




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
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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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE , FL 32209

Provider Number: 0 059783-00
Date: 11/14/2014
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.04	174.62	7/1/2012
	Level H: Aids	337.25	323.83	7/1/2012

Rate Type:

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

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 6/30/2013

Distribution:

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

Thomas Parker

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Home Office: No Home Office



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5377 MONCRIEF ROAD
JACKSONVILLE , FL 32209

Provider Number: 0 059783-00
Date: 11/14/2014
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>189.42</u>	<u>174.73</u>	<u>1/1/2013</u>
	Level H: Aids	<u>340.23</u>	<u>325.54</u>	<u>1/1/2013</u>

Rate Type:

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

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 6/30/2013

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SUMMER BROOK HEALTH CARE CENTER	Provider Number:	0 059783-00
5377 MONCRIEF ROAD	Date:	11/14/2014
JACKSONVILLE , FL 32209	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	193.71	183.77	7/1/2013

Rate Type:

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

Basis:

_____ Budget
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2013

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SUMMER BROOK HEALTH CARE CENTER
5377 MONCRIEF ROAD
JACKSONVILLE , FL 32209

Provider Number: 0 059783-00
Date: 11/14/2014
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
196.90	187.36	1/1/2014

Rate Type:

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

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 6/30/2013

Distribution:

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SUMMER BROOK HEALTH CARE CENTER	Provider Number:	0 059783-00
5377 MONCRIEF ROAD	Date:	11/14/2014
JACKSONVILLE , FL 32209	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.60</u>	<u>195.35</u>	<u>7/1/2014</u>

Rate Type:

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

Basis:


_____ Budget
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 6/30/2013

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Medicaid Reimbursement Per Diem Rates

Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 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

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

Cost Settlement FYE 7/31/2012

Rate Semester Change

On FRV [2] as of 12/14/1998

Distribution:

Contract Management / Fiscal Agent

Permanent File

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No Change in Rate

Home Office:

CMC II, LLC

800 Concourse Parkway South
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Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 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 :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" 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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/14/1998

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Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	210.55	213.67	7/1/2013

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" 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
- Cost Settlement FYE 7/31/2012**
- Rate Semester Change
- On FRV [2] as of 12/14/1998

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Evans Health Care
 3735 Evans Avenue
 Ft Myers FL 33901

Provider Number: 0 059873-00
 Date: 1/23/2014
 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

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" 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
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EVANS HEALTH CARE
3735 EVANS AVE
FORT MYERS, FL 33901

Provider Number: 0 059873-00
Date: 6/27/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.54	225.83	7/1/2014

Rate Type:

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

Basis:

Budget
 Unaudited costs
 Field audited costs
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Changes:

Rate Semester Change

Distribution:

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