



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**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-00  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

93.43

**New Rate**

112.98

**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

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 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-01  
 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>93.43</u>	<u>112.98</u>	<u>7/1/2010</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**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-02  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**93.43**

**New Rate**

**112.98**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-03  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

93.43

**New Rate**

112.98

**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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**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-04  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

93.43

**New Rate**

112.98

**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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**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-12  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

93.43

**New Rate**

112.98

**Effective Date**

7/1/2010

**Rate Type**

Interim

- Total Interim
- Settlement Based on Cost

X **Prospective**

- 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**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-99  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**93.43**

**New Rate**

**112.98**

**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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