



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

Santa Rosa County Health Department

P.O. Box 929

Milton, FL 32572-0929

Provider Number 0279676-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

109.48

New Rate

111.47

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

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Florida Agency For Health Care Administration

Office of Medicaid Program Finance

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Medicaid Reimbursement Rate Change Form for CHDs

Santa Rosa County Health Department

P.O. Box 929

Milton, FL 32572-0929

Provider Number 0279676-01

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

109.48

New Rate

111.47

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

Santa Rosa County Health Department

P.O. Box 929

Milton, FL 32572-0929

Provider Number 0279676-02

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

109.48

New Rate

111.47

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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Medicaid Reimbursement Rate Change Form for CHDs

Santa Rosa County Health Department
P.O. Box 929
Milton, FL 32572-0929

Provider Number 0279676-03
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>109.48</u>	<u>111.47</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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Program Finance
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Medicaid Reimbursement Rate Change Form for CHDs

Santa Rosa County Health Department

P.O. Box 929

Milton, FL 32572-0929

Provider Number 0279676-04

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

109.48

New Rate

111.47

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

Santa Rosa County Health Department

P.O. Box 929

Milton, FL 32572-0929

Provider Number 0279676-05

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

109.48

New Rate

111.47

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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DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Santa Rosa County Health Department

P.O. Box 929

Milton, FL 32572-0929

Provider Number 0279676-30

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

109.48

New Rate

111.47

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

Santa Rosa County Health Department

P.O. Box 929

Milton, FL 32572-0929

Provider Number 0279676-91

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

109.48

New Rate

111.47

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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