



# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Alachua County Health Department  
224 SE 24th Street 730 N.E. Waldo Road, Suite 500  
Gainesville, FL 32641

Provider Number: 0279111-00  
Date: 07/01/2022  
Fiscal Year End: 06/30/2021  
Audit Status: Unaudited Cost

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>164.28</u>	<u>163.96</u>	<u>07/01/2022</u>

<u>Rate Type</u>	<u>Interim</u>	X	<u>Prospective</u>
	Total Interim		Total Prospective
	Settlement Based on Cost		Prospective Adjusted For New Costs

### BASIS:

- Budget
- Unaudited Cost
- Desk Reviewed Cost
- Desk Audited Cost
- Field Audited Cost

### DISTRIBUTION:

- Fiscal Agent
- Contract Management
- Program Finance
- State Health Office

Rydell Samuel, Administrator  
Medicaid Program Finance

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Medicaid Reimbursement Rate Change Form for CHDs

Alachua County Health Department
224 SE 24th Street 730 N.E. Waldo Road, Suite 500
Gainesville, FL 32641

Provider Number: 0279111-93
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 164.28, 163.96, 07/01/2022

Rate Type
Interim Total Interim
Settlement Based on Cost
X Prospective Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Handwritten signature
Rydell Samuel, Administrator
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Medicaid Reimbursement Rate Change Form for CHDs

Baker County Health Department
480 West Lowder Street
Macclenny, FL 32063

Provider Number: 0279129-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 161.06, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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State Health Office

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Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Bradford County Health Department
1801 North Temple Avenue
Starke, FL 32091

Provider Number: 0279145-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Bradford County Health Department
1801 North Temple Avenue
Starke, FL 32091

Provider Number: 0279145-04
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Broward County Health Department
780 SW 24th Street
Fort Lauderdale, FL 33315

Provider Number: 0279161-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 125.03, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Calhoun County Health Department
19611 S.R. 20 West
Blountstown, FL 32424

Provider Number: 0279170-91
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Citrus County Health Department
3700 Sovereign Path
Lecanto, FL 34461-8071

Provider Number: 0279196-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.27, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Clay County Health Department
P.O. Box 578
Green Cove Springs, FL 32043

Provider Number: 0279200-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 80.14, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Collier County Health Department
P.O. Box 429
Naples, FL 34106-0429

Provider Number: 0279218-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Columbia County Health Department
217 North East Franklin Street
Lake City, FL 32055

Provider Number: 0279226-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.27, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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## Medicaid Reimbursement Rate Change Form for CHDs

Dade County Health Department

1350 N.W. 14th Street

Miami, FL 33125

Provider Number: 0279234-00

Date: 07/01/2022

Fiscal Year End: 06/30/2021

Audit Status: Unaudited Cost

### Provider Type

CHD

### Current Rate

165.26

### New Rate

163.96

### Effective Date

07/01/2022

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X Prospective

X Total Prospective

Prospective Adjusted For New Costs

### BASIS:

Budget

X Unaudited Cost

Desk Reviewed Cost

Desk Audited Cost

Field Audited Cost

### DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

DeSoto County Health Department
34 South Baldwin Avenue
Arcadia, FL 33821

Provider Number: 0279242-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 121.40, 123.69, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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## Medicaid Reimbursement Rate Change Form for CHDs

Dixie County Health Department

149 NE 241ST

Cross City, FL 32628

Provider Number: 0279251-00

Date: 07/01/2022

Fiscal Year End: 06/30/2021

Audit Status: Unaudited Cost

### Provider Type

CHD

### Current Rate

165.26

### New Rate

163.96

### Effective Date

07/01/2022

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X Prospective

X Total Prospective

Prospective Adjusted For New Costs

### BASIS:

Budget

X Unaudited Cost

Desk Reviewed Cost

Desk Audited Cost

Field Audited Cost

### DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number: 0279269-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number: 0279269-43
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Flagler County Health Department
P. O. Box 847301 South Lemon Street
Bunnell, FL 32110-0847

Provider Number: 0279285-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Franklin County Health Department
139 12th Street
Apalachicola, FL 32320

Provider Number: 0279293-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.27, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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State Health Office

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# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department  
P. O. Box 1000  
Quincy, FL 32353-1000

Provider Number: 0279307-00  
Date: 07/01/2022  
Fiscal Year End: 06/30/2021  
Audit Status: Unaudited Cost

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>146.96</u>	<u>163.96</u>	<u>07/01/2022</u>

