



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

Jackson County Health Department

P. O. Box 310

Marianna, FL 32447

Provider Number 0279421-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

168.93

New Rate

137.32

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)



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

Jackson County Health Department

P. O. Box 310

Marianna, FL 32447

Provider Number 0279421-01

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

168.93

New Rate

137.32

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

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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Jackson County Health Department

P. O. Box 310

Marianna, FL 32447

Provider Number 0279421-02

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

168.93

New Rate

137.32

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

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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

Jackson County Health Department

P. O. Box 310

Marianna, FL 32447

Provider Number 0279421-03

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

168.93

New Rate

137.32

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:

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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

Jackson County Health Department

P. O. Box 310

Marianna, FL 32447

Provider Number 0279421-04

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

168.93

New Rate

137.32

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

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Program Finance

State Health Office

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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

Jackson County Health Department

P. O. Box 310

Marianna, FL 32447

Provider Number 0279421-13

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

168.93

New Rate

137.32

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)



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

Jackson County Health Department

P. O. Box 310

Marianna, FL 32447

Provider Number 0279421-14

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

168.93

New Rate

137.32

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

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State Health Office

For Information Only

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Office of Medicaid Program Finance
2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Jackson County Health Department

P. O. Box 310

Marianna, FL 32447

Provider Number 0279421-30

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

168.93

New Rate

137.32

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

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DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Jackson County Health Department

P. O. Box 310

Marianna, FL 32447

Provider Number 0279421-91

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

168.93

New Rate

137.32

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

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Program Finance

State Health Office

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