



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

Holmes County Health Department
 P. O. Box 337
 Bonifay, FL 32425

Provider Number: 0519022-00
 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>159.88</u> | <u>145.32</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

_____ For Information Only
 (No Change In Rate)



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Medicaid Reimbursement Rate Change Form for CHDs

Holmes County Health Department
 P. O. Box 337
 Bonifay, FL 32425

Provider Number: 0519022-15
 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>159.88</u> | <u>145.32</u> | <u>7/1/2014</u> |

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 Desk Audited Costs
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Medicaid Reimbursement Rate Change Form for CHDs

Holmes County Health Department
 P. O. Box 337
 Bonifay, FL 32425

Provider Number: 0519022-95
 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>159.88</u> | <u>145.32</u> | <u>7/1/2014</u> |

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X Unaudited Cost
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