




RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

MEMORANDUM

Date: September 20, 2018
To: Johnnie Mae Peters, Acting SMA Supervisor, Finance and Banking
From:  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.	Park Ridge Nursing Center	0 228401-00	FA	3
2.	Olive Branch Health and Rehab Center	0 249986-00	New Facility	2
3.	University East Rehabilitation Center	0 250993-00	NRP CHOP/CHOW	2
4.	University West Rehabilitation Center	0 250995-00	NRP CHOP/CHOW	2
5.	Emerald Health Care Center	0 261637-00	FA	3
6.	Southern Oaks Rehabilitation and Nursing Center	0 324566-00	FA	1
			TOTAL:	13

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
022840100	20140701	211.17	0.00	211.17	211.17	84288-18	NH14-136C
022840100	20150101	213.80	0.00	213.80	213.80	84288-18	NH14-136C
022840100	20150901	210.70	0.00	210.70	210.70	84288-18	NH14-136C
024998600	20171228	237.58	0.00	237.58	237.58	84288-18	
024998600	20181001	258.19	0.00	258.19	258.19	84288-18	
025099300	20180504	254.59	0.00	254.59	254.59	84288-18	
025099300	20181001	225.16	0.00	225.16	225.16	84288-18	
025099500	20180504	251.55	0.00	251.55	251.55	84288-18	
025099500	20181001	218.66	0.00	218.66	218.66	84288-18	
026163700	20140701	232.13	0.00	232.13	232.13	84288-18	NH14-152C
026163700	20150101	234.69	0.00	234.69	234.69	84288-18	NH14-152C
026163700	20150901	231.80	0.00	231.80	231.80	84288-18	NH14-152C
032456600	20150101	217.75	0.00	217.75	217.75	84288-18	NH13-023C



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PARK RIDGE NURSING CENTER

730 COLLEGE STREET

JACKSONVILLE, FL 32204

Provider Number:

0 228401-00

Date:

7/10/2018

Fiscal Year End:

12/31/2013

Audit Status:

Field Audited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

211.08

211.17

7/1/2014

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

Field Audit #NH14-136C FYE 12/31/2013

Lisa Smith

Medicaid Cost Reimbursement Planning and Finance

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office:

Health Care Managers, Inc

2380 Sadler Road Suite 201

Fernandina Beach, FL 32034



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Medicaid Reimbursement Per Diem Rates

PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE, FL 32204

Provider Number: 0 228401-00
Date: 7/10/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
213.71	213.80	1/1/2015

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

Field Audit #NH14-136C FYE 12/31/2013

Lisa Smith
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Medicaid Reimbursement Per Diem Rates

PARK RIDGE NURSING CENTER
730 COLLEGE STREET
JACKSONVILLE, FL 32204

Provider Number: 0 228401-00
Date: 7/10/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>210.61</u>	<u>210.70</u>	<u>9/1/2015</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

Field Audit #NH14-136C FYE 12/31/2013

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Medicaid Reimbursement Per Diem Rates

OLIVE BRANCH HEALTH AND REHAB CENTER

8325 UNIVERSITY PARKWAY

PENSACOLA, FL 32514

Provider Number:

0 249986-00

Date:

9/12/2018

Fiscal Year End:

9/30/2018

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	237.58	12/28/2017

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 12/28/2017

Distribution:

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No Change in Rate

Home Office:

No Home Office

Zainab Day



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Medicaid Reimbursement Per Diem Rates

OLIVE BRANCH HEALTH AND REHAB CENTER
8325 UNIVERSITY PARKWAY
PENSACOLA, FL 32514

Provider Number: 0 249986-00
Date: 9/12/2018
Fiscal Year End: 9/30/2018
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
0.00	258.19	10/1/2018

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input checked="" type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement based on cost <input type="checkbox"/> Prior Provider Prospective data	<input type="checkbox"/> Total Prospective <input type="checkbox"/> Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 New facility effective 12/28/2017

Distribution:

