

MARY C. MAYHEW SECRETARY

MEMORANDUM

Date: April 8, 2020

To: Johnnie Mae Peters, 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.

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
1.	Oakbridge Healthcare Center	0 043841-00	FA & RFA	4
2.	Golden Glades Nursing and Rehabilitation Center	1 046531-00	New Facility	1
3.	South Dade Nursing and Rehabilitation Center	1 046541-00	New Facility	1
4.	North Dade Nursing and Rehabilitation Center	1 047077-00	New Facility	1
			<u>TOTAL:</u>	7

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
004384100	20130701	208.22	0.00	208.22	208.22	87616-20	NH13-193C
004384100	20140101	211.12	0.00	211.12	211.12	87616-20	NH13-193C
004384100	20140701	222.29	0.00	222.29	222.29	87616-20	NH13-193C
004384100	20160901	202.25	0.00	202.25	202.25	87616-20	NH16-095C
104653100	20191113	252.24	0.00	252.24	252.24	87625-20	
104654100	20191211	252.01	0.00	252.01	252.01	87625-20	
104707700	20200108	234.22	0.00	234.22	234.22	87625-20	



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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER	Provider Number:		0 043841-	-00
3110 OAKBRIDGE BLVD E	Date:		3/31/202	20
LAKELAND, FL 33803-5987	Fiscal Year End:		7/31/201	12
	Audit Status:		Revised Field	l Audit
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>208.40</u>	<u>208.22</u>	7/1/2013

Rate	Гуре:				
]	Interim		Х	Prospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
	Х	Settlement based on cost			-
_		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	FA & RFA #NH13-193C FYE 7/31/2012
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day				
Contract Management / Fisca	l Agent	Medicaid C	ost Reimbursement Planning and Finance				
Permanent File			Ċ				
For Information Only	I		ZD				
No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway S	outh					
	Maitland, FL 32751						
9KBTB Report Cald	culated: 3/31/2020 1:08:23 PM	Report Printed :3/31/2020	ID: 043841073120120201201207312013153742				



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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER	Provider Number:		0 043841-	-00
3110 OAKBRIDGE BLVD E	Date:		3/31/202	20
LAKELAND, FL 33803-5987	Fiscal Year End: 7/31/2012			12
	Audit Status:		Revised Field	d Audit
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		<u>211.30</u>	<u>211.12</u>	<u>1/1/2014</u>

Rate Typ	e:				
Inter	im		Х	Prospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
	Х	Settlement based on cost			-
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	FA & RFA #NH13-193C FYE 7/31/2012
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		

Distribution:		Zainab Day
Contract Management	/ Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File		ZD
For Informatio	n Only	ZD
No Change in F	late	
Home Offic	ce: CMCII	
	800 Concourse Parkway S	buth
	Maitland, FL 32751	
9KBTB Repo	ort Calculated: 3/31/2020 1:08:23 PM	Report Printed :3/31/2020 ID: 043841073120120201201207312013153742



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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER	Provider Number:		0 043841	-00	
3110 OAKBRIDGE BLVD E	Date:		3/31/202	20	
LAKELAND, FL 33803-5987	Fiscal Year End:		7/31/20	7/31/2012	
	Audit Status:		Revised Field	d Audit	
Provider Type:					
Nursing Home Single Level		Current <u>Rate</u> 222.47	New <u>Rate</u> 222.29	Effective <u>Date</u> <u>7/1/2014</u>	

Rate Type:					
Interim			Х	Prospective	
		Total Interim			Total Prospective
		Interim Component			Total Prospective with Interim Component
	X	Settlement based on cost			-
		Prior Provider Prospective data			

Basis:		Changes:	
			Rate Semester Change
	Budget	X	FA & RFA #NH13-193C FYE 7/31/2012
	Unaudited costs		
X	Field audited costs		
	Desk audited costs		

Distribution:			Zainab Day			
Contract Management / Fi	scal Agent	Medicaid C	ost Reimbursement Planning and Finance			
Permanent File			C C			
For Information C	nly		ZD			
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway S	outh				
	Maitland, FL 32751					
9KBTB Report (Calculated: 3/31/2020 1:08:23 PM	Report Printed :3/31/2020	ID: 043841073120120201201207312013153742			



