

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Alachua County Health Department		Provider Number	0279111-00
224 SE 24th Street			7/18/2012
Gainesville, FL 32641		Fiscal Year End:	
		Audit Status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	110.01	149.80	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Y Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	ospective ive Adjusted For New	s Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Alachua County Health Department		Provider Number (0279111-01 718/2012
224 SE 24th Street		Fiscal Year End: 0	
hainesville, FL 32641		Audit Status: [Inaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	110.01	149.80	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New (Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analys	is
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

alachua County Health Department		Provider Number	
24 SE 24th Street		Fiscal Year End: (7/18/2012 06/30/2011
uinesville. FL 32641		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	110.01	149.80	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro-	spective ve Adjusted For New	Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost F	Administrator Reimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Alachua County Health Department		Provider Number	· · · · · · · · · · · · · · · · · · ·
224 SE 24th Street		Date: 2 Fiscal Year End: 0	7/18/2012
Gainesville, FL 32641			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	110.01	149.80	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective c Adjusted For New	Costs
	Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
<u>DISTRIBUTION:</u> Fiscal Agent	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Analys	sis
Contract Management Cost Reimbursement State Health Office	<i>f</i>		
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Alachua County Health Department	ŀ	Provider Number	0279111-91
224 SE 24th Street			7/18/2012
Gainesville, FL 32641		Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	110.01	149.80	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ective Adjusted For New	/ Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Ad Medicaid Cost Rein		vsis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Alachua County Health Department		Provider Number 0: Date: 7/	
224 SE 24th Street		Fiscal Year End: 06	
Gainesville, FL 32641		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
CHD	110.01	149.80	7/1/2012
Rate Type			
Interim	X Prospective X Total Pros	nactive	
Total Interim Settlement Based on Cost		e Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator eimbursement Analysi	is .
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Alachua County Health Department	Provid	ler Number (
224 SE 24th Street		_	7/18/2012
Gainesville, FL 32641		l Year End: 0	
	Λ	udit Status: <u> </u>	Unaudited [1]
Provider Type	Current Rate N	lew Rate	Effective Date
<u>CHD</u>	110.01	149.80	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjust BASIS Budget		Costs
	Rydell Samuel, Adminis	trator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimburs		sis
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

wer County Health Department West Lowder Street	<u> </u>	Provider Number $\frac{0}{2}$ Date: $\frac{1}{2}$ Fiscal Year End: $\frac{1}{2}$	18/2012
celenny, FL 32063		Audit Status: L	naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	156.19	156.62	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti	spective ve Adjusted For New C	'osts
	BASIS Budget Unaudited Cost		
<u>-</u>	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analys	is
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

aker County Health Department	Prov	ider Number	0279129-01
80 West Lowder Street			7/18/2012
		eal Year End:	
4acclenny, FL 32063		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	156.19	156.62	7/1/2012
<u> </u>	X Prospective X Total Prospective Prospective Adj BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost		v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Admir Medicaid Cost Reimbu		lysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Baker County Health Department		Provider Number	
180 West Lowder Street		-	7/18/2012
Macclenny, FL 32063		Fiscal Year End: O	
<u>Provider Type</u>	Current Rate	New Rate_	Effective Date
<u>CHD</u>	156.19	156.62	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pros	pective e Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

80 West Lowder Street Jacelenny, FL 32063		Provider Number Date: Fiscal Year End: Audit Status:		
<u>Provider Type</u>	Current Rate	New Rate	Effective Date	
<u>CHD</u>	156.19	156.62	7/1/2012	
	X Prospective X Total Prospective Y Prospective Prospective BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	spective ve Adjusted For Nev	v Costs	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Field Audited Cost Rydell Samuel, 2	Administrator teimbursement Anal	lysis	
	For Information Only (No Change In Rate)			



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Baker County Health Department	Prov	ider Number	
480 West Lowder Street			7/18/2012
Macelenny, FL 32063		al Year End: <u>!</u> Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	156.19	156.62	7/1/2012
Rate Type InterimTotal InterimSettlement Based on CostI	X Prospective X Total Prospective Prospective Adjusted BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		Costs
	Rydell Samuel, Admin		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbu	rsement Analy	'SIS
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Baker County Health Department	Provider Number	0279129-05
180 West Lowder Street		7/18/2012
Macclenny, FL 32063	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>156.19</u> <u>156.62</u>	
Rate Type Interim Total Interim Scattlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	v Costs
	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	The state of the s	
	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

aker County Health Department		Provider Number	
80 West Lowder Street		Fiscal Year End: (7/18/2012 06/30/2011
Jacelenny, FL 32063		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	156.19	156.62	7/1/2012
Rate Type			
Total InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator teimbursement Analy	sis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassec Florida 32308

Baker County Health Department		Provider Number	
480 West Lowder Street		Fiscal Year End: 0	7/18/2012 06/30/2011
Macelenny, FL 32063		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	156.19	156.62	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost	peetive e Adjusted For New	Costs
	Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Baker County Health Department		umber 0279129-30
480 West Lowder Street		Date: 7/18/2012 r End: 06/30/2011
Macelenny, FL 32063		Status: Unaudited [1]
Provider Type	Current Rate New l	Rate Effective Date
<u>CHD</u>	156.19 156	5.62 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted F	or New Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursemer	
	For Information Only (No Change In Rate)	

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Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Bradford County Health Department		Provider Number	
801 North Temple Avenue	_		7/18/2012
Starke, FL 32091		Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	172.52	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	v Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

radford County Health Department	Provider Number	0279145-01
	Date:	7/18/2012
801 North Temple Avenue	Fiscal Year End:	
tarke, F1. 32091	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>180.00</u> <u>172.52</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Bradford County Health Department		Provider Number	
1801 North Temple Avenue			7/18/2012
Starke, FL 32091		Fiscal Year End:	
		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	172.52	7/1/2012
Desk Desk	et dited Cost Reviewed Cost Audited Costs	pective e Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Audited Cost Rydell Samuel. / Medicaid Cost R For Information Only (No Change In Rate)	Administrator eimbursement Analy	vsis



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Bradford County Health Department		Provider Number	
1801 North Temple Avenue		Date: Fiscal Year End:	7/18/2012 06/30/2011
Starke, FL 32091		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	172.52	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective we Adjusted For New	v Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Bradford County Health Department		Provider Number 02	
1801 North Temple Avenue		Date: 7/ Fiscal Year End: 06	
Starke, FL 32091		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	172.52	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective	spective re Adjusted For New Co	osts
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator teimbursement Analysis	<u>.</u>
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Bradford County Health Department	Provider Number	0279145-30
1801 North Temple Avenue		7/18/2012
Starke, FL 32091	— Fiscal Year End: Andit Status:	06/30/2011 Unaudited [1]
		Chaudied [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>180.00</u> <u>172.52</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Anai	iy 818
	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

adford County Health Department		Provider Number	0279145-91
01 North Temple Avenue	- <u></u>		7/18/2012
	,	Fiscal Year End: 0	
rke, FL 32091		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	172.52	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro- Prospective X Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	ispective ive Adjusted For New	Costs
	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Analy	sis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		F	
	For Information Only (No Change In Rate)		