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____ No Change in Rate

Home Office: No Home Office

Zainab Day

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY EAST REHABILITATION CENTER
991 E NEW YORK AVE
DELAND, FL 32724

Provider Number: 0 250993-00
Date: 9/18/2018
Fiscal Year End: 1/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
237.19 254.59 5/4/2018

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Prospective
 Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP/CHOW effective 5/4/2018

Distribution:

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 No Change in Rate
Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY EAST REHABILITATION CENTER
991 E NEW YORK AVE
DELAND, FL 32724

Provider Number: 0 250993-00
Date: 9/18/2018
Fiscal Year End: 01/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Table with 3 columns: Current Rate, New Rate, Effective Date. Values: 225.16, 225.16, 10/1/2018

Rate Type:

X Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

X Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

X NRP CHOP/CHOW effective 5/4/2018

Distribution:

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Permanent File

For Information Only

No Change in Rate

Home Office:

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY WEST REHABILITATION CENTER
545 WEST EUCLID AVENUE
DELAND, FL 32720

Provider Number: 0 250995-00
Date: 9/17/2018
Fiscal Year End: 1/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>235.12</u>	<u>251.55</u>	<u>5/4/2018</u>

Rate Type:

Interim

Total Interim
Interim Component
Settlement based on cost
Prior Provider Prospective data

Prospective

Total Prospective
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 NRP CHOP/CHOW effective 5/4/2018

Distribution:

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No Change in Rate

Home Office: No Home Office

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UNIVERSITY WEST REHABILITATION CENTER
545 WEST EUCLID AVENUE
DELAND, FL 32720

Provider Number: 0 250995-00
Date: 9/17/2018
Fiscal Year End: 1/31/2019
Audit Status: Unaudited

Provider Type:

Nursing Home - Single Level

Current Rate	New Rate	Effective Date
218.66	218.66	10/1/2018

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

NRP CHOP/CHOW effective 5/4/2018

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

EMERALD HEALTH CARE CENTER
1655 SE WALTON ROAD
PORT SAINT LUCIE, FL 34952

Provider Number: 0 261637-00
Date: 7/26/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.84</u>	<u>232.13</u>	<u>7/1/2014</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

Field Audit #NH14-152C FYE 12/31/2013

Lisa Smith

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No Change in Rate

Home Office:

No Home Office



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EMERALD HEALTH CARE CENTER
 1655 SE WALTON ROAD
 PORT SAINT LUCIE, FL 34952

Provider Number: 0 261637-00
 Date: 7/26/2018
 Fiscal Year End: 12/31/2013
 Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
235.41	234.69	1/1/2015

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

Field Audit #NH14-152C FYE 12/31/2013

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EMERALD HEALTH CARE CENTER
1655 SE WALTON ROAD
PORT SAINT LUCIE, FL 34952

Provider Number: 0 261637-00
Date: 7/26/2018
Fiscal Year End: 12/31/2013
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>232.52</u>	<u>231.80</u>	<u>9/1/2015</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

Field Audit #NH14-152C FYE 12/31/2013

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No Change in Rate

Home Office:

No Home Office



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>SOUTHERN OAKS REHABILITATION AND NURSING CENTER</u>	Provider Number:	<u>0 324566-00</u>
<u>600 W GREGORY ST</u>	Date:	<u>8/6/2018</u>
<u>PENSACOLA, FL 32502-4744</u>	Fiscal Year End:	<u>12/31/2013</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>218.61</u>	<u>217.75</u>	<u>1/1/2015</u>

Rate Type:

<u>Interim</u>	<u>X</u>	Prospective
<u>Total Interim</u>	<u>X</u>	Total Prospective
<u>Interim Component</u>		Total Prospective with Interim Component
<u>Settlement based on cost</u>		
<u>Prior Provider Prospective data</u>		

Basis:


<u>Budget</u>
<u>Unaudited costs</u>
<u>X</u> Field audited costs
<u>Desk audited costs</u>

Changes:

<u>Rate Semester Change</u>
<u>X</u> Field Audit #NH13-023C FYE 12/31/2013

Distribution:

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 Permanent File
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 ___ No Change in Rate


Lisa Smith
 Medicaid Cost Reimbursement Planning and Finance