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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER	Provider Number:		0 043841	-00
3110 OAKBRIDGE BLVD E	Date:		3/31/202	20
LAKELAND, FL 33803-5987	Fiscal Year End:		12/31/20)14
	Audit Status:		Field Aud	lited
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 202.55	New <u>Rate</u> 202.25	Effective <u>Date</u> <u>9/1/2016</u>

Rate 7	Гуре:				
]	Interim		Х	Prospective	
		Total Interim		X	Total Prospective
		Interim Component			Total Prospective with Interim Component
		Settlement based on cost			
		Prior Provider Prospective data			

Basis:	Changes:
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semester ChangeXField Audit #NH16-095C FYE 12/31/2014 with effects of FA & RFA #NH13-193C FYE 7/31/2012

Distribution:		Zainab Day				
Contract Management / F	iscal Agent	Medicaid Co	st Reimbursement Planning and Finance			
Permanent File		ZD				
For Information 0	Dnly	ΣD				
No Change in Rat	e					
Home Office:	CMCII					
	800 Concourse Parkway South					
	Maitland, FL 32751					
9KBTB Report	Calculated: 3/31/2020 1:08:23 PM	Report Printed :3/31/2020	ID: 043841123120140101201411102015115120			



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Medicaid Reimbursement Per Diem Rates

GOLDEN GLADES NURSING AND REHABILITATION CENTER	Provider Number:		1 046531	-00
220 SIERRA DRIVE	Date:		4/7/202	0
MIAMI, FL 33179	Fiscal Year End:		N/A	
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>215.59</u>	252.24	<u>11/1/2019</u>

Rate	Type:			
X	Interim		Prospective	
	X	Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
		Prior Provider Prospective data		

Rate Semester Change
New facility effective 11/1/2019

Distribution:			Zainab Day				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent H	File						
For Information Only No Change in Rate			ZD				
Home Office: Ventura Services LLC		Ventura Services LLC					
		2901 Stirling Road #200 Hollywood, FL 33021					
XXX201	Report Calc	culated: 4/7/2020 2:44 PM	Report Printed :4/7/2020 ID:				



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Medicaid Reimbursement Per Diem Rates

SOUTH DADE NURSING AND REHABILITATION CENTER	Provider Number:		1 046541	-00
17475 S DIXIE HWY	Date:		4/7/202	0
MIAMI, FL 33157	Fiscal Year End:		N/A	
	Audit Status:		Unaudi	ted
Provider Type:				
		Current <u>Rate</u>	New <u>Rate</u>	Effective Date
Nursing Home Single Level		208.72	<u>252.01</u>	<u>12/1/2019</u>

Rate	Type:			
X	Interim		Prospective	
	X	Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
		Prior Provider Prospective data		

Basis:		Changes:	
			Rate Semester Change
X	Budget	X	New facility effective 12/1/2019
	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:		Zainab Day		
Contract Management /	Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance		
Permanent File		ZD		
For Information	Only			
No Change in Ra	ate			
Home Office	e: Ventura Services LLC			
	2901 Stirling Road #200 Hollywood, FL 33021			
XXX202 Report Calculated: 4/7/2020 4:53 PM		Report Printed :4/7/2020 ID:		



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Medicaid Reimbursement Per Diem Rates

NORTH DADE NURSING AND REHABILITATION CENTER	Provider Number:		1 047077	-00
1255 NE 135TH STREET	Date:		4/7/202	0
NORTH MIAMI, FL 33161	Fiscal Year End: N/A			
	Audit Status:		Unaudi	ted
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 231.96	New <u>Rate</u> 234.22	Effective <u>Date</u> <u>1/1/2020</u>

Rate Type:				
X	Interim		Prospective	
	X	Total Interim		Total Prospective
		Interim Component		Total Prospective with Interim Component
		Settlement based on cost		
		Prior Provider Prospective data		

Basis:		Changes:	
v	Pudgat		Rate Semester Change
X	Budget	<u> </u>	New facility effective 1/1/2020
	Unaudited costs		
	Field audited costs		
	Desk audited costs		

Distribution:		Zainab Day		
Contract Management / Fi	scal Agent	Medicaid Cost Reimbursement Planning and Finance		
Permanent File		ZD		
For Information C	nly			
No Change in Rate				
Home Office:	Ventura Services LLC			
	2901 Stirling Road #200 Hollywood, FL 33021			
XXX203 Report Calculated: 4/7/2020 7:15 PM		Report Printed :4/7/2020 ID:		