



# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Columbia County Health Department

217 North East Franklin Street

Lake City, FL 32055

Provider Number 0279226-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

155.87

New Rate

132.31

Effective Date

7/1/2014

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

Prospective Adjusted For New Costs

### BASIS

Budget

X

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

Rydell Samuel, Administrator

Medicaid Program Finance

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Program Finance

State Health Office

For Information Only

(No Change In Rate)



# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Columbia County Health Department

217 North East Franklin Street

Lake City, FL 32055

Provider Number 0279226-01

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

155.87

New Rate

132.31

Effective Date

7/1/2014

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

Prospective Adjusted For New Costs

### BASIS

Budget

X

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

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# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Columbia County Health Department

217 North East Franklin Street

Lake City, FL 32055

Provider Number 0279226-02

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

155.87

New Rate

132.31

Effective Date

7/1/2014

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

Prospective Adjusted For New Costs

### BASIS

Budget

X

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

Rydell Samuel, Administrator

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# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Columbia County Health Department

217 North East Franklin Street

Lake City, FL 32055

Provider Number 0279226-03

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

155.87

New Rate

132.31

Effective Date

7/1/2014

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

Prospective Adjusted For New Costs

### BASIS

Budget

X

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

Rydell Samuel, Administrator

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# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Columbia County Health Department

217 North East Franklin Street

Lake City, FL 32055

Provider Number 0279226-04

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

155.87

New Rate

132.31

Effective Date

7/1/2014

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

Prospective Adjusted For New Costs

### BASIS

Budget

X

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

Rydell Samuel, Administrator

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Florida Agency For Health Care Administration  
Office of Medicaid Program Finance  
2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department

217 North East Franklin Street

Lake City, FL 32055

Provider Number 0279226-07

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**155.87**

**New Rate**

**132.31**

**Effective Date**

**7/1/2014**

**Rate Type**

**Interim**

Total Interim

Settlement Based on Cost

**X**

**Prospective**

**X**

Total Prospective

Prospective Adjusted For New Costs

**BASIS**

Budget

**X**

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

Rydell Samuel, Administrator

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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: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**155.87**

**New Rate**

**132.31**

**Effective Date**

**7/1/2014**

**Rate Type**

**Interim**

Total Interim

Settlement Based on Cost

**X**

**Prospective**

**X**

Total Prospective

Prospective Adjusted For New Costs

**BASIS**

Budget

**X**

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

Rydell Samuel, Administrator

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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 0279226-30

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**155.87**

**New Rate**

**132.31**

**Effective Date**

**7/1/2014**

**Rate Type**

**Interim**

Total Interim

Settlement Based on Cost

**X**

**Prospective**

**X**

Total Prospective

Prospective Adjusted For New Costs

**BASIS**

Budget

**X**

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

Rydell Samuel, Administrator

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# Florida Agency For Health Care Administration

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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: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

155.87

New Rate

132.31

Effective Date

7/1/2014

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

Prospective Adjusted For New Costs

### BASIS

Budget

X

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

Rydell Samuel, Administrator

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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: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**155.87**

**New Rate**

**132.31**

**Effective Date**

**7/1/2014**

**Rate Type**

**Interim**

Total Interim

Settlement Based on Cost

**X**

**Prospective**

**X**

Total Prospective

Prospective Adjusted For New Costs

**BASIS**

Budget

**X**

Unaudited Cost

Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

Rydell Samuel, Administrator

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