

MEMORANDUM

Date: January 15, 2015

To: Gay Munyon, Bureau Chief, Medicaid Contract Management

From: Thomas Parker, Regulatory Analyst Supervisor, Medicaid Cost Reimbursement

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	<u>Provider</u>	Number of Rate
		<u>Number</u>	Change Notices
1	SUMMER BROOK HEALTH CARE CENTER	0 059783-00	5
2	EVANS HEALTH CARE	0 059873-00	5
		Total	10

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/ab Attachments



		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)	MCM number	Audit Number
005978300	20120701	174.62	323.83	174.62	174.62	76698-15	
005978300	20130101	174.73	325.54	174.73	174.73	76698-15	
005978300	20130701	183.77	0.00	183.77	183.77	76698-15	
005978300	20140101	187.36	0.00	187.36	187.36	76698-15	
005978300	20140701	195.35	0.00	195.35	195.35	76698-15	
005987300	20120701	204.40	353.61	204.40	204.40	76698-15	
005987300	20130101	208.26	359.07	208.26	208.26	76698-15	
005987300	20130701	213.67	0.00	213.67	213.67	76698-15	
005987300	20140101	215.54	0.00	215.54	215.54	76698-15	
005987300	20140701	225.83	0.00	225.83	225.83	76698-15	



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SUMMER BROOK HEALTH CARE CENTER Provide		Provider Numb	er Number: 0 059783-00				
5377 MONCRIEF ROAD			Date:)14			
JACKSONVII	LLE , FL 322	209	Fiscal Year End	d:	6/30/20	13	
			Audit Status:		Unaudi	ted	
Provider Ty	vpe:						
	, 1			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Single	Level		<u>188.04</u>	<u>174.62</u>	<u>7/1/2012</u>	
	Level	H: Aids		337.25	323.83	7/1/2012	
Rate	е Туре:]					
X	Interim		Prospective				
		Total Interim		Total Prospective	:		
	***************************************	Interim Component	7	Fotal Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
				mester Change			
	Budget		X Cost Se	ettlement FYE 6/3	30/2013		
X	Unaudited co		# 1				
*************************************	Field audited						
	Desk audited	costs	•				
<u>Distribution</u>			78	Thomas Parke	er		
Contract Mana	agement / Fiscal A	Agent	Medicaid Cost R	eimbursement P	lanning and F	inance	
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	No Home Office					



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SUMMER BROOK HEALTH CARE CENTER 5377 MONCRIEF ROAD		Provider Number	Provider Number: 0 059783-				
		Date:		11/14/2014			
JACKSONVII	LLE , FL 32:	209	Fiscal Year End:		6/30/20	13	
			Audit Status:		Unaudit	ted	
Provider Ty	ype:						
a de la companya de	, 1			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	Level		189.42	<u>174.73</u>	1/1/2013	
	Level	H: Aids		340.23	<u>325.54</u>	1/1/2013	
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Rate	Type:						
X	Interim		Prospective				
		_ Total Interim	Tc	otal Prospective			
		Interim Component	To	otal Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:		,	Changes:				
			Rate Sem	ester Change			
	Budget		X Cost Sett	lement FYE 6/3	30/2013		
X	Unaudited co						
	Field audited		,				
	Desk audited	costs					
TN* . 4 *I 4 *							
Distribution				Thomas Parke			
	gement / Fiscal A	Agent	Medicaid Cost Rei	mbursement P	anning and F	inance	
Permanent File							
	formation Only						
No Cha	inge in Rate						
Цо	ma Offica:	No Home Office					



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SUMMER BROOK HEALTH CARE CENTER		Provider Number: 0 059783-00						
5377 MONCRIEF ROAD				Date:		11/14/2014		
JACKSONVIL	LE , FL 32	209		Fiscal Year End:		6/30/2013		
				Audit Status:		Unaudi	ted	
Provider Ty	pe:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	Level			<u>193.71</u>	<u>183.77</u>	7/1/2013	
Rate	Туре:							
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
•	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
				Rate Semes	ter Change			
	Budget			X Cost Settler	ment FYE 6/3	30/2013	,	
X	Unaudited co	sts						
	Field audited							
	Desk audited	costs						
Distribution	<u>ı:</u>			7-17 TI	homas Parke	r		
Contract Manag	gement / Fiscal A	Agent	***************************************	Medicaid Cost Reim			inance	
Permanent File						~		
For Infe	ormation Only							
	nge in Rate							
	ne Office:	No Home Office						



