



Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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

For Information Only

(No Change In Rate)



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Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-01

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-02

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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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Program Finance

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Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-03

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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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Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-04

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-12

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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

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Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-18

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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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Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-30

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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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Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-91

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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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Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-92

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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

Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-93

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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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Gadsden County Health Department

P. O. Box 1000

Quincy, FL 32353-1000

Provider Number 0279307-94

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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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P. O. Box 1000

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Provider Number 0279307-95

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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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Provider Number 0279307-96

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

134.61

New Rate

111.91

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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