



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: August 1, 2014

To: Gay Munyon, Bureau Chief, Medicaid Contract Management

From:  Thomas Parker, Planning Administrator, 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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Ocean View Nursing And Rehabilitation Center	0 226351-00	1
2.	Melbourne Terrace Restorative Care Center	0 264547-00	2
3.	Signature Healthcare of Port Charlotte	0 324477-00	1
4.	Winter Park Care and Rehabilitation Center	0 324515-00	1
		Total	5

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

TP/ab
Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
022635100	20140701	213.61	0.00	213.61	213.61	75834-14	
026454700	20080101	175.28	309.28	175.28	175.28	75834-14	NH11-130C
026454700	20080701	177.23	313.51	177.23	177.23	75834-14	NH11-130C
032447700	20140701	215.90	0.00	215.90	215.90	75834-14	
032451500	20140701	212.97	0.00	212.97	212.97	75834-14	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>OCEAN VIEW NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 226351-00</u>
<u>2810 SOUTH ATLANTIC AVENUE</u>	Date:	<u>7/10/2014</u>
<u>NEW SMYRNA BEACH, FL 32169</u>	Fiscal Year End:	<u>1/31/2014</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>213.86</u>	<u>213.61</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:

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

Changes:

<u> </u> Rate Semester Change
<u> X </u> Retro for 7/14 using FYE 1/31/2014 C/R

Distribution:

- Contract Management / Fiscal Agent
- Permanent File
- For Information Only
- No Change in Rate

Home Office: Millenium Health Systems
5310 NW 33rd Avenue
Suite 211
Ft. Lauderdale, FL 33309

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

MELBOURNE TERRACE RESTORATIVE CARE CENTER
251 FLORIDA AVE
MELBOURNE, FL 32901

Provider Number: 0 264547-00
Date: 7/18/2014
Fiscal Year End: 12/31/2006
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.81</u>	<u>175.28</u>	<u>1/1/2008</u>
	Level H: Aids	<u>311.81</u>	<u>309.28</u>	<u>1/1/2008</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:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH11-130C FYE 12/31/06

Distribution:

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 For Information Only
 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Clear Choice Health Care, LLC
 709 S. Harbor City Blvd.
 Melbourne, FL 32901



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MELBOURNE TERRACE RESTORATIVE CARE CENTER
251 FLORIDA AVE
MELBOURNE, FL 32901

Provider Number: 0 264547-00
Date: 7/18/2014
Fiscal Year End: 12/31/2006
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	179.78	177.23	7/1/2008
	Level H: Aids	316.06	313.51	7/1/2008

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 NH11-130C FYE 12/31/06

Distribution:

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PORT CHARLOTTE
4033 BEAVER LANE
PORT CHARLOTTE, FL 33952

Provider Number: 0 324477-00
Date: 7/10/2014
Fiscal Year End: 9/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.99	215.90	7/1/2014

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
 Retro for 7/14 using FYE 9/30/13

Distribution:

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Permanent File

_____ For Information Only

_____ No Change in Rate

Home Office: Signature Healthcare LLC
12201 Bluegrass Parkway
Louisville, KY 40299

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Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION CENTER
2970 SCARLETT RD
WINTER PARK, FL 32792

Provider Number: 0 324515-00
Date: 7/14/2014
Fiscal Year End: 9/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
212.46	212.97	7/1/2014

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

Retro FYE 9/30/2013 for 07/14 Rate Semester

Distribution:

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Permanent File

For Information Only

No Change in Rate

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12201 Bluegrass Parkway
Louisville, KY 40299

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