



# 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

Sarasota County Health Department

P. O. Box 2658

Sarasota, FL 34230-2658

Provider Number 0279684-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

171.12

New Rate

160.50

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

State Health Office

For Information Only

(No Change In Rate)



# Florida Agency For Health Care Administration

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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Sarasota County Health Department

P. O. Box 2658

Sarasota, FL 34230-2658

Provider Number 0279684-11

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

171.12

New Rate

160.50

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

Sarasota County Health Department

P. O. Box 2658

Sarasota, FL 34230-2658

Provider Number 0279684-30

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

171.12

New Rate

160.50

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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Program Finance

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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

Sarasota County Health Department

P. O. Box 2658

Sarasota, FL 34230-2658

Provider Number 0279684-32

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

171.12

New Rate

160.50

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

Sarasota County Health Department

P. O. Box 2658

Sarasota, FL 34230-2658

Provider Number 0279684-91

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

171.12

New Rate

160.50

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

Sarasota County Health Department

P. O. Box 2658

Sarasota, FL 34230-2658

Provider Number 0279684-92

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

171.12

New Rate

160.50

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**

Sarasota County Health Department  
P. O. Box 2658  
Sarasota, FL 34230-2658

Provider Number 0279684-93  
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>171.12</u>	<u>160.50</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:**

Fiscal Agent  
Contract Management  
Program Finance  
State Health Office

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