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Broward County Health Department		Provider Number 02	
780 SW 24th Street		Date: 7/2 Fiscal Year End: 06	
Fort Lauderdale, FL 33315		Audit Status: U	naudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	156.76	161.38	7/1/2012
Rate Type			
	X Prospective X Total Prospection Prospection	pective c Adjusted For New Co	osts
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, / Medicaid Cost R	Administrator eimbursement Analysis	s
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Broward County Health Department		Provider Number <u>02</u>	
780 SW 24th Street		Date: 7/ Fiscal Year End: 06	
Fort Lauderdale, FL 33315		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	156.76	161.38	7/1/2012
Rate Type			
<u>Interim</u>	x Prospective		
Total Interim	X Total Pros		
Settlement Based on Cost	Prospectiv	c Adjusted For New C	osts
<u> </u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. A	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		cimbursement Analysi	;
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Broward County Health Department		Provider Number 0.	
780 SW 24th Street		Date: 7/ Fiscal Year End: 06	
Fort Lauderdale, FL 33315	<u> </u>	Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	156.76	161.38	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New C	osts
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analys	is
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

roward County Health Department		oer 0279161-93
80 SW 24th Street		te: 7/18/2012
ort Lauderdale, FL 33315		id: 06/30/2011 IS: Unaudited [1]
<u>Provider Type</u>	Current Rate New Ra	
<u>CHD</u>	<u>156.76</u> <u>161.3</u>	8 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For the	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement A	nalysis
	For Information Only (No Change In Rate)	

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Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Calhoun County Health Department		Provider Number	0279170-00
19611 S.R. 20 West			7/27/2012
Blountstown, FL 32424		Fiscal Year End:	
	 -	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	118.35	130.98	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	Prospec BASIS	2 ospective tive Adjusted For I	New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		I, Administrator t Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

houn County Health Department		Provider Number Date:	0279170-08 7/18/2012
II S.R. 20 West intstown, FL 32424	<u> </u>	Fiscal Year End: Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	118.35	130.98	7/1/2012
Rate Type			
Total InterimSettlement Based on Cost		ospective tive Adjusted For New	· Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		

V 1.0 0.22 Printed: 7 18 2012 3:34:27PM Analyst: 9ZK BatchID: 23E61 RCID: 9ZK02791702012070120120718153115



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Calhoun County Health Department	Provider Number	0279170-30
19611 S.R. 20 West		7/27/2012
Blountstown, FL 32424	Fiscal Year End:	06/30/2011
Biounistowii, FL 32424	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	118.35130.98	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For 1 BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement A For Information Only (No Change In Rate)	Analysis



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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

alhoun County Health Department		Provider Number	0279170-91 7/18/2012
611 S.R. 20 West		Fiscal Year End:	
ountstown, FL 32424		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	118.35	130.98	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	y Costs
Settlement based on Cost	Trospecti	re regulated to rive.	, com
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel,		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost I	Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		

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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

itrus County Health Department		Provider Number 02	
700 Sovereign Path		Date: 7/ Fiscal Year End: 06	
ecanto, FL 34461-8071		Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.68	152.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective re Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION:	Rydell Samuel. A Medicaid Cost R	Administrator eimbursement Analysi	s
Fiscal Agent Contract Management Cost Reimbursement State Health Office		F	
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Current Rate	Date: 7/1 Fiscal Year End: 06/ Audit Status: Un	30/2011
Current Rate	Audit Status: Un	
Current Rate		
- Current Rate	New Rate	Effective Date
114.68	152.50	7/1/2012
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Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Citrus County Health Department	Pro	vider Number <u>0</u>	
3700 Sovereign Path	r:.	Date: <u>7</u> seal Year End: 06	
ecanto, FL 34461-8071		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.68	152.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	ive ljusted For New C	`osts
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Admi Medicaid Cost Reimb		is
	For Information Only (No Change In Rate)		



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trus County Health Department 00 Sovereign Path ceanto, FL 34461-8071	<u></u>	Fiscal Year End: 0	/18/2012 6/30/2011
		Audit Status: <u> </u>	Jnaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.68	152.50	7/1/2012
Rate Type			
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	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	, Administrator Reimbursement Analys	sis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		R	
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Medicaid Reimbursement Rate Change Form for CHDs

itrus County Health Department	_		7/18/2012
700 Sovereign Path ecanto, FL 34461-8071	_	Fiscal Year End: Audit Status:	
Proyider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.68	152.50	7/1/2012
Rate Type Interim	<u>X</u> <u>Prospective</u> X Total Pro	enoctive	
Total Interim Settlement Based on Cost		ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

trus County Health Department 00 Sovereign Path canto, FL 34461-8071	 	Provider Number 0 Date: 7 Fiscal Year End: 0 Audit Status: 1	/18/2012 6/30/2011
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.68	152.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		ospective ive Adjusted For New C	Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	. Administrator Reimbursement Analys	is .
	For Information Only (No Change In Rate)		

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	Provider Number <u>02</u>	
	_	
Current Rate	New Rate	Effective Date
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Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

itrus County Health Department		Provider Number 0	
700 Sovereign Path	<u></u>	Date: 7/ Fiscal Year End: 06	
ceanto, FL 34461-8071	_	Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.68	152.50	7/1/2012
Rate Type			
<u>Interim</u>	X Prospective		
Total Interim	X Total Pros		
Settlement Based on Cost	Prospectiv	ve Adjusted For New C	OSIS
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	teimbursement Analys	is
	For Information Only (No Change In Rate)		



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Citrus County Health Department		Provider Number 02 Date: 7/	
3700 Sovereign Path	<u> </u>	Fiscal Year End: $\frac{\pi}{06}$	
Lecanto, FL 34461-8071		Audit Status: U	naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.68	152.50	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost		ospective tive Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
		, Administrator Reimbursement Analysi	s
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		F	
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Titrus County Health Department	Pro	ovider Number	
3700 Sovereign Path		Date:	7/18/2012
.ecanto, FL 34461-8071		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.68	152.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		ive Ijusted For New	Costs
 	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Admi Medicaid Cost Reimb		sis
	For Information Only (No Change In Rate)		

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Clay County Health Department		Provider Number	<u>0279200-00</u> 7/18/2012
P.O. Box 578		Fiscal Year End:	er .
Green Cove Springs, FL 32043		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	152.25	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection Prospection	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost F	Administrator teimbursement Analy	vsis
	For Information Only (No Change In Rate)		



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Play County Health Department		Provider Number	
P.O. Box 578		Date: Fiscal Year End:	7/18/2012
Green Cove Springs, FL 32043	_		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	152.25	7/1/2012
Rate Type			
<u>Interim</u>	X Prospective		
Total Interim Settlement Based on Cost	X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
<u>DISTRIBUTION:</u> Fiscal Agent	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Anal	ysis
Contract Management Cost Reimbursement State Health Office		d ·	
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lay County Health Department O. Box 578	<u> </u>	Provider Number Date: 2	7/18/2012
reen Cove Springs. FL 32043		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	152.25	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	occtive c Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Re	dministrator eimbursement Analys	sis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

lay County Health Department	Provider Number	
P.O. Box 578		7/18/2012
Green Cove Springs, FL 32043	Fiscal Year End: Audit Status:	Unaudited [1]
		Chaddled [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	180.00 152.25	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For Ne	w Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel, Administrator	1
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	(y SiS
	For Information Only (No Change In Rate)	

