



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

St. Lucie County Health Department
 5150 NW Milner Drive
 Port Saint Lucie, FL 34963

Provider Number: 0279668-00
 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>180.00</u>	<u>157.35</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:

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 Contract Management
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St. Lucie County Health Department
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Provider Number: 0279668-01
 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>157.35</u>	<u>7/1/2014</u>

Rate Type

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Total Interim
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X Prospective

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BASIS

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X Unaudited Cost
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St. Lucie County Health Department
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Provider Number: 0279668-02
 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>157.35</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

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Provider Number: 0279668-03
 Date: 8/8/2014
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 Desk Audited Costs
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Provider Number: 0279668-04
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Provider Number: 0279668-05
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Provider Number: 0279668-11
 Date: 8/8/2014
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 Audit Status: Unaudited [1]

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Provider Number: 0279668-12
 Date: 8/8/2014
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 Audit Status: Unaudited [1]

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Provider Number: 0279668-30
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 Audit Status: Unaudited [1]

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Provider Number: 0279668-91
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