# Florida Agency For Health Care Admininstration

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 Street730 N.E. Waldo Road, Suite 500
Gainesville, FL 32641

Provider Number: 0279111-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 147.19 | 162.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

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 Street730 N.E. Waldo Road, Suite 500
Gainesville, FL 32641

Provider Number: 0279111-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 147.19 | 162.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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 Street730 N.E. Waldo Road, Suite 500
Gainesville, FL 32641

Provider Number: 0279111-93
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 147.19 | 162.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279129-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 154.88 | 167.09 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279129-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 154.88 | 167.09 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279145-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279145-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279145-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
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Rydell Samuel, Administrator
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279161-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 149.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279161-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 149.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279161-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 149.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279161-93
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 149.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279170-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 140.12 | 111.46 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279170-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 140.12 | 111.46 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279170-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 140.12 | 111.46 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

Printed: 7/12/2018 2:31 PM

Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279196-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 141.86 | 122.72 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279196-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 141.86 | 122.72 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279196-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 141.86 | 122.72 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279196-90
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 141.86 | 122.72 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279200-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279200-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279200-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279200-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279200-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279200-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279200-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279218-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279218-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279218-11
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279218-15
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279218-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279218-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279226-09
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279226-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279226-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Dade County Health Department
1350 N.W. 14th Street
Miami, FL 33125

Provider Number: 0279234-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 165.01 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Dade County Health Department
1350 N.W. 14th Street
Miami, FL 33125

Provider Number: 0279234-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 165.01 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Dade County Health Department
1350 N.W. 14th Street
Miami, FL 33125

Provider Number: 0279234-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 165.01 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279242-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 125.86 | 115.51 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279242-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 125.86 | 115.51 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279242-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 125.86 | 115.51 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279242-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 125.86 | 115.51 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279242-11
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 125.86 | 115.51 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
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For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279242-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 125.86 | 115.51 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279242-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 125.86 | 115.51 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Dixie County Health Department
149 NE 241ST
Cross City, FL 32628

Provider Number: 0279251-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 130.76 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Dixie County Health Department
149 NE 241ST
Cross City, FL 32628

Provider Number: 0279251-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 130.76 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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State Health Office

Rydell Samuel, Administrator
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
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State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
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State Health Office

Rydell Samuel, Administrator
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-11
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-43
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279269-45
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-46
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-52
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-53
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
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For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-89
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-93
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-95
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-96
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-97
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279269-98
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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Printed: 7/12/2018 2:31 PM

Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-06
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-07
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-08
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-09
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279285-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.23 | 147.20 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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State Health Office

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279293-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279293-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279293-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279293-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279293-93
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279307-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279307-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279307-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279307-12
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279307-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 123.75 | 129.00 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279315-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 123.75 | 129.00 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279323-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 124.14 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279323-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 124.14 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279323-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 124.14 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279331-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279331-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279331-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279331-11
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279331-19
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279331-21
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279331-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279340-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 144.39 | 114.72 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279340-25
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 144.39 | 114.72 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279340-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 144.39 | 114.72 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279340-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 144.39 | 114.72 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279358-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279358-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279358-09
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279358-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279366-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0279366-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 143.47 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 143.47 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

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: 0279374-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 143.47 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279382-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 160.79 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279382-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 160.79 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279412-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279412-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279412-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279412-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279412-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279412-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279412-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279412-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279412-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279412-96
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 168.98 | 153.31 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279421-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 103.96 | 104.06 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279421-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 103.96 | 104.06 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279421-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 103.96 | 104.06 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279421-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 103.96 | 104.06 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279421-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 103.96 | 104.06 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279421-13
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 103.96 | 104.06 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279421-14
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 103.96 | 104.06 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279421-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 103.96 | 104.06 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279421-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 103.96 | 104.06 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279439-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279439-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279439-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279463-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279463-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279463-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Leon County Health Department
2965 Municipal Way
Tallahassee, FL 32304

Provider Number: 0279471-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 156.24 | 150.29 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

Printed: 7/12/2018 2:31 PM

Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Leon County Health Department
2965 Municipal Way
Tallahassee, FL 32304

