



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

Gulf County Health Department

2475 Garrison Avenue

Port St. Joe, FL 32456-5265

Provider Number 0279331-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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 0279331-02

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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
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: 8/8/2014
Fiscal Year End: 06/30/2013
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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 0279331-04

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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
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: 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>159.48</u>	<u>137.37</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)



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

Gulf County Health Department

2475 Garrison Avenue

Port St. Joe, FL 32456-5265

Provider Number 0279331-07

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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 0279331-10

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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
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: 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>159.48</u>	<u>137.37</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)



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

Gulf County Health Department

2475 Garrison Avenue

Port St. Joe, FL 32456-5265

Provider Number 0279331-12

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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 0279331-13

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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 0279331-14

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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 0279331-15

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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 0279331-16

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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 0279331-17

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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 0279331-18

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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

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: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.48

New Rate

137.37

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)