



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

MEMORANDUM

Date: December 27, 2024
To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking
From: Yndia Rutland, 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.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Type of Action</u>	<u>Number of Rate Change Notices</u>
1.	CORAL BAY AT PENSACOLA, LLC	0 151697-00	Correction to Rate Change Effective Date	1
			Total:	1

If you have any questions regarding the above, contact Nairobi Robinson at Nairobi.Robinson@ahca.myflorida.com.

NR/kg



		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
015169700	20170901	241.79	0.00	241.79	241.79	95556-24	NH17-032C



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

CORAL BAY AT PENSACOLA, LLC
600 W GREGORY ST
PENSACOLA, FL 32502-4744

Provider Number: 0 151697-00
Date: 10/11/2023
Fiscal Year End: 1/31/2016
Audit Status: Field Audited

Provider Type:

Nursing Home Single Level

Current Rate New Rate Effective Date
241.68 **241.79** **9/1/2017**

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

Changes:	
<input type="checkbox"/> Rate Semester Change	
<input checked="" type="checkbox"/> Effects of Field Audit #NH17-032C FYE 01/31/2016	

Distribution:

Contract Management / Fiscal Agent

Permanent File

_____ For Information Only

_____ No Change in Rate

Yndia Rutland

Medicaid Cost Reimbursement Planning and Finance

Home Office:

No Home Office