



# 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

Holmes County Health Department

P. O. Box 337

Bonifay, FL 32425

Provider Number 0519022-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

159.88

New Rate

145.32

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)



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## Medicaid Reimbursement Rate Change Form for CHDs

Holmes County Health Department

P. O. Box 337

Bonifay, FL 32425

Provider Number 0519022-15

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

159.88

New Rate

145.32

Effective Date

7/1/2014

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

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## Medicaid Reimbursement Rate Change Form for CHDs

Holmes County Health Department

P. O. Box 337

Bonifay, FL 32425

Provider Number 0519022-95

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

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159.88

New Rate

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Effective Date

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Prospective

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Prospective Adjusted For New Costs

### BASIS

Budget

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