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SUMMER BR	OOK HEALTH (CARE CENTER		Provider Number: 0 059783-00				
5377 MONCRIEF ROAD				Date:	***************************************	11/14/2014		
JACKSONVII	LE , FL 322	209		Fiscal Year End:		6/30/20	13	
				Audit Status:		Unaudit	ed	
Provider Ty	vpe:							
•					Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	Lovel			196.90	187.36	1/1/2014	
Nursing 110	me Single	Tevel			190.90	107.50	1/1/2014	
•								
Rate	Type:							
		.						
	_Interim		X	Prospective				
,		Total Interim		Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	ngos.				
Dasis;			Clia	nges:	ton Chances			
	Budget			Rate Semes Cost Settle	ter Change ment FYE 6/3	80/2013		
X	Unaudited cos	sts		A Cost Seales	ment I L or	70/2015		
	Field audited							
	Desk audited							
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Distribution	1:				homas Parke			
	 gement / Fiscal A	gent		Medicaid Cost Reim			nance	
Permanent File	-		•	Wedicaid Cost Reini	iom sement i	ammig and i	manec	
	ormation Only							
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No Cha	nge in Rate							
Hor	ne Office:	No Home Office						



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Medicaid Reimbursement Per Diem Rates

SUMMER BR	OOK HEALTH	I CARE CENTER		Provider Number: 0 05978			
5377 MONCRIEF ROAD			Date:		11/14/20)14	
JACKSONVII	LE , FL 3	2209		Fiscal Year End:		6/30/20	13
				Audit Status:		Unaudit	ed
Provider Ty	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sinol	le Level			204.60	195.35	7/1/2014
Trut Sing 110	ine Singi	ic Ecver			204.00		
Data	Tunas						
Kate	Туре:						•
	Interim		X	Prospective			
		Total Interim		Tota	ıl Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
			<u> </u>	Rate Semes	ter Change		
	Budget			X Cost Settle	ment FYE 6/3	30/2013	
X	Unaudited c	costs					
	Field audite				•		
	Desk audite	d costs					
			•				
				$\neg \angle \angle$			
Distribution				10 T	homas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim	ibursement Pl	anning and F	inance
Permanent File	2						
For In	formation Only						
No Cha	inge in Rate						
Но	me Office:	No Home Office			v		•

Report Calculated: 11/14/2014 9:45:04 AM



Evans Health Care				Provider Number:	0 059873-00		
3735 Evans Avenue				Date:	1/23/2014		
Ft Myers FL 33901				Fiscal Year End:	7/31/2012		
				Audit Status:	Unaudited [3]		
Provider Type:		•	Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		206.82	204.40	7/1/2012		
	Level H: Aids		356.03	353.61	7/1/2012		
			~18	,			
Rate Type :							
X Interim			Prospective	e			
	tal Interim			Total Prospective			
	erim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component					
	tlement based on costs			Total Prospective with	Interim Component		
Pric	or Provider Prospective data			17, 63			
Basis:	4	Changes:					
D 1 .	1		Licaneura	Rating Change			
Budget X Unaudited cos	rte			Customary Limitation	n		
Field audited				te limitation change	u		
Field audit - in	nterim portion		FRVS Ch	ange			
Desk audited of	-	X	Cost Sett	lement FYE 7/31/201	2		
Desk audit - Ir				ester Change			
	Prospective portion		On FRV	2] as of 12/14/1998	·····		
Distribution:				Thomas Parker			
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance		
Permanent File							
For informati	•						
No Change in	п кате						
Home Office:	CMC II, LLC	We a shift to the comment					
	800 Concourse Parkway South Maitland FL 32751			<u> </u>			



