



# 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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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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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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-01

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-02

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-03

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-04

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-05

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-09

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-30

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-91

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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

Clay County Health Department

P.O. Box 578

Green Cove Springs, FL 32043

Provider Number 0279200-92

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

179.10

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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