



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

Taylor County Health Department

1215 Peacock Street

Perry, FL 32347

Provider Number 0279722-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

170.82

New Rate

146.25

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

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Medicaid Reimbursement Rate Change Form for CHDs

Taylor County Health Department

1215 Peacock Street

Perry, FL 32347

Provider Number 0279722-01

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

170.82

New Rate

146.25

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

Taylor County Health Department

1215 Peacock Street

Perry, FL 32347

Provider Number 0279722-02

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

170.82

New Rate

146.25

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

Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number 0279722-03
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>170.82</u>	<u>146.25</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

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Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number 0279722-04
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>170.82</u>	<u>146.25</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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Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number 0279722-08
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>170.82</u>	<u>146.25</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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Program Finance
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Medicaid Reimbursement Rate Change Form for CHDs

Taylor County Health Department

1215 Peacock Street

Perry, FL 32347

Provider Number 0279722-10

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

170.82

New Rate

146.25

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

Taylor County Health Department
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Perry, FL 32347

Provider Number 0279722-11
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>170.82</u>	<u>146.25</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
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Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number 0279722-12
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>170.82</u>	<u>146.25</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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Taylor County Health Department

1215 Peacock Street

Perry, FL 32347

Provider Number 0279722-30

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

170.82

New Rate

146.25

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

Taylor County Health Department

1215 Peacock Street

Perry, FL 32347

Provider Number 0279722-91

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

170.82

New Rate

146.25

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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