



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

Flagler County Health Department
 P. O. Box 847
 Bunnell, FL 32110-0847

Provider Number: 0279285-00
 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>125.00</u>	<u>141.17</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:

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Flagler County Health Department
 P. O. Box 847
 Bunnell, FL 32110-0847

Provider Number: 0279285-01
 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>125.00</u>	<u>141.17</u>	<u>7/1/2014</u>

Rate Type

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X Prospective

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Flagler County Health Department
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Provider Number: 0279285-02
 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>125.00</u>	<u>141.17</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
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Provider Number: 0279285-03
 Date: 8/8/2014
 Fiscal Year End: 06/30/2013
 Audit Status: Unaudited [1]

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<u>CHD</u>	<u>125.00</u>	<u>141.17</u>	<u>7/1/2014</u>

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Provider Number: 0279285-04
 Date: 8/8/2014
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 Audit Status: Unaudited [1]

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Rate Type

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Provider Number: 0279285-05
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Provider Number: 0279285-06
 Date: 8/8/2014
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 Audit Status: Unaudited [1]

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Provider Number: 0279285-07
 Date: 8/8/2014
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Provider Number: 0279285-08
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Provider Number: 0279285-09
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