



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

Volusia County Health Department

P. O. Box 9190

Daytona Beach, FL 32120

Provider Number 0279749-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

179.86

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

DISTRIBUTION:

Fiscal Agent

Contract Management

Program Finance

State Health Office

For Information Only

(No Change In Rate)



Florida Agency For Health Care Administration

Office of Medicaid Program Finance

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Medicaid Reimbursement Rate Change Form for CHDs

Volusia County Health Department

P. O. Box 9190

Daytona Beach, FL 32120

Provider Number 0279749-15

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

179.86

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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Medicaid Reimbursement Rate Change Form for CHDs

Volusia County Health Department

P. O. Box 9190

Daytona Beach, FL 32120

Provider Number 0279749-91

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

179.86

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

DISTRIBUTION:

Fiscal Agent

Contract Management

Program Finance

State Health Office

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(No Change In Rate)



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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number 0279749-92
Date: 8/8/2014
Fiscal Year End: 06/30/2013
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>179.86</u>	<u>7/1/2014</u>

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

DISTRIBUTION:

Fiscal Agent
Contract Management
Program Finance
State Health Office

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(No Change In Rate)



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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Volusia County Health Department

P. O. Box 9190

Daytona Beach, FL 32120

Provider Number 0279749-93

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

179.86

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

DISTRIBUTION:

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Contract Management

Program Finance

State Health Office

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Medicaid Reimbursement Rate Change Form for CHDs

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

Provider Number 0279749-94
Date: 8/8/2014
Fiscal Year End: 06/30/2013
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

179.86

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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Medicaid Reimbursement Rate Change Form for CHDs

Volusia County Health Department

P. O. Box 9190

Daytona Beach, FL 32120

Provider Number 0279749-97

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

179.86

Effective Date

7/1/2014

Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

Prospective Adjusted For New Costs

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Budget

X

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Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

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Medicaid Reimbursement Rate Change Form for CHDs

Volusia County Health Department

P. O. Box 9190

Daytona Beach, FL 32120

Provider Number 0279749-98

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

179.86

Effective Date

7/1/2014

Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

Prospective Adjusted For New Costs

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Budget

X

Unaudited Cost

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