Provider Number: 0279471-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 156.24 | 150.29 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

Printed: 7/12/2018 2:31 PM

Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279480-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 152.54 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279498-08
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 152.54 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279498-10
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 152.54 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279498-14
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 152.54 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279498-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 152.54 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279498-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 152.54 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279510-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 164.99 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279510-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 164.99 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279510-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 164.99 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279510-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 164.99 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279528-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279528-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279528-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279528-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279528-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279528-12
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279528-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279528-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279536-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279536-11
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279536-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
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Rydell Samuel, Administrator
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279544-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279544-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
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Printed: 7/12/2018 2:31 PM

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279544-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279544-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279544-08
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279544-13
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

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Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279544-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279544-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279544-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279544-93
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 115.59 | 127.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279552-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 115.59 | 127.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279552-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 115.59 | 127.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279552-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 115.59 | 127.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279552-95
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 115.59 | 127.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 152.78 | 152.75 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279561-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 152.78 | 152.75 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 150.56 | 147.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

Printed: 7/12/2018 2:31 PM

Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 0279579-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 150.56 | 147.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

Printed: 7/12/2018 2:31 PM

Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 0279579-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 150.56 | 147.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 0279579-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 150.56 | 147.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 0279579-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 150.56 | 147.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 0279579-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 150.56 | 147.33 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279587-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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Rydell Samuel, Administrator
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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279587-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 141.95 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

Printed: 7/12/2018 2:31 PM

Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279595-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 141.95 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279595-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 141.95 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279595-93
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 141.95 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279617-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279617-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279617-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279617-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279625-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279625-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
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For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279633-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279633-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279633-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279633-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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Rydell Samuel, Administrator
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For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279633-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279633-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279633-90
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279633-95
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Putnam County Health Department
2801 Kennedy Street
Palatka, FL 32177

Provider Number: 0279641-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Putnam County Health Department
2801 Kennedy Street
Palatka, FL 32177

Provider Number: 0279641-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Putnam County Health Department
2801 Kennedy Street
Palatka, FL 32177

Provider Number: 0279641-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Putnam County Health Department
2801 Kennedy Street
Palatka, FL 32177

Provider Number: 0279641-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Putnam County Health Department
2801 Kennedy Street
Palatka, FL 32177

Provider Number: 0279641-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279650-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279668-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279668-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279668-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279668-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279668-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279668-11
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
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State Health Office

Rydell Samuel, Administrator
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279668-12
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279668-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279668-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 120.95 | 100.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279676-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 120.95 | 100.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279676-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 120.95 | 100.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279676-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 120.95 | 100.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279676-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 120.95 | 100.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279676-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 120.95 | 100.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279676-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 120.95 | 100.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279676-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 120.95 | 100.95 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279684-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 164.03 | 151.12 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279684-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 164.03 | 151.12 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279684-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 164.03 | 151.12 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279684-93
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 164.03 | 151.12 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279692-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 124.88 | 130.22 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
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| | (No Change In Rate) |

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279692-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 124.88 | 130.22 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279692-90
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 124.88 | 130.22 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279706-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 155.79 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279706-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 155.79 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279706-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 155.79 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number: 0279722-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 113.38 | 116.98 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number: 0279722-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 113.38 | 116.98 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number: 0279722-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 113.38 | 116.98 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279731-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279731-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279731-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279731-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279731-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279731-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279749-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279749-15
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279749-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279749-93
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0279749-97
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department
48 Oak Street
Crawfordville, FL 32327

Provider Number: 0279757-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 132.60 | 161.67 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department
48 Oak Street
Crawfordville, FL 32327

Provider Number: 0279757-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 132.60 | 161.67 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department
48 Oak Street
Crawfordville, FL 32327

Provider Number: 0279757-02
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 132.60 | 161.67 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

Printed: 7/12/2018 2:31 PM

Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department
48 Oak Street
Crawfordville, FL 32327

Provider Number: 0279757-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 132.60 | 161.67 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department
48 Oak Street
Crawfordville, FL 32327

Provider Number: 0279757-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 132.60 | 161.67 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department
48 Oak Street
Crawfordville, FL 32327

