



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**

Santa Rosa County Health Department  
P.O. Box 929  
Milton, FL 32572-0929

Provider Number 0279676-00  
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>212.44</u>	<u>144.58</u>	<u>7/1/2010</u>

**Rate Type**

<u>Interim</u>	<u>X</u> <u>Prospective</u>
<u>    </u> Total Interim	<u>    X</u> Total Prospective
<u>    </u> Settlement Based on Cost	<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)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Santa Rosa County Health Department  
P.O. Box 929  
Milton, FL 32572-0929

Provider Number 0279676-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>212.44</u></b>	<b><u>144.58</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<input type="checkbox"/> <b><u>Interim</u></b>	<input checked="" type="checkbox"/> <b><u>Prospective</u></b>
<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  
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☐ Desk Reviewed Cost  
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Santa Rosa County Health Department  
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Provider Number 0279676-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>212.44</u></b>	<b><u>144.58</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<input type="checkbox"/> <b><u>Interim</u></b>	<input checked="" type="checkbox"/> <b><u>Prospective</u></b>
<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

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Provider Number 0279676-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**212.44**

**New Rate**

**144.58**

**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

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Santa Rosa County Health Department  
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Provider Number 0279676-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>212.44</u></b>	<b><u>144.58</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<input type="checkbox"/> <b><u>Interim</u></b>	<input checked="" type="checkbox"/> <b><u>Prospective</u></b>
<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

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Provider Number 0279676-05  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>212.44</u></b>	<b><u>144.58</u></b>	<b><u>7/1/2010</u></b>

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<b><u>Interim</u></b>	<b><u>X</u></b>	<b><u>Prospective</u></b>
<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

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       Budget  
**X**        Unaudited Cost  
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