Evans Health Care		Provider Number:	0 059873-00			
3735 Evans Avenue		Date:	1/23/2014			
Ft Myers FL 33901		Fiscal Year End:	7/31/2012			
		Audit Status:	Unaudited [3]			
Provider Type:	Current Rate	New Rate	Effective Date			
Nursing Home Single Level	207.00	208.26	1/1/2013			
Level H: Aids	357.81	359.07	1/1/2013			
Rate Type:						
Interim	X Prospectiv					
Total Interim Interim Component	Total Prospective Prospective Adjusted for New Costs					
X Settlement based on costs	***************************************	Total Prospective with				
Prior Provider Prospective data		100011000000000000000000000000000000000				
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Field audited costs		ate limitation change				
Field audit - interim portion	FRVS CI	hange				
Desk audited costs		tlement FYE 7/31/201	12			
Desk audit - Interim Portion Desk Audit - Prospective portion		nester Change [2] as of 12/14/1998				
Distribution:	78	Thomas Parker	7			
Contract Management / Fiscal Agent	Medicaid Cost	t Reimbursement Plant	ning and Finance			
Permanent File			<i></i>			
For information Only						
No Change in Rate						
Home Office: CMC II, LLC		10000 11 10 10 10 10 10 10 1				
800 Concourse Parkway South Maitland FL 32751		÷.				



Evans Health Care			Provider Number:	0 059873-00
3735 Evans Avenue			Date:	1/23/2014
Ft Myers FL 33901			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 210.55	New Rate 213.67	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs Prior Provider Prospective data	X		e Total Prospective Prospective Adjusted f Total Prospective with	
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Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	e Rating Change Il Customary Limitation ate limitation change nange Ilement FYE 7/31/201 lester Change [2] as of 12/14/1998	
Distribution:	7	3	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only	Med	licaid Cost	Reimbursement Plann	ing and Finance
No Change in Rate				
Home Office: CMC II, LLC	* ************************************			
800 Concourse Parkway South Maitland FL 32751	1		1	



Evans Health Care			Provider Number:	0 059873-00			
3735 Evans Avenue			Date:	1/23/2014			
Ft Myers FL 33901			Fiscal Year End:	7/31/2012			
			Audit Status:	Unaudited [3]			
Provider Type:		Current Rate	New Rate	Effective Date			
Nursing Home Single Level		200.88	215.54	1/1/2014			
	and the same or the same and			no · 110			
Rate Type :							
Interim	X	Prospective	;				
Total Interim			otal Prospective				
Interim Component		Prospective Adjusted for New Costs					
X Settlement based on costs		<u> </u>	otal Prospective with	Interim Component			
Prior Provider Prospective data							
Basis:	Change	es:					
Budget	İ	Licensure	Rating Change				
X Unaudited costs			Customary Limitation	n			
Field audited costs			te limitation change				
Field audit - interim portion		FRVS Ch	ange				
Desk audited costs	X	Cost Settl	ement FYE 7/31/201	2			
Desk audit - Interim Portion			ster Change				
Desk Audit - Prospective portion		On FRV [2	2] as of 12/14/1998				
<u>Distribution:</u>		フイノ	Thomas Parker				
Contract Management / Fiscal Agent	1	Medicaid Cost	Reimbursement Planr	ning and Finance			
Permanent File For information Only							
No Change in Rate							
Home Office: CMC II, LLC			•				
800 Concourse Parkway South Maitland FL 32751	ı						



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EVANS HEALTH CARE		Provider Number: 0 059873-00						
3735 EVANS A	VE			Date:		6/27/2014 7/31/2012		
FORT MYERS.	, FL 33901			Fiscal Year End:				
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
110/1401 13/	,				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Hor	ne Single	Level			<u>215.54</u>	<u>225.83</u>	<u>7/1/2014</u>	
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Rate	Type:							
	Todayatas		V	Day on a still				
	Interim	Total Interim	X	Prospective	al Prospective			
		Interim Component			al Prospective		Component	
	X	Settlement based on cost			ai i rospective	with memi	Component	
		Prior Provider Prospective data						
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Basis:			Cha	nges:				
					ster Change			
	Budget				_			
X	Unaudited co	osts						
	Field audited	costs						
	Desk audited	costs						
Distribution	ı <u>:</u>			7	Thomas Parke	er		
Contract Manag	gement / Fiscal A	Agent	-	Medicaid Cost Rei			inance	
Permanent File								
For Inf	ormation Only			ZC	1			
	nge in Rate				- O-	<u> </u>		
	_	CMCHILLC						
Hor	ne Office:	CMC II, LLC						
		800 Concourse Parkway South Maitland, FL, 32751						