### Rate Type

<u>Interim</u>	X	<u>Prospective</u>
_____ Total Interim	_____ X	_____ Total Prospective
_____ Settlement Based on Cost	_____	_____ Prospective Adjusted For New Costs

### BASIS:

\_\_\_\_\_ Budget  
 X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Cost  
 \_\_\_\_\_ Field Audited Cost

### DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Gilchrist County Health Department
119 N.E. First Street
Trenton, FL 32693-3459

Provider Number: 0279315-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Glades County Health Department
P. O. Box 489
Moore Haven, FL 33471

Provider Number: 0279323-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 93.32, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Signature of Rydell Samuel, Administrator
Rydell Samuel, Administrator
Medicaid Program Finance

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Medicaid Reimbursement Rate Change Form for CHDs

Gulf County Health Department
2475 Garrison Avenue
Port St. Joe, FL 32456-5265

Provider Number: 0279331-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Signature of Rydell Samuel, Administrator
Rydell Samuel, Administrator
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Medicaid Reimbursement Rate Change Form for CHDs

Gulf County Health Department
2475 Garrison Avenue
Port St. Joe, FL 32456-5265

Provider Number: 0279331-07
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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State Health Office

Signature
Rydell Samuel, Administrator
Medicaid Program Finance

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Medicaid Reimbursement Rate Change Form for CHDs

Hamilton County Health Department
P. O. Box 267
Jasper, FL 32052

Provider Number: 0279340-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
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[Signature]
Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)





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Medicaid Reimbursement Rate Change Form for CHDs

Hardee County Health Department
115 K.D. Revell Road
Wauchula, FL 33873

Provider Number: 0279358-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Table with 2 columns: Rate Type, Basis. Row 1: Interim, X Prospective. Sub-rows: Total Interim, Settlement Based on Cost; Total Prospective, Prospective Adjusted For New Costs

- BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

- DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

[Signature]
Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Hendry County Health Department
P. O. Box 70
LaBelle, FL 33975

Provider Number: 0279366-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Signature of Rydell Samuel, Administrator
Rydell Samuel, Administrator
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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Hernando County Health Department
300 S. Main St.
Brooksville, FL 34601

Provider Number: 0279374-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Handwritten signature
Rydell Samuel, Administrator
Medicaid Program Finance

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(No Change In Rate)



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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Hernando County Health Department
300 S. Main St.
Brooksville, FL 34601

Provider Number: 0279374-91
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

- Fiscal Agent
Contract Management
Program Finance
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Medicaid Reimbursement Rate Change Form for CHDs

Highlands County Health Department
7205 South George Boulevard
Sebring, FL 33872

Provider Number: 0279382-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 162.89, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Indian River County Health Department
1900 27th Street
Vero Beach, FL 32960

Provider Number: 0279412-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Indian River County Health Department
1900 27th Street
Vero Beach, FL 32960

Provider Number: 0279412-91
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Indian River County Health Department
1900 27th Street
Vero Beach, FL 32960

Provider Number: 0279412-92
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

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## Medicaid Reimbursement Rate Change Form for CHDs

Jackson County Health Department  
P. O. Box 310  
Marianna, FL 32447

Provider Number: 0279421-00  
Date: 07/01/2022  
Fiscal Year End: 06/30/2021  
Audit Status: Unaudited Cost

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>165.26</u>	<u>163.96</u>	<u>07/01/2022</u>

### Rate Type

<u>Interim</u>	X	<u>Prospective</u>
<u>        </u> Total Interim		<u>        </u> Total Prospective
<u>        </u> Settlement Based on Cost		<u>        </u> Prospective Adjusted For New Costs

### BASIS:

         Budget  
X          Unaudited Cost  
         Desk Reviewed Cost  
         Desk Audited Cost  
         Field Audited Cost

### DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Jefferson County Health Department
1255 W. Washington Street
Monticello, FL 32344

Provider Number: 0279439-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Lee County Health Department
3920 Michigan Avenue
Fort Myers, FL 33916

Provider Number: 0279463-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.27, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Leon County Health Department
2965 Municipal Way
Tallahassee, FL 32304

Provider Number: 0279471-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 156.94, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Levy County Health Department
P. O. Box 4066 South Main Street
Bronson, FL 32621

Provider Number: 0279480-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489247 N. Central Street
Bristol, FL 32321

Provider Number: 0279498-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Manatee County Health Department
410 Six Avenue East
Bradenton, FL 34208

Provider Number: 0279510-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 126.36, 132.41, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Manatee County Health Department
410 Six Avenue East
Bradenton, FL 34208