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Medicaid Reimbursement Rate Change Form for CHDs

lay County Health Department		Provider Number	
O. Box 578		Date: [Fiscal Year End: 0	7/18/2012 06/30/2011
reen Cove Springs, FL 32043	<u> </u>	Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	152.25	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION:	Rydell Samuel Medicaid Cost R	Administrator teimbursement Analy	sis
Fiscal Agent Contract Management Cost Reimbursement State Health Office	1	R	
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Clay County Health Department		Provider Number	0279200-05
P.O. Box 578			7/18/2012
Green Cove Springs, FL 32043	<u> </u>	Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
			Chaudicu [1]
Provider Type	Current Rate	New Rate	Effective Date
СНД	180.00	152.25	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Pro	spective we Adjusted For Nev	v Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Clay County Health Department		Provider Number	0279200-09
P.O. Box 578			7/18/2012
Green Cove Springs, FL 32043		Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate 152.25	Effective Date 7/1/2012
<u>CHD</u>	180.00	154.45	
U		spective ve Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement	Rydell Samuel, A Medicaid Cost R	Administrator teimbursement Anal	ysis
State Health Office	For Information Only (No Change In Rate)	V	



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

ny County Health Department			Provider Number	
D. Box 578				7/27/2012
een Cove Springs, FL 32043			Fiscal Year End: Audit Status:	
		C P		Unaudited [1]
Provider Type		Current Rate	New Rate	Effective Date
<u>CHD</u>		180.00	152.25	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	_		<u>e</u> rospective ctive Adjusted For N	New Costs
	Desk R	t ited Cost Reviewed Cost audited Costs audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office			el, Administrator st Reimbursement A	nalysis
		or Information Only No Change In Rate)		



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Clay County Health Department	Provider Number	0279200-91
P.O. Box 578		7/18/2012
	Fiscal Year End	
Green Cove Springs, FL 32043	Audit Status	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	<u> 180.00</u> <u> 152.25</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For Ne	w Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	alysis
	For Information Only (No Change In Rate)	



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Clay County Health Department	Provider Number	0279200-92
P.O. Box 578		7/18/2012
Green Cove Springs, FL 32043	— Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
		опаванев [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	<u> 180.00</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X		v Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Anal	ysis
	For Information Only (No Change In Rate)	



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Collier County Health Department		Provider Number	
P.O. Box 429		Date: Fiscal Year End:	7/18/2012
Naples, FL 34106-0429	_	Audit Status:	· · · · · · · · · · · · · · · · · · ·
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	[,] Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel. 4	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	cimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Collier County Health Department		Provider Number	0279218-01
P.O. Box 429			7/18/2012
Naples, FL 34106-0429		Fiscal Year End:	
Napies, r1. 34100-0429		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
		pective re Adjusted For New	v Costs
DISTRIBUTION: Fiscal Agent Contract Management	Rydell Samuel, 7 Medicaid Cost R	Administrator eimbursement Analy	ysis
Cost Reimbursement State Health Office	— For Information Only (No Change In Rate)	Z()	

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Collier County Health Department		Provider Number 02	
P.O. Box 429		Date: 7/ Fiscal Year End: 06	
Naples, FL 34106-0429		Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim	<u>X</u> <u>Prospective</u> <u>X</u> Total Pros		
Settlement Based on Cost	Prospectiv	e Adjusted For New Co	osts
<u> </u>	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator eimbursement Analysis	*
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Collier County Health Department	Provider Number	0279218-15
P.O. Box 429		7/18/2012
Vaples, FL 34106-0429	Fiscal Year End:	
чарев. П. 54100-0427	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	140.37 140.37	7/1/2012
<u></u>	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	

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D. Box 429		Provider Number Date: Fiscal Year End:	7/27/2012
ples, FL 34106-0429		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		v <u>e</u> Prospective ctive Adjusted For I	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement /	Analysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Collier County Health Department		Provider Number	0279218-91
P.O. Box 429	•		7/18/2012
Naples, FL 34106-0429		Fiscal Year End:	
Tapet 1.1. 57700 0.125		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		pective c Adjusted For Nev	v Costs
	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Ro	dministrator eimbursement Anal	ysis
_	For Information Only (No Change In Rate)		

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Columbia County Health Department		Provider Number 0.	
217 North East Franklin Street		Date: 7/ Fiscal Year End: 00	
Lake City, FL 32055	<u> </u>	-	naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	125.42	138.10	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective c Adjusted For New C	osis
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, 7	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		eimbursement Analysi	S
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Dlumbia County Health Department	_	Provider Number <u>0</u>	
7 North East Franklin Street		Date: 7/ Fiscal Year End: 00	
ike City, FL 32055		Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	125.42	138.10	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New C	°osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analys	is
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Columbia County Health Department	Prov	ider Number <u>02</u>	
217 North East Franklin Street		Date: 7/1	
Lake City, FL 32055		eal Year End: <u>06</u> Audit Status: _{Ut}	
Provider Type		New Rate	Effective Date
<u>CHD</u>	125.42	138.10	7/1/2012
Rate Type			
	X Prospective X Total Prospective Prospective Adj	re usted For New Co	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Admin Medicaid Cost Reimbu		s ·
	For Information Only (No Change In Rate)		



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Columbia County Health Department	<u></u>	Provider Number	
217 North East Franklin Street		Date: 1	7/18/2012 06/30/2011
Lake City, FL 32055		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	125.42	138.10	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost		ospective ive Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Analys	sis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

olumbia County Health Department		Provider Number	0279226-04
7 North East Franklin Street		_	7/18/2012
ke City, FL 32055		Fiscal Year End: (,
Ke City. 117 32005		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	125.42	138.10	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	spective ve Adjusted For New	Costs
	Rydell Samuel,	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Reimbursement Analy	sis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

Columbia County Health Department		Provider Number 02	
217 North East Franklin Street		Date: 7/ Fiscal Year End: 06	
.ake City, FL 32055		Audit Status: Ut	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	125.42	138.10	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New Co	osts
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analysis	<u></u> S
	For Information Only (No Change In Rate)		

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Columbia County Health Department	Provider Number	0279226-09
217 North East Franklin Street		7/18/2012
Lake City, FL 32055	— Fiscal Year End:	
are City. II. 5-455	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	125.42 138.10	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost B X	X Prospective X Total Prospective Prospective Adjusted For New SASIS Budget Unaudited Cost Desk Reviewed Cost	w Costs
	Desk Audited Costs Field Audited Cost	
	Rydell Samuel. Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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lumbia County Health Department 7 North East Franklin Street se City, FL 32055		Provider Number Date: Fiscal Year End: Audit Status:	7/27/2012 06/30/2011
Provider Type CHD	Current Rate 125.42	New Rate 138.10	Effective Date 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		<u>e</u> rospective ctive Adjusted For N	ew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement Ai	nalysis
	For Information Only (No Change In Rate)		