Provider Number: 0279757-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 132.60 | 161.67 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department
48 Oak Street
Crawfordville, FL 32327

Provider Number: 0279757-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 132.60 | 161.67 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

Printed: 7/12/2018 2:31 PM

Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department
48 Oak Street
Crawfordville, FL 32327

Provider Number: 0279757-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 132.60 | 161.67 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Walton County Health Department
493 North 9th Street
Defuniak Springs, FL 32433-9401

Provider Number: 0279765-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Walton County Health Department
493 North 9th Street
Defuniak Springs, FL 32433-9401

Provider Number: 0279765-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Walton County Health Department
493 North 9th Street
Defuniak Springs, FL 32433-9401

Provider Number: 0279765-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Washington County Health Department
1338 South Boulevard
Chipley, FL 32428

Provider Number: 0279773-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 155.85 | 145.26 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department
1338 South Boulevard
Chipley, FL 32428

Provider Number: 0279773-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 155.85 | 145.26 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Washington County Health Department
1338 South Boulevard
Chipley, FL 32428

Provider Number: 0279773-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 155.85 | 145.26 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Washington County Health Department
1338 South Boulevard
Chipley, FL 32428

Provider Number: 0279773-12
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 155.85 | 145.26 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Washington County Health Department
1338 South Boulevard
Chipley, FL 32428

Provider Number: 0279773-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 155.85 | 145.26 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Washington County Health Department
1338 South Boulevard
Chipley, FL 32428

Provider Number: 0279773-99
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 155.85 | 145.26 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 112.41 | 96.43 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0290068-96
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 112.41 | 96.43 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0290343-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0290343-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0290408-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 167.55 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0290408-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 167.55 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0290408-30
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 167.55 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0518328-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 144.06 | 165.18 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0518328-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 144.06 | 165.18 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 152.98 | 139.58 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0519022-15
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 152.98 | 139.58 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0519022-95
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 152.98 | 139.58 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 151.38 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0519251-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 151.38 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0519251-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 151.38 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0519251-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 151.38 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | **Interim** | X | **Prospective** |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

| | |
|---|---|
| | For Information Only |
| | (No Change In Rate) |

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0519251-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 151.38 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0519251-92
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 151.38 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0519251-93
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 151.38 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0520331-09
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0520331-50
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0520331-89
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0520331-95
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
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# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0520446-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 136.30 | 106.17 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0520446-09
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 136.30 | 106.17 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
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Program Finance
State Health Office

Rydell Samuel, Administrator
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Batch ID:CAKHR

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0520446-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 136.30 | 106.17 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0557269-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.59 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0557269-90
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 153.59 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## 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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0563234-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number: 0563234-94
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 169.54 | 169.57 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0600181-00
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0600181-01
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

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: 0600181-03
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0600181-04
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0600181-05
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0600181-07
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0600181-09
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

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# Florida Agency For Health Care Admininstration

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: 0600181-16
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
(No Change In Rate)

# Florida Agency For Health Care Admininstration

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: 0600181-20
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

For Information Only
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# Florida Agency For Health Care Admininstration

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: 0600181-25
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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# Florida Agency For Health Care Admininstration

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: 0600181-26
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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# Florida Agency For Health Care Admininstration

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: 0600181-29
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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State Health Office

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# Florida Agency For Health Care Admininstration

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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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State Health Office

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# Florida Agency For Health Care Admininstration

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: 0600181-32
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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# Florida Agency For Health Care Admininstration

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: 0600181-33
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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# Florida Agency For Health Care Admininstration

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: 0600181-91
Date: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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:**

Fiscal Agent
Contract Management
Program Finance
State Health Office

Rydell Samuel, Administrator
Medicaid Program Finance

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# Florida Agency For Health Care Admininstration

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: 07/11/2018
Fiscal Year End: 06/30/2017
Audit Status: Unaudited Cost

| Provider Type | Current Rate | New Rate | Effective Date |
|---|---|---|---|
| CHD | 148.19 | 156.89 | 07/01/2018 |

**Rate Type**

| | | | |
|---|---|---|---|
| | Interim | X | Prospective |
| | 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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