



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

Dixie County Health Department
149 NE 241ST
Cross City, FL 32628

Provider Number 0279251-00
Date: 8/8/2014
Fiscal Year End: 06/30/2013
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

120.29

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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