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olumbia County Health Department		Provider Number	0279226-91
7 North East Franklin Street			7/18/2012
ike City, FL 32055	<u> </u>	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	125.42	138.10	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	occtive e Adjusted For New	: Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A	dministrator	veje
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicald Cost Re	R.	y - 1.0
	For Information Only (No Change In Rate)		



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olumbia County Health Department		Provider Number	
17 North East Franklin Street			7/18/2012
ake City, F1. 32055	_	Fiscal Year End: Audit Status:	Unaudited [1]
			Onaudica [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	125.42	138.10	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Dade County Health Department		Provider Number	0279234-00
350 N.W. 14th Street	_		7/18/2012
Miami, FL 33125		Fiscal Year End:	
vilami, Ft. 33123		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.34	127.59	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	y Costs
	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	dministrator simbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Dade County Health Department	Provide	r Number	0279234-30
1350 N.W. 14th Street	·· ·	_	7/27/2012
		Year End:	06/30/2011
Miami, FL 33125	———— Aud	dit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate No	ew Rate	Effective Date
<u>CHD</u>	157.34	127.59	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted BASIS Budget X Unaudited Cost Desk Reviewed Cost		ew Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Desk Audited Cost Field Audited Cost Rydell Samuel, Admir Medicaid Cost Reimbo For Information Only (No Change In Rate)		nalysis

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Medicaid Reimbursement Rate Change Form for CHDs

Dade County Health Department	Provider Number	er 0279234-91
350 N.W. 14th Street		e: 7/18/2012
	— Fiscal Year End	
Miami, F1, 33125	Audit Statu	Cinaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	157.34 127.59	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For N	ew Costs
- ,	Budget	
		
	Desk Reviewed Cost Desk Audited Costs	
	Field Audited Cost	
	Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ar	alysis
	For Information Only (No Change In Rate)	

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Medicaid Reimbursement Rate Change Form for CHDs

DeSoto County Health Department	Provider Number	0279242-00
34 South Baldwin Avenue		7/18/2012
Arcadia, FL 33821	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	145.51 117.94	7/1/2012
<u> </u>	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	

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DeSoto County Health Department		Provider Number	
4 South Baldwin Avenue		Date: Fiscal Year End:	7/18/2012
Arcadia, F1. 33821		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	145.51	117.94	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ective Adjusted For New	: Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Ac Medicaid Cost Rei		ysis
	For Information Only (No Change In Rate)		



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DeSoto County Health Department	Provider Number	
34 South Baldwin Avenuc	Date: Fiscal Year End:	7/18/2012
Arcadia, FL 33821		Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	145.51 117.94	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New	w Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel. Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

DeSoto County Health Department		Provider Number	
4 South Baldwin Avenue	_	Date: 2 Fiscal Year End: 0	7/18/2012
readia, F1. 33821		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	145.51	117.94	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Analy	sis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

eSoto County Health Department		Provider Number	0279242-11
			7/18/2012
South Baldwin Avenue		Fiscal Year End:	
readia, FL 33821		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	145.51	117.94	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	pective ve Adjusted For Nev	v Costs
	Field Audited Cost Rydell Samuel, 7	A dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		eimbursement Ana	ysis
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oto County Health Department	I	Provider Number 02	
South Baldwin Avenue		Date: <u>7/</u> Fiscal Year End: 06	
adia, FL 33821			naudited [1]
<u>Provider Type</u> <u>CHD</u>	Current Rate 145.51	New Rate 117.94	Effective Date 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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PeSoto County Health Department 4 South Baldwin Avenue		Provider Number Date: Fiscal Year End:	7/18/2012
readia, FL 33821	_	Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	145.51	117.94	7/1/2012
Rate Type			
Total InterimScttlement Based on Cost		ospective ive Adjusted For New	· Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
<u>DISTRIBUTION:</u> Fiscal Agent	Rydell Samuel Medicaid Cost	Administrator Reimbursement Anal	ysis
Contract Management Cost Reimbursement State Health Office		A T	
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

ixie County Health Department		Provider Number	0279251-00
9 NE 241ST			7/18/2012
		Fiscal Year End:	
ross City, F1. 32628		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	134.52	156.36	7/1/2012
	X Prospective X Total Prospective Y Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	pective e Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Anal	lysis
	For Information Only (No Change In Rate)		

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ixie County Health Department		Provider Number	0279251-91
· · · · · · · · · · · · · · · · · · ·		Date:	7/18/2012
49 NE 241ST	_	Fiscal Year End:	
ross City, FL 32628	<u> </u>	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	134.52	156.36	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	pective re Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator eimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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Current Rate	Date: 7 Fiscal Year End: 0 Audit Status: 1	
Current Rate	Audit Status: 및	
Current Rate	Now Data	
	New Kate	Effective Date
151.42	152.11	7/1/2012
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Medicaid Cost Re		sis
	Prospective X Total Prospective Prospective ost ved Cost d Costs d Cost Rydell Samuel, A	Prospective X Total Prospective Prospective Adjusted For New 6 Sost ved Cost d Costs d Cost Rydell Samuel. Administrator Medicaid Cost Reimbursement Analys formation Only



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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department		Provider Number 02	279269-01
515 West Sixth Street		Date: 7/	
acksonville. FL 32206		Fiscal Year End: $\frac{06}{U}$	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type Interim Total Interim	<u>X</u> <u>Prospective</u> X Total Pros	spective	
Settlement Based on Cost		e Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Analysi	S
	For Information Only (No Change In Rate)		

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Duval County Health Department		Provider Number <u>02</u>	
15 West Sixth Street		Date: 7/ Fiscal Year End: 06	
acksonville, FL 32206		Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection Prospection	spective ve Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analysi	<u> </u>
	For Information Only (No Change In Rate)		



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Duval County Health Department	Provider Numbe	
il5 West Sixth Street	Date —— Fiscal Year End	: 7/18/2012 : 06/30/2011
acksonville, FL 32206		Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	<u> 151.42</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	X Prospective X Total Prospective Prospective Adjusted For No. BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	ew Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement An	alysis
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

	ımber <u>0279269-04</u>
	Date: 7/18/2012
	tatus: Unaudited [1]
Current Rate New I	Rate Effective Date
<u>151.42</u> <u>152</u>	2.11 7/1/2012
BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs	or New Costs
Rydell Samuel. Administrator Medicaid Cost Reimbursemen A For Information Only	
	Current Rate New I 151.42 152 X Prospective X Total Prospective Prospective Adjusted Formula Adjusted Formula Addited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost Rydell Samuel. Administrator Medicaid Cost Reimbursement We I A March I Samuel Rydell Samuel Administrator Medicaid Cost Reimbursement

