



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**

Walton County Health Department  
493 North 9th Street  
Defuniak Springs, FL 32433-9401

Provider Number 0279765-00  
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>162.52</u>	<u>148.66</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**

Walton County Health Department  
493 North 9th Street  
Defuniak Springs, FL 32433-9401

Provider Number 0279765-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

162.52

**New Rate**

148.66

**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**

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       Desk Audited Costs

       Field Audited Cost

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Walton County Health Department  
493 North 9th Street  
Defuniak Springs, FL 32433-9401

Provider Number 0279765-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

162.52

**New Rate**

148.66

**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

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       Desk Audited Costs

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Walton County Health Department  
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Defuniak Springs, FL 32433-9401

Provider Number 0279765-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

162.52

**New Rate**

148.66

**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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Provider Number 0279765-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

162.52

**New Rate**

148.66

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

       Settlement Based on Cost

X

**Prospective**

X Total Prospective

       Prospective Adjusted For New Costs

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       Budget

X Unaudited Cost

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Walton County Health Department  
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Provider Number 0279765-91  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

162.52

**New Rate**

148.66

**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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