

MEMORANDUM

Date: May 1, 2012
To: Alan Strowd, Chief, Medicaid Contract Management
From: Stephen Russell, Medicaid Cost Reimbursement Planning Administrator
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>Number of Rate Change Notices</u>
1.	Bernard L. Samson Nursing Center	0 208442-00	5
2.	Miami Gardens Care Centre, Inc.	0 210617-00	1
3.	Avante at Orlando, Inc.	0 223808-00	3
4.	Deltona Health Care	0 252158-00	4
5.	Plantation Bay Rehabilitation Center	0 252441-00	4
6.	Renaissance Health & Rehab	0 252549-00	1
		Total	18

If you have any questions regarding the above contact Stephen Russell at 412-4106.

SR/dm
Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U		
020844200	20080101	198.06	332.06	198.06	198.06	439.58	70363-12	NH09-125C
020844200	20080701	199.51	335.79	199.51	199.51	445.14	70363-12	NH09-125C
020844200	20090101	198.42	336.77	198.42	198.42	447.78	70363-12	NH09-125C
020844200	20090301	181.79	320.14	181.79	181.79	431.15	70363-12	NH09-125C
020844200	20090401	223.54	361.89	223.54	223.54	472.90	70363-12	NH09-125C
021061700	20120122	238.22	385.83	238.22	238.22	504.29	70363-12	
022380800	20110513	225.54	370.40	225.54	225.54	486.65	70363-12	
022380800	20110701	217.82	364.02	217.82	217.82	481.35	70363-12	
022380800	20120101	220.79	368.40	220.79	220.79	486.86	70363-12	
025215800	20060701	147.89	275.02	147.89	147.89	377.02	70363-12	NH07-074J
025215800	20070101	156.55	286.15	156.55	156.55	390.14	70363-12	NH07-074J
025215800	20070201	161.46	291.06	161.46	161.46	395.05	70363-12	NH07-074J
025215800	20070301	156.55	286.15	156.55	156.55	390.14	70363-12	NH07-074J
025244100	20060701	151.59	278.72	151.59	151.59	380.72	70363-12	NH07-077J
025244100	20070101	161.49	291.09	161.49	161.49	395.08	70363-12	NH07-077J
025244100	20070201	167.72	297.32	167.72	167.72	401.31	70363-12	NH07-077J
025244100	20070301	161.49	291.09	161.49	161.49	395.08	70363-12	NH07-077J
025254900	20060701	159.22	286.35	159.22	159.22	388.35	70363-12	NH07-076J



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BERNARD L. SAMSON NURSING CENTER
 255 - 59 STREET NORTH
 St. Petersburg FL 33710

Provider Number: 0 208442-00
 Date: 4/11/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>199.43</u>	<u>199.51</u>	<u>7/1/2008</u>
	Level H: AIDS	<u>335.71</u>	<u>335.79</u>	<u>7/1/2008</u>
	Level U: Fragile Under 21	<u>445.06</u>	<u>445.14</u>	<u>7/1/2008</u>

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit # NH09-125C FYE 6/30/07
- Rate Semester Change

Distribution:

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

BERNARD L. SAMSON NURSING CENTER
 255 - 59 STREET NORTH
 St. Petersburg FL 33710

Provider Number: 0 208442-00
 Date: 4/11/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.34	198.42	1/1/2009
	Level H: AIDS	336.69	336.77	1/1/2009
	Level U: Fragile Under 21	447.70	447.78	1/1/2009

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit # NH09-125C FYE 6/30/07
 Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

BERNARD L. SAMSON NURSING CENTER
 255 - 59 STREET NORTH
 St. Petersburg FL 33710

Provider Number: 0 208442-00
 Date: 4/11/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.72</u>	<u>181.79</u>	<u>3/1/2009</u>
	Level H: AIDS	<u>320.07</u>	<u>320.14</u>	<u>3/1/2009</u>
	Level U: Fragile Under 21	<u>431.08</u>	<u>431.15</u>	<u>3/1/2009</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit # NH09-125C FYE 6/30/07
 Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

BERNARD L. SAMSON NURSING CENTER
255 - 59 STREET NORTH
St. Petersburg FL 33710

Provider Number: 0 208442-00
 Date: 4/11/2012
 Fiscal Year End: 6/30/2007
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>223.45</u>	<u>223.54</u>	<u>4/1/2009</u>
	Level H: AIDS	<u>361.80</u>	<u>361.89</u>	<u>4/1/2009</u>
	Level U: Fragile Under 21	<u>472.81</u>	<u>472.90</u>	<u>4/1/2009</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit # NH09-125C FYE 6/30/07
 Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

Miami Gardens Care Centre, Inc.
 190 NE 191 Street
 North Miami FL 33170

Provider Number: 0 210617-00
 Date: 4/11/2012
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	232.50	238.22	1/22/2012
	Level H: AIDS	380.11	385.83	1/22/2012
	Level U: Fragile Under 21	498.57	504.29	1/22/2012