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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department		Provider Number 0	
515 West Sixth Street		Date: 7/ Fiscal Year End: 06	
Jacksonville, FL 32206		Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		ospective ive Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Analysi	is
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department	<u> </u>	Provider Number 02	
515 West Sixth Street		Date: 7/ Fiscal Year End: 06	/30/2011
Jacksonville, FL 32206		Audit Status: <u>U</u>	naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New C	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. / Medicaid Cost R	Administrator cimbursement Analysis	3
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	P	F	
	For Information Only (No Change In Rate)		

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Duval County Health Department		Provider Number	
515 West Sixth Street			7/27/2012
Jacksonville, FL 32206		Fiscal Year End: Audit Status:	
		Addit Status.	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	<u>151.42</u>	152.11	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		<u>e</u> rospective ctive Adjusted For N	ew Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement Ai	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

uval County Health Department		Provider Number 02	
5 West Sixth Street		Date: 7/ Fiscal Year End: 06	
icksonville, FL 32206		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type			
<u>Interim</u>	<u> </u>		
Total Interim	X Total Pros		
Settlement Based on Cost	Prospectiv	e Adjusted For New Co	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Analysis	•
	For Information Only (No Change In Rate)		

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Duval County Health Department		Provider Number	0279269-43
315 West Sixth Street			7/18/2012
acksonville, FL 32206		Fiscal Year End:	
acksonvine. 11. 32200		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For Nev	v Costs
	IS budget Inaudited Cost Oosk Reviewed Cost Jesk Audited Costs ield Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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uval County Health Department		Provider Number	
5 West Sixth Street		Date: Fiscal Year End:	7/18/2012 06/30/2011
eksonville, FL 32206	_		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Duval County Health Department	<u></u>	Provider Number <u>0</u> 2	
515 West Sixth Street		Date: <u>7/</u> Fiscal Year End: 06	
Jacksonville, FL 32206		Audit Status: $\underline{\underline{U}}$	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>СНD</u>	151.42	152.11	7/1/2012
Rate Type			
InterimTotal InterimScttlement Based on Cost		e cospective tive Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		I. Administrator Reimbursement Analysi	S
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department		Provider Number	0279269-52
i15 West Sixth Street			7/18/2012
acksonville, FL 32206	<u> </u>	Fiscal Year End:	06/30/2011 Unaudited [1]
		rudi status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	spective we Adjusted For New	Costs
	Rydell Samuel.	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	Reimbursement Analy	vsis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department		Provider Number	
15 West Sixth Street		-	7/18/2012
neksonville, FL 32206		Fiscal Year End: (Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
СНД	151.42	152.11	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	ective : Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Re	dministrator imbursement Analy	sis
	For Information Only (No Change In Rate)		

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ıval County Health Department	P	rovider Number <u>0</u>	
5 West Sixth Street		Date: $\frac{7}{2}$	
cksonville, FL 32206		Fiscal Year End: 00 Audit Status: 1	
		Audit Status. L	Inaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type			
	X Prospective X Total Prospective Prospective	spective ve Adjusted For Ne	w Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement Ana	ılysis
	For Information Only (No Change In Rate)		



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Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Duval County Health Department		Provider Number	
515 West Sixth Street		Date: Fiscal Year End:	7/18/2012 06/30/2011
lacksonville, FL 32206			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type			
	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Vunaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost F	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Duval County Health Department	Provider Nu	umber 0279269-91
515 West Sixth Street	425 - 1.37	Date: 7/18/2012
Jacksonville, FL 32206		r End: 06/30/2011 Status: Unaudited [1]
Provider Type	Current Rate New I	Rate Effective Date
<u>CHD</u>	<u> 151.42</u> <u> 152</u>	2.11 7/1/2012
Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted F BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	or New Costs
	Rydell Samuel, Administrator	•
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursemer	
	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

ival County Health Department		Provider Number	
5 West Sixth Street		Date: Fiscal Year End:	7/27/2012
eksonville, FL 32206		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	
Rate Type Interim Total Interim Settlement Based on Cost		' <u>e</u> Prospective ctive Adjusted For P	New Costs
- - - -	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement A	analysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Duval County Health Department	<u></u>	Provider Number	
15 West Sixth Street		Fiscal Year End:	7/18/2012 06/30/2011
acksonville, FL 32206	<u> </u>	Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective se Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department	Provider Number	0279269-94
115 West Sixth Street		7/18/2012
acksonville, FL 32206	Fiscal Year End:	
acksonvine, F1/ 52200	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>151.42</u> <u>152.11</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	v Costs
	Rydell Samuel. Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Anal	ysis
	For Information Only (No Change In Rate)	

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al County Health Department		Provider Number	
West Sixth Street		Date: Fiseal Year End:	7/18/2012
sonville, FL 32206			<u>Unaudited [1]</u>
Provider Type	Current Rate	New Rate_	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type			
<u>Interim</u>	X Prospective		
Total Interim	X Total Pro		
Settlement Based on Cost	Prospective Prospe	ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	_~	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost F	Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Ouval County Health Department		Provider Number	
15 West Sixth Street		Date: Fiscal Year End:	7/18/2012
acksonville, FL 32206	- 	Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	<u>151.42</u>	152.11	7/1/2012
Rate Type			
Total InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	spective re Adjusted For New	· Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost R	Administrator teimbursement Analy	ysis
	For Information Only (No Change In Rate)		

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Duval County Health Department		Provider Number 02 Date: 7/	
515 West Sixth Street		Fiscal Year End: $\frac{7}{06}$	
Jacksonville, FL 32206		Audit Status: U1	naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type			
<u>Interim</u> Total Interim	X Prospective X Total Pro-	•	
Settlement Based on Cost	Prospective Prospe	ve Adjusted For New Co	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel,	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		teimbursement Analysis	
	For Information Only (No Change In Rate)		



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Duval County Health Department		Provider Number 0:	
515 West Sixth Street		Date: 7/ Fiscal Year End: 06	
Jacksonville, FL 32206		Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	151.42	152.11	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	ospective ive Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Analysi	s
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Duval County Health Department			Provider Number	0279269-99
515 West Sixth Street	·			7/27/2012
Jacksonville, FL 32206			Fiscal Year End: Audit Status:	
			Audit Status.	Unaudited [1]
Provider Type	Curre	nt Rate	New Rate	Effective Date
<u>CHD</u>	151	.42	152.11	7/1/2012
PISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	BASIS Budget X Unaudited Cost Desk Reviewed C Desk Audited Cos Field Audited Cos	ost sts st		
	For Informati (No Change	ion Only In Rate)		



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

gler County Health Department O. Box 847 nnell, FL 32110-0847		Fiscal Year End:	7/27/2012
<u>Provider Type</u> <u>CHD</u>	Current Rate 143.13	New Rate 145.00	Effective Date 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	ospective ve Adjusted For N	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost	Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Plagler County Health Department P. O. Box 847 Bunnell, FL 32110-0847	<u> </u>	Fiscal Year End: 0	/18/2012 6/30/2011
Provider Type	 Current Rate	Audit Status:	Effective Date
<u>CHD</u>	143.13	145.00	7/1/2012
Rate Type			
Total InterimSettlement Based on Cost		ospective ive Adjusted For New C	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	. Administrator Reimbursement Analysi	is
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Flagler County Health Department	Provider Number	
P. O. Box 847	Date: —— Fiscal Year End:	7/18/2012
Bunnell, FL 32110-0847		Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	143.13 145.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Plagler County Health Department P. O. Box 847 Bunnell, FL 32110-0847		Provider Number Date: Fiscal Year End: Audit Status:	7/18/2012 06/30/2011
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	143.13	145.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		

