<u>356.02</u>	<u>1/1/2013</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	
<input type="checkbox"/> Desk audited costs	

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of FA & RFA #NH13-103C FYE 12/31/2009	

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RIDGECREST NURSING AND REHABILITATION CENTER
1200 NORTH STONE STREET
DELAND, FL 32720

Provider Number: 0 282464-00
Date: 3/27/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>216.20</u>	<u>216.19</u>	<u>7/1/2013</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 FA & RFA #NH13-103C FYE 12/31/2009

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1200 NORTH STONE STREET
DELAND, FL 32720

Provider Number: 0 282464-00
Date: 3/27/2018
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>215.57</u>	<u>215.56</u>	<u>1/1/2014</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

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<u>RIDGECREST NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 282464-00</u>
<u>1200 NORTH STONE STREET</u>	Date:	<u>3/27/2018</u>
<u>DELAND, FL 32720</u>	Fiscal Year End:	<u>12/31/2012</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home Single Level	<u>224.10</u>	<u>224.09</u>	<u>7/1/2014</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"/> Effects of FA & RFA #NH13-103C FYE 12/31/2009	

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