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Interim Component Effective 1/22/12
 Rate Semester Change
 On FRV [2] as of 03/11/1992

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Medicaid Reimbursement Per Diem Rates

Avante at Orlando, inc.
 2000 North Semoran Boulevard
 Orlando FL 32807

Provider Number: 0 223808-00
 Date: 4/19/2012
 Fiscal Year End: 5/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.53	217.82	7/1/2011
	Level H: AIDS	364.73	364.02	7/1/2011
	Level U: Fragile Under 21	482.06	481.35	7/1/2011

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 IRR Settlement using FYE 5/31/11
 Rate Semester Change
 On FRV [2] as of 11/01/1990

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Medicaid Reimbursement Per Diem Rates

Avante at Orlando, inc.
 2000 North Semoran Boulevard
 Orlando FL 32807

Provider Number: 0 223808-00
 Date: 4/19/2012
 Fiscal Year End: 5/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	225.34	220.79	1/1/2012
	Level H: AIDS	372.95	368.40	1/1/2012
	Level U: Fragile Under 21	491.41	486.86	1/1/2012

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:


Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 IRR Settlement using FYE 5/31/11
 Rate Semester Change
 On FRV [2] as of 11/01/1990

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcam Boulevard
 Deltona FL 32725

Provider Number: 0 252158-00
 Date: 4/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	147.94	147.89	7/1/2006
Level H: AIDS	275.07	275.02	7/1/2006
Level U: Fragile Under 21	377.07	377.02	7/1/2006

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data
 Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 FA & RFA # NH07-074J FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 05/01/1998

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcam Boulevard
 Deltona FL 32725

Provider Number: 0 252158-00
 Date: 4/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	156.64	156.55	1/1/2007
	Level H: AIDS	286.24	286.15	1/1/2007
	Level U: Fragile Under 21	390.23	390.14	1/1/2007

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

FA & RFA # NH07-074J FYE 8/31/05

Rate Semester Change

On FRV [2] as of 05/01/1998

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcam Boulevard
 Deltona FL 32725

Provider Number: 0 252158-00
 Date: 4/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	161.62	161.46	2/1/2007
	Level H: AIDS	291.22	291.06	2/1/2007
	Level U: Fragile Under 21	395.21	395.05	2/1/2007

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"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 FA & RFA # NH07-074J FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 05/01/1998

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
 1851 Elkcam Boulevard
 Deltona FL 32725

Provider Number: 0 252158-00
 Date: 4/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	156.64	156.55	3/1/2007
	Level H: AIDS	286.24	286.15	3/1/2007
	Level U: Fragile Under 21	390.23	390.14	3/1/2007

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"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 FA & RFA # NH07-074J FYE 8/31/05
 Rate Semester Change
 On FRV [2] as of 05/01/1998

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

Plantation Bay Rehabilitation Center
 4641 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 252441-00
 Date: 4/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	149.86	151.59	7/1/2006
	Level H: AIDS	276.99	278.72	7/1/2006
	Level U: Fragile Under 21	378.99	380.72	7/1/2006

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"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit & Revised FA NH07-077J FYE 8/31/2005
 Rate Semester Change
 On FRV [2] as of 07/20/1995

Distribution:

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Medicaid Reimbursement Per Diem Rates

Plantation Bay Rehabilitation Center
 4641 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 252441-00
 Date: 4/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.75	161.49	1/1/2007
	Level H: AIDS	289.35	291.09	1/1/2007
	Level U: Fragile Under 21	393.34	395.08	1/1/2007

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit & Revised FA NH07-077J FYE 8/31/2005

Rate Semester Change

On FRV [2] as of 07/20/1995

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Medicaid Reimbursement Per Diem Rates

Plantation Bay Rehabilitation Center
 4641 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 252441-00
 Date: 4/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	166.09	167.72	2/1/2007
	Level H: AIDS	295.69	297.32	2/1/2007
	Level U: Fragile Under 21	399.68	401.31	2/1/2007

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"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion


Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit & Revised FA NH07-077J FYE 8/31/2005
 Rate Semester Change
 On FRV [2] as of 07/20/1995

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 4641 Old Canoe Creek Road
 St. Cloud FL 34769

Provider Number: 0 252441-00
 Date: 4/11/2012
 Fiscal Year End: 8/31/2005
 Audit Status: Revised Field Audit [5]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	159.75	161.49	3/1/2007
	Level H: AIDS	289.35	291.09	3/1/2007
	Level U: Fragile Under 21	393.34	395.08	3/1/2007

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit & Revised FA NH07-077J FYE 8/31/2005
 Rate Semester Change
 On FRV [2] as of 07/20/1995

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