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Plagler County Health Department P. O. Box 847 Bunnell, F1. 32110-0847	 	Provider Number Date: Fiscal Year End: Audit Status:	7/18/2012 06/30/2011
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	143.13	145.00	7/1/2012
<u> </u>	X Prospective X Total Prospective Prospective BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	pective e Adjusted For New	. Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	P	Administrator eimbursement Analy	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

agler County Health Department		Provider Number	0279285-05
O. Box 847		Date: Fiscal Year End:	7/18/2012
unnell. FL 32110-0847	_		Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	143.13	145.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective re Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator eimbursement Ana	ysis
	For Information Only (No Change In Rate)		



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agler County Health Department		Provider Number	0279285-06
O. Box 847			7/18/2012
unnell, FL 32110-0847	_	Fiscal Year End:	
MINERAL TO 32110-0047	_	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	143.13	145.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		ospective ive Adjusted For Nev	v Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

lagler County Health Department	Provider Number	0279285-07
2. O. Box 847		7/18/2012
Bunnell, FL 32110-0847	Fiscal Year End:	
Militari II. 32110 0047	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	143.13145.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	v Costs
	Rydell Samuel. Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	ysis
	For Information Only (No Change In Rate)	



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Flagler County Health Department	<u> </u>	Provider Number Date:	0279285-08 7/18/2012
P. O. Box 847 Bunnell, FL 32110-0847	<u> </u>	Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	143.13	145.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro- Prospect	ospective ive Adjusted For Nev	v Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Flagler County Health Department		Provider Number 03	
P. O. Box 847		Date: 7/ Fiscal Year End: 06	
Bunnell, FL 32110-0847	<u> </u>	Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	143.13	145.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analysi	s
	For Information Only (No Change In Rate)		



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Flagler County Health Department	F	Provider Number	
P. O. Box 847			7/27/2012
Bunnell, FL 32110-0847		Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
CHD	143.13	145.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For N	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost	Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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ranklin County Health Department	<u></u>	Provider Number 03	
139 12th Street		Date: 7/ Fiscal Year End: 06	
Apalachicola, FL 32320	<u> </u>	Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
СНД	162.95	147.54	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New C	osts
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator cimbursement Analysis	<u>s</u>
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Franklin County Health Department	E	Provider Number	0279293-01
139 12th Street			7/18/2012
Apalachicola, FL 32320	_	Fiscal Year End:	
		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	162.95	147.54	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective /	ctive Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel, Adr Medicaid Cost Rein		sis
State Health Office	For Information Only (No Change In Rate)		·



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Franklin County Health Department	Provid	er Number	0279293-02
139 12th Street			7/18/2012
Apalachicola, FL 32320		Year End:	
		iuit status.	Unaudited [1]
Provider Type	Current Rate N	ew Rate	Effective Date
<u>CHD</u>	162.95	147.54	7/1/2012
Rate Type			
<u>Interim</u>	X <u>Prospective</u>		
Total Interim	X Total Prospective		
Settlement Based on Cost	Prospective Adjust	ed For New	Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, Administr	rator	
DISTRIBUTION:	Medicaid Cost Reimburse	ment Analy	rsis
Fiscal Agent Contract Management Cost Reimbursement State Health Office	T		
	For Information Only (No Change In Rate)		



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Franklin County Health Department		Provider Number	
139 12th Street			7/18/2012
Apalachicola, FL 32320		Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	162.95	147.54	7/1/2012
Rate Type Interim Total Interim	X Prospective X Total Pro		
Settlement Based on Cost	Prospecti	ve Adjusted For New	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost F	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

anklin County Health Department		Provider Number	
9 12th Street			7/18/2012
palachicola, FL 32320	_	Fiscal Year End: Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	162.95	147.54	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	pective e Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, / Medicaid Cost R	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

nklin County Health Department		Provider Number	
12th Street		Date: Fiscal Year End:	7/27/2012
alachicola, FL 32320		Audit Status:	
			Onaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	162.95	147.54	7/1/2012
Rate Type			
		v <u>e</u> Prospective ective Adjusted For 1	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		nel, Administrator ost Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Franklin County Health Department		Provider Number	0279293-92
139 12th Street			7/18/2012
Apalachicola, FL 32320		Fiscal Year End:	
		Augh Status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	162.95	147.54	7/1/2012
Rate Type Interim Total Interim Scttlement Based on Cost	X Prospective X Total Pro- Prospection BASIS Budget	spective ve Adjusted For New	v Costs
X 	Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Franklin County Health Department	Provider Number	0279293-93
139 12th Street		7/18/2012
Apalachicola, FL 32320	Fiscal Year End:	·
	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>162.95</u> <u>147.54</u>	7/1/2012
Rate Type InterimTotal InterimSettlement Based on CostX	X Prospective X Total Prospective Prospective Adjusted For Nev BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Anal	ysis
	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Taliahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Gadsden County Health Department	<u></u>	Provider Number	
P. O. Box 1000		Date: Fiscal Year End:	7/18/2012 06/30/2011
Quiney, FL 32353-1000			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Scttlement Based on Cost	X Prospective X Total Prospective Prospective	pective 2 Adjusted For New	Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Re	dministrator imbursement Analy	sis
	For Information Only (No Change In Rate)		

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Gadsden County Health Department		Provider Number	0279307-01 7/18/2012
P. O. Box 1000		Fiscal Year End:	
Quincy, FL 32353-1000	<u> </u>	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuet, / Medicaid Cost R	Administrator eimbursement Analy	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

adsden County Health Department		Provider Number	0279307-02
O. Box 1000			7/18/2012
uincy, F1. 32353-1000	_	Fiscal Year End:	06/30/2011 Unaudited [1]
		rudit status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	pective e Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator eimbursement Analy	vsis
	For Information Only (No Change In Rate)		



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Gadsden County Health Department		Provider Number	0279307-03
P. O. Box 1000			7/18/2012
Quincy, FL 32353-1000	<u> </u>	Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	
Interim Total Interim Settlement Based on Cost I	BASIS Budget	pective c Adjusted For New	Costs
	Rydell Samuel, A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		cimbursement Analy	sis
	For Information Only (No Change In Rate)		



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adsden County Health Department		Provider Number	
O. Box 1000		Date: Fiscal Year End:	7/18/2012 06/30/2011
uincy, Fl. 32353-1000			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget X Unaudited Cost	spective ve Adjusted For New	Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Analy	rsis
	For Information Only (No Change In Rate)		



