



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]

<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>209.54</u></b>	<b><u>193.33</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<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

**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**

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**

**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 0600181-04  
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

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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**

**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 0600181-06  
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>209.54</u></b>	<b><u>193.33</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<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

**BASIS**

       Budget  
**X**        Unaudited 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]

**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 0600181-09  
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 0600181-16  
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>209.54</u></b>	<b><u>193.33</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<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

**BASIS**

       Budget  
**X**        Unaudited Cost  
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       Desk Audited Costs  
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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**

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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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**

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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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**

         **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 0600181-25  
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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Fiscal Agent  
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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]

**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 0600181-27  
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 0600181-29  
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 0600181-31  
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

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\_\_\_\_ 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 0600181-32  
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**

**X**

\_\_\_\_ Total Prospective

\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_ Budget

**X** \_\_\_\_ Unaudited Cost

\_\_\_\_ Desk Reviewed Cost

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Escambia County Health Department  
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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**

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**Rate Type**

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**X** Total Prospective

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\_\_\_\_ Budget

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\_\_\_\_ Desk Reviewed 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 0600181-34  
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

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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**

**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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Contract Management  
Cost Reimbursement  
State Health Office

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(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**

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**

**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

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