Provider Number: 0279510-01
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 126.36, 132.41, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Marion County Health Department
1801 S.E. 32nd Avenue P. O. Box 2408
Ocala, FL 34478-2408

Provider Number: 0279528-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Program Finance
State Health Office

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Medicaid Reimbursement Rate Change Form for CHDs

Martin County Health Department
3441 SE Willoughby Blvd.
Stuart, FL 34994-5060

Provider Number: 0279536-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Monroe County Health Department
5100 College Road
Key West, FL 33040

Provider Number: 0279544-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Monroe County Health Department
5100 College Road
Key West, FL 33040

Provider Number: 0279544-93
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Nassau County Health Department
P. O. Box 517
Fernandina Beach, FL 32035-0517

Provider Number: 0279552-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 113.06, 162.12, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Okaloosa County Health Department
221 Hospital Drive, N.E.
Ft. Walton Beach, FL 32548

Provider Number: 0279561-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Okeechobee County Health Department
P.O. Box 18791728 N.W. 9th Avenue
Okeechobee , FL 34973-1879

Provider Number: 0279579-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 104.70, 108.04, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department
6101 Lake Ellenor Drive
Orlando, FL 32804

Provider Number: 0279587-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.27, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

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Medicaid Reimbursement Rate Change Form for CHDs

Osceola County Health Department
P. O. Box 4503091875 Boggy Creek Road
Kissimmee, FL 34745-0309

Provider Number: 0279595-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 134.81, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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## Medicaid Reimbursement Rate Change Form for CHDs

Pasco County Health Department  
10841 Little Road  
New Port Richey, FL 34654

Provider Number: 0279617-00  
Date: 07/01/2022  
Fiscal Year End: 06/30/2021  
Audit Status: Unaudited Cost

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>165.26</u>	<u>163.96</u>	<u>07/01/2022</u>

### Rate Type

<u>Interim</u>	X	<u>Prospective</u>
_____ Total Interim	_____ X	_____ Total Prospective
_____ Settlement Based on Cost	_____	_____ Prospective Adjusted For New Costs

### BASIS:

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
\_\_\_\_\_ Desk Reviewed Cost  
\_\_\_\_\_ Desk Audited Cost  
\_\_\_\_\_ Field Audited Cost

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Medicaid Reimbursement Rate Change Form for CHDs

Pinellas County Health Department
500 7th Avenue South
St. Petersburg, FL 33701

Provider Number: 0279625-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Rydell Samuel, Administrator
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Medicaid Reimbursement Rate Change Form for CHDs

Polk County Health Department
1290 Golfview Avenue, 4th Floor
Bartow, FL 33830-6740

Provider Number: 0279633-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Putnam County Health Department
2801 Kennedy Street
Palatka, FL 32177

Provider Number: 0279641-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.27, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

St. Johns County Health Department
1955 US 1 South
St. Augustine, FL 32086

Provider Number: 0279650-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

Fiscal Agent
Contract Management
Program Finance
State Health Office

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Medicaid Reimbursement Rate Change Form for CHDs

St. Lucie County Health Department
5150 NW Milner Drive
Port Saint Lucie, FL 34963

Provider Number: 0279668-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Signature
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Medicaid Reimbursement Rate Change Form for CHDs

Santa Rosa County Health Department
P.O. Box 929
Milton, FL 32572-0929

Provider Number: 0279676-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 152.71, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
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Program Finance
State Health Office

[Signature]
Rydell Samuel, Administrator
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Medicaid Reimbursement Rate Change Form for CHDs

Sarasota County Health Department
P. O. Box 2658
Sarasota, FL 34230-2658

Provider Number: 0279684-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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State Health Office

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Medicaid Reimbursement Rate Change Form for CHDs

Seminole County Health Department
400 West Airport Boulevard
Sanford, FL 32773

Provider Number: 0279692-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Sumter County Health Department
P. O. Box 98
Bushnell, FL 33513

Provider Number: 0279706-01
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Table with 2 columns: Rate Type, Basis. Row 1: Interim, X Prospective. Sub-rows for Total Interim, Settlement Based on Cost, Total Prospective, Prospective Adjusted For New Costs.

- BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

- DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number: 0279722-01
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Union County Health Department
495 East Main Street
Lake Butler, FL 32054

Provider Number: 0279731-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.27, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Volusia County Health Department
P. O. Box 9190
Daytona Beach, FL 32120

Provider Number: 0279749-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department
48 Oak Street
Crawfordville, FL 32327

Provider Number: 0279757-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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## Medicaid Reimbursement Rate Change Form for CHDs

Washington County Health Department  
1338 South Boulevard  
Chipley, FL 32428

Provider Number: 0279773-00  
Date: 07/01/2022  
Fiscal Year End: 06/30/2021  
Audit Status: Unaudited Cost

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>165.26</u>	<u>163.96</u>	<u>07/01/2022</u>

### Rate Type

<u>Interim</u>	X	<u>Prospective</u>
_____ Total Interim		_____ Total Prospective
_____ Settlement Based on Cost		_____ Prospective Adjusted For New Costs

### BASIS:

\_\_\_\_\_ Budget  
 X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Cost  
 \_\_\_\_\_ Field Audited Cost

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Medicaid Reimbursement Rate Change Form for CHDs

Bay County Health Department
597 West 11th Street
Panama City, FL 32401-2330

Provider Number: 0290068-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 146.32, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Lafayette County Health Department
P.O. Box 1806
Mayo, FL 32066

Provider Number: 0290343-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Madison County Health Department
801 S.W. Smith Street
Madison, FL 32340

Provider Number: 0290408-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.27, 163.96, 07/01/2022

Table with 2 columns: Rate Type, Basis. Interim: Total Interim, Settlement Based on Cost. Prospective: Total Prospective, Prospective Adjusted For New Costs

- BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

- DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Suwannee County Health Department
P. O. Box 6030
Live Oak, FL 32060

Provider Number: 0518328-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

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Medicaid Reimbursement Rate Change Form for CHDs

Holmes County Health Department
P. O. Box 337603 Scenic Circle
Bonifay, FL 32425

Provider Number: 0519022-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 134.88, 142.84, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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## Medicaid Reimbursement Rate Change Form for CHDs

Brevard County Heath Department  
2572 N. Courtenay Parkway  
Merritt Island, FL 32953-4147

Provider Number: 0519251-00  
Date: 07/01/2022  
Fiscal Year End: 06/30/2021  
Audit Status: Unaudited Cost

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>165.26</u>	<u>163.96</u>	<u>07/01/2022</u>

### Rate Type

<u>Interim</u>	X	<u>Prospective</u>
<u>        </u> Total Interim		<u>        </u> Total Prospective
<u>        </u> Settlement Based on Cost		<u>        </u> Prospective Adjusted For New Costs

### BASIS:

         Budget  
X          Unaudited Cost  
         Desk Reviewed Cost  
         Desk Audited Cost  
         Field Audited Cost

### DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Palm Beach County Health Department
P. O. Box 29
West Palm Beach, FL 33402

Provider Number: 0520331-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Palm Beach County Health Department
P. O. Box 29
West Palm Beach, FL 33402

Provider Number: 0520331-45
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Charlotte County Health Department
514 East Grace Street
Punta Gorda, FL 33950

Provider Number: 0520446-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 148.20, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Charlotte County Health Department
514 East Grace Street
Punta Gorda, FL 33950

Provider Number: 0520446-09
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 148.20, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Hillsborough County Health Department
1105 E. Kennedy Boulevard
Tampa, FL 33602

Provider Number: 0557269-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Lake County Health Department
P. O. Box 1305421 West Main Street
Tavares, FL 32778-1305

Provider Number: 0563234-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-00
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-03
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-09
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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State Health Office

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-16
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-20
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Program Finance
State Health Office

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-25
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type

Interim Total Interim Settlement Based on Cost
X Prospective Total Prospective Prospective Adjusted For New Costs

BASIS:

- Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:

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State Health Office

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-26
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
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Program Finance
State Health Office

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Rydell Samuel, Administrator
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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-29
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Signature
Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-31
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Signature
Rydell Samuel, Administrator
Medicaid Program Finance

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Office of Medicaid Program Finance

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-32
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Signature
Rydell Samuel, Administrator
Medicaid Program Finance

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Florida Agency For Health Care Administration

Office of Medicaid Program Finance

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-33
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Signature of Rydell Samuel, Administrator
Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
1295 West Fairfield Drive
Pensacola, FL 32501

Provider Number: 0600181-92
Date: 07/01/2022
Fiscal Year End: 06/30/2021
Audit Status: Unaudited Cost

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 165.26, 163.96, 07/01/2022

Rate Type
Interim
Total Interim
Settlement Based on Cost
X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS:
Budget
X Unaudited Cost
Desk Reviewed Cost
Desk Audited Cost
Field Audited Cost

DISTRIBUTION:
Fiscal Agent
Contract Management
Program Finance
State Health Office

Handwritten signature
Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)