



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

Walton County Health Department
 493 North 9th Street
 Defuniak Springs, FL 32433-9401

Provider Number: 0279765-00
 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>173.16</u>	<u>180.00</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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 (No Change In Rate)



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Medicaid Reimbursement Rate Change Form for CHDs

Walton County Health Department
 493 North 9th Street
 Defuniak Springs, FL 32433-9401

Provider Number: 0279765-10
 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>173.16</u>	<u>180.00</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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Medicaid Reimbursement Rate Change Form for CHDs

Walton County Health Department
 493 North 9th Street
 Defuniak Springs, FL 32433-9401

Provider Number: 0279765-12
 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>173.16</u>	<u>180.00</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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Medicaid Reimbursement Rate Change Form for CHDs

Walton County Health Department
 493 North 9th Street
 Defuniak Springs, FL 32433-9401

Provider Number: 0279765-30
 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>173.16</u>	<u>180.00</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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Medicaid Reimbursement Rate Change Form for CHDs

Walton County Health Department
 493 North 9th Street
 Defuniak Springs, FL 32433-9401

Provider Number: 0279765-91
 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>173.16</u>	<u>180.00</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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