



# 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]

### Provider Type

CHD

Current Rate

125.00

New Rate

141.17

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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# 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 0279285-01

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

125.00

New Rate

141.17

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**

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

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  
Desk Audited Costs  
Field Audited Cost

Rydell Samuel, Administrator  
Medicaid 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

Flagler County Health Department

P. O. Box 847

Bunnell, FL 32110-0847

Provider Number 0279285-03

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

125.00

New Rate

141.17

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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# 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 0279285-04

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

125.00

New Rate

141.17

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**

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

Provider Number 0279285-05  
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  
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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 0279285-06  
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  
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# 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

Flagler County Health Department

P. O. Box 847

Bunnell, FL 32110-0847

Provider Number 0279285-07

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

125.00

New Rate

141.17

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

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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 0279285-08

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

125.00

New Rate

141.17

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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## Medicaid Reimbursement Rate Change Form for CHDs

Flagler County Health Department

P. O. Box 847

Bunnell, FL 32110-0847

Provider Number 0279285-09

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

125.00

New Rate

141.17

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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## Medicaid Reimbursement Rate Change Form for CHDs

Flagler County Health Department

P. O. Box 847

Bunnell, FL 32110-0847

Provider Number 0279285-30

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

125.00

New Rate

141.17

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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