



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**

Baker County Health Department  
480 West Lowder Street  
Macclenny, FL 32063

Provider Number 0279129-00  
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>159.89</u>	<u>90.00</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

\_\_\_\_ For Information Only  
(No Change In Rate)



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## Medicaid Reimbursement Rate Change Form for CHDs

Baker County Health Department

480 West Lowder Street

Macclenny, FL 32063

Provider Number 0279129-01

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

159.89

New Rate

90.00

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**

Baker County Health Department  
480 West Lowder Street  
Macclenny, FL 32063

Provider Number 0279129-02  
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>159.89</u>	<u>90.00</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

Baker County Health Department

480 West Lowder Street

Macclenny, FL 32063

Provider Number 0279129-03

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

159.89

New Rate

90.00

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

Baker County Health Department

480 West Lowder Street

Macclenny, FL 32063

Provider Number 0279129-04

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

159.89

New Rate

90.00

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

Baker County Health Department

480 West Lowder Street

Macclenny, FL 32063

Provider Number 0279129-05

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

159.89

New Rate

90.00

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

Baker County Health Department

480 West Lowder Street

Macclenny, FL 32063

Provider Number 0279129-07

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

159.89

New Rate

90.00

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**

Baker County Health Department  
480 West Lowder Street  
Macclenny, FL 32063

Provider Number 0279129-11  
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>159.89</u>	<u>90.00</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**

Baker County Health Department  
480 West Lowder Street  
Macclenny, FL 32063

Provider Number 0279129-30  
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>159.89</u>	<u>90.00</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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