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disden County Health Department D. Box 1000 incy, FL 32353-1000		Provider Number Date: Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	
Rate Type			
Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For N	ew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement Ar	nalysis
	For Information Only (No Change In Rate)		



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dsden County Health Department	_	Provider Number	
D. Box 1000 iney, FL 32353-1000	_	Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
СНД	157.59	141.69	7/1/2012
Rate Type			
Total InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	pective c Adjusted For New	Costs
<u></u>	BASIS Budget Unaudited Cost		
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION:	Rydell Samuel, / Medicaid Cost R	Administrator eimbursement Analys	sis
Fiscal Agent Contract Management Cost Reimbursement State Health Office	P	R	
	For Information Only (No Change In Rate)		



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Isden County Health Department D. Box 1000		Provider Number Date: Fiscal Year End:	7/27/2012
incy, FL 32353-1000		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		<u>e</u> rospective tive Adjusted For N	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		I, Administrator t Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Gadsden County Health Department		Provider Number	0279307-91
P. O. Box 1000			7/18/2012
Quincy, FL 32353-1000		Fiscal Year End:	
		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Scttlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost	occtive e Adjusted For New	Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		imbursement Analy	sis
	For Information Only (No Change In Rate)		



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Badsden County Health Department		Provider Number	
P. O. Box 1000		Date: Fiscal Year End:	7/18/2012 06/30/2011
Quincy, FL 32353-1000			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	Administrator eimbursement Analy	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

dsden County Health Department		Provider Number	0279307-93
O. Box 1000			7/18/2012
niney, FL 32353-1000		Fiscal Year End:	
		Audit Status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	spective ve Adjusted For New	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, 7 Medicaid Cost R	Administrator eimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Gadsden County Health Department		Provider Number	0279307-94
. O. Box 1000		Date: Fiscal Year End:	7/18/2012 06/30/2011
Quincy, FL 32353-1000	<u> </u>		Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	v Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	Administrator Eimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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adsden County Health Department		Provider Number	0279307-95 7/18/2012
O. Box 1000		Fiscal Year End:	
uiney, FL 32353-1000	<u> </u>	Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective se Adjusted For New	v Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator cimbursement Analy	vsis
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Isden County Health Department		Provider Number	0279307-96
D. Box 1000			7/18/2012
ney, FL 32353-1000	_	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	157.59	141.69	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	espective ive Adjusted For Nev	v Costs
<u> </u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
<u>distribution:</u>	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Ana	lysis
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illchrist County Health Department		Provider Number 02	
19 N.E. First Street		Date: 7/	
renton, FL 32693-3459		Fiscal Year End: 06 Audit Status: 06	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	116,16	99,72	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	spective ve Adjusted For New C	`osts
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F For Information Only (No Change In Rate)	Administrator Reimbursement Analys	is



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Gilchrist County Health Department		Provider Number 0.	279315-91
19 N.E. First Street		Date: 7/	
Frenton, FL 32693-3459	, "	Fiscal Year End: 06	
renion, P1, 32093-3439		Audit Status: U	naudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	116.16	99.72	7/1/2012
Rate Type			
	X Prospective X Total Pro	spective ve Adjusted For New C	iosts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost l	Administrator Reimbursement Analys	is
	For Information Only (No Change In Rate)		



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Blades County Health Department		Provider Number	0279323-00
. O. Box 489			7/18/2012
400re Haven, FL 33471	<u> </u>	Fiscal Year End:	
400fc Haven, FL 55471		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	88.49	100.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		ective Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Re		lysis
	For Information Only (No Change in Rate)		



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Glades County Health Department		Provider Number	
P. O. Box 489			7/27/2012
Moore Haven, FL 33471		Fiscal Year End: Audit Status:	
		Audit Status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	88.49	100.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	Prospec	e rospective ctive Adjusted For 1	New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Hades County Health Department	Provider Number	
C. O. Box 489		7/18/2012
Aoore Haven, FL 33471	Fiscal Year End: Audit Status:	Unaudited [1]
Duovid on Tuno	Current Rate New Rate	Effective Date
<u>Provider Type</u>		
<u>CHD</u>	88.49 100.00	7/1/2012
	X Prospective X Total Prospective Prospective Adjusted For Ne	w Costs
	D. Lall Comment Administration	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	ilysis
	For Information Only (No Change In Rate)	

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ulf County Health Department		Provider Number Date:	0279331-00 7/18/2012
75 Garrison Avenue ort St. Joe, FL 32456-5265		Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		, ospective tive Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		I. Administrator t Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Gulf County Health Department		Provider Number	
2475 Garrison Avenue			7/18/2012
Port St. Joe, FL 32456-5265	_	Fiscal Year End:	
OR 31, 100, FE 32450-5205		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		spective ve Adjusted For Nev	v Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		teimbursement Ana	lysis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

County Health Department		Provider Number	
Garrison Avenue			7/18/2012
St. Joe, FL 32456-5265		Fiscal Year End: Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	occtive e Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Ro	dministrator eimbursement Anal	lysis
	For Information Only (No Change In Rate)		

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Julf County Health Department	Provider Number	0279331-03
		7/18/2012
475 Garrison Avenue	Fiscal Year End:	
Port St. Joe. FL 32456-5265	Audit Status:	Unaudited [1]
Ducyiday Type	Current Rate New Rate	Effective Date
Provider Type	Current Rate New Nate	Effective Bate
<u>CHD</u>	136.28 138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		w Costs
	Desk Reviewed Cost	
	Desk Audited Costs Field Audited Cost	
		
	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ana	lysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	The state of the s	.
	For Information Only (No Change In Rate)	



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Gulf County Health Department		Provider Number ()279331-04
2475 Garrison Avenue	-	_	7/18/2012
Port St. Joe. FL 32456-5265	•	Fiscal Year End: 0	
*Off St. Joe. PL 32430-3203	-	Audit Status: 1	Jnaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		spective ve Adjusted For New (Costs
<u>BA</u>	SIS Budget Unaudited Cost Desk Reviewed Cost		
	Desk Audited Costs Field Audited Cost		
DISTRIBUTION:	Rydell Samuel.	Administrator Reimbursement Analy	sis
Fiscal Agent Contract Management Cost Reimbursement State Health Office		伊	
	For Information Only (No Change In Rate)		



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Gulf County Health Department		Provider Number	0279331-05
475 Garrison Avenue	_		7/18/2012
Port St. Joe, FL 32456-5265	_	Fiscal Year End:	
on St. Joe, Ft. 32430-3203		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	BASIS	spective ve Adjusted For New	Costs
X	Desk Reviewed Cost		
	Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	teimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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oulf County Health Department	F	Provider Number	
475 Garrison Avenue			7/18/2012
ort St. Joe, FL 32456-5265	_	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	ective Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Ad Medicaid Cost Rei		lysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Gulf County Health Department	Provider Number	
2475 Garrison Avenue		7/18/2012
Port St. Joe. FL 32456-5265	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	136.28 138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on CostX	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	

