



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-00
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.96</u>	<u>135.60</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim	<u> </u>	<u> </u> Total Prospective
<u> </u> Settlement Based on Cost	<u> </u>	<u> </u> Prospective Adjusted For New Costs

BASIS

 Budget
X Unaudited Cost
 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

 For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-01
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.96</u>	<u>135.60</u>	<u>7/1/2010</u>

Rate Type

<input type="checkbox"/> <u>Interim</u>	<input checked="" type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Settlement Based on Cost	<input type="checkbox"/> Prospective Adjusted For New Costs

BASIS

☐ Budget
☒ Unaudited Cost
☐ Desk Reviewed Cost
☐ Desk Audited Costs
☐ Field Audited Cost

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

☐ For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-02
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

133.96

New Rate

135.60

Effective Date

7/1/2010

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 Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

____ For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-03
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

133.96

New Rate

135.60

Effective Date

7/1/2010

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 Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

____ For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-04
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

133.96

New Rate

135.60

Effective Date

7/1/2010

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 Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

____ For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-06
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

133.96

New Rate

135.60

Effective Date

7/1/2010

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 Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

____ For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-07
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.96</u>	<u>135.60</u>	<u>7/1/2010</u>

Rate Type

<input type="checkbox"/> <u>Interim</u>	<input checked="" type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Settlement Based on Cost	<input type="checkbox"/> Prospective Adjusted For New Costs

BASIS

☐ Budget
☒ Unaudited Cost
☐ Desk Reviewed Cost
☐ Desk Audited Costs
☐ Field Audited Cost

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

☐ For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-08
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

133.96

New Rate

135.60

Effective Date

7/1/2010

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 Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

____ For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-10
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

133.96

New Rate

135.60

Effective Date

7/1/2010

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 Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

 For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-14
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

133.96

New Rate

135.60

Effective Date

7/1/2010

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 Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

 For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-91
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.96</u>	<u>135.60</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim	<u> </u>	<u> </u> Total Prospective
<u> </u> Settlement Based on Cost	<u> </u>	<u> </u> Prospective Adjusted For New Costs

BASIS

 Budget
X Unaudited Cost
 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

 For Information Only
(No Change In Rate)