



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

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-00
 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>209.54</u>	<u>193.33</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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
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 Cost Reimbursement
 State Health Office

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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-01
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-04
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-05
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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
 Unaudited Cost
 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-06
 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>209.54</u>	<u>193.33</u>	<u>7/1/2010</u>

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

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-07
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-08
 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>209.54</u>	<u>193.33</u>	<u>7/1/2010</u>

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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Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-09
 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>209.54</u>	<u>193.33</u>	<u>7/1/2010</u>

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

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-16
 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>209.54</u>	<u>193.33</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

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-18
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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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Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-20
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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
 Unaudited Cost
 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-24
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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
 Unaudited Cost
 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

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Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-25
 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>209.54</u>	<u>193.33</u>	<u>7/1/2010</u>

Rate Type

Interim
 _____ Total Interim
 _____ Settlement Based on Cost

X Prospective
 _____ Total Prospective
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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

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-26
 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>209.54</u>	<u>193.33</u>	<u>7/1/2010</u>

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

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-27
 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>209.54</u>	<u>193.33</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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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-29
 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>209.54</u>	<u>193.33</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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-31
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-32
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-33
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-34
 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>209.54</u>	<u>193.33</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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-91
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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
 Unaudited Cost
 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Escambia County Health Department
 1295 West Fairfield Drive
 Pensacola, FL 32501

Provider Number: 0600181-92
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

209.54

New Rate

193.33

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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DISTRIBUTION:

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