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ulf County Health Department		Provider Number 02	
475 Garrison Avenue		Date: 7/	
ort St. Joe, FL 32456-5265	- -	Fiscal Year End: 06 Audit Status: U	-
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti	spective ve Adjusted For New C	'osts
X	Budget		
	Desk Audited Costs Field Audited Cost		
	Rydell Samuel,	Administrator	<u>.</u>
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Reimbursement Analys	is
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Gulf County Health Department		nber <u>0279331-12</u>
2475 Garrison Avenue		Date: 7/18/2012 End: 06/30/2011
Port St. Joe. FL 32456-5265		atus: Unaudited [1]
Provider Type	Current Rate New R	ate Effective Date
<u>CHD</u>	<u>136.28</u> <u>138.</u>	51 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted Fo	r New Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement	Analysis
	For Information Only (No Change In Rate)	

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oulf County Health Department	Provider Number	0279331-13
475 Garrison Avenue		7/18/2012
	Fiscal Year End:	
ort St. Joe, FL 32456-5265	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	136.28 138.51	7/1/2012
InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	v Costs
	Rydell Samuel, Administrator	ht.
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Anal	i) 212
	For Information Only (No Change In Rate)	



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full County Health Department		Provider Number	
475 Garrison Avenue		Date: Fiscal Year End:	7/18/2012
ort St. Joe, FL 32456-5265			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Y Prospective Prospective BASIS Budget X Unaudited Cost	pective c Adjusted For Nev	v Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator leimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Gulf County Health Department	- 	Provider Number Date:	0279331-15 7/18/2012
2475 Garrison Avenue	<u> </u>	Fiscal Year End:	06/30/2011
Port St. Joe, FL 32456-5265		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analy	vsis
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

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Gulf County Health Department		Provider Number 02 Date: 7/	
2475 Garrison Avenue		Fiscal Year End: 06	
Port St. Joe. F1. 32456-5265		Audit Status: U	naudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type			
Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection Prospection	spective ve Adjusted For New C	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost		
	Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	Administrator Leimbursement Analysi	<u>-</u>
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost F	Remoursement Analyst	S
	For Information Only (No Change In Rate)		



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Gulf County Health Department		Provider Number	
2475 Garrison Avenue	_		7/18/2012
Port St. Joe, FL 32456-5265	_	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A	Administrator eimbursement Anal	lysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

ulf County Health Department	Р	rovider Number 0.	·
75 Garrison Avenue		Date: 7/	
ort St. Joe, FL 32456-5265		Fiscal Year End: 00 Audit Status: 1	
		Audit Status: U	Inaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost .	X Prospective X Total Prospective Prospective	spective ve Adjusted For Nev	w Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost F	Administrator Reimbursement And	alysis
	For Information Only (No Change In Rate)		

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Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Gulf County Health Department 2475 Garrison Avenue Port St. Joe, FL 32456-5265			0279331-19 7/27/2012 06/30/2011	
TOTO SERVICE SERVICE SERVICE			Audit Status:	Unaudited [1]
<u>Provider Type</u>		Current Rate	New Rate	Effective Date
<u>CHD</u>	-	136.28	138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost			e ospective ive Adjusted For N	New Costs
	Desk R	ted Cost eviewed Cost udited Costs udited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office			I, Administrator t Reimbursement A	inalysis
	Fo	or Information Only No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Gulf County Flealth Department	Provider Number	0279331-21
2475 Garrison Avenue		7/18/2012
Port St. Joe, FL 32456-5265	Fiscal Year End:	
on 31, 300, 117-32430-3203	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	136.28 138.51	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New	w Costs
	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	
<u> </u>	Field Audited Cost	
	Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	

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Gulf County Health Department		Provider Number	0279331-30 7/27/2012	
75 Garrison Avenue		Fiscal Year End:		
Port St. Joe, FL 32456-5265		Audit Status:	Unaudited [1]	
Provider Type	Current Rate	New Rate		
<u>CHD</u>	136.28	138.51	7/1/2012	
Rate Type InterimTotal InterimSettlement Based on Cost		v <u>e</u> Prospective ective Adjusted For	New Costs	
	Rydell Sami	uel, Administrator		
		ost Reimbursement	Analysis	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		THE STATE OF THE S		
	For Information Only (No Change In Rate)			



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Medicaid Reimbursement Rate Change Form for CHDs

Iamilton County Health Department		Provider Number	0279340-00 7/18/2012
P. O. Box 267		Fiscal Year End:	
asper, FL 32052	<u> </u>	Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	158.93	169.02	7/1/2012
Rate Type			
<u>Interim</u>	X Prospective X Total Prosp	nactiva	
Total Interim Settlement Based on Cost		e Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Ro	eimbursement Anal	ysis
	For Information Only (No Change In Rate)		

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Hamilton County Health Department		Provider Number	
P. O. Box 267			7/27/2012
Jasper, FL 32052		Fiscal Year End:	
Jasper, FE 32002		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	158.93	169.02	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		ve Prospective ective Adjusted For	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		uel, Administrator ost Reimbursement	Analysis
	For Information Only (No Change In Rate)		



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nilton County Health Department		Provider Number Date:	0279340-30 7/18/2012
Box 267 er. F1. 32052	<u> </u>	Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	158.93	169.02	
Rate Type			
Total InterimSettlement Based on Cost	X Prospective X Total Prospection Prospection	spective we Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

lamilton County Health Department	Provider	r Number <u>0279340-9</u>	<u> </u>
P. O. Box 267	Eigen I X	Date: 7/18/2012 Year End: 06/30/2011	
asper, F1, 32052		fit Status: Unaudited	
<u>Provider Type</u>	Current Rate Ne	w Rate Effe	ective Date
<u>CHD</u>	<u>158.93</u> <u>1</u>	169.02 7	/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjuste	d For New Costs	
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administra Medicaid Cost Reimburser		
	For Information Only (No Change In Rate)		

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ardee County Health Department	P	rovider Number	
5 K.D. Revell Road		Date: - Fiscal Year End: -	7/27/2012
auchula, FL 33873	<u> </u>	1.04	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	167.99	151.81	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	spective /e Adjusted For N	ew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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lardee County Health Department	Provider Number	
15 K.D. Revell Road	Date: Fiscal Year End:	
Wauchula, F1. 33873	Audit Status:	
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>167.99</u> <u>151.81</u>	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	w Costs
	Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

lardee County Health Department		Provider Number 02	
15 K.D. Revell Road		Date: 7/	
Wauchula, FL 33873	<u> </u>	Fiscal Year End: 06 Audit Status: Ui	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	167.99	151.81	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	spective ve Adjusted For New Co	osts
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator eimbursement Analysis	
	For Information Only (No Change In Rate)		

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rdee County Health Department		Provider Number $\frac{0}{2}$	
5 K.D. Revell Road		Fiscal Year End: 0	/27/2012 6/30/2011
auchula, FL 33873			Jnaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
110vider Type	- Current Rate	- New Rate	
<u>CHD</u>	<u> 167.99</u>	151.81	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs		w Costs
_	Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		, Administrator Reimbursement And	alysis
	For Information Only (No Change In Rate)		



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Hendry County Health Department		Provider Number 0	279366-00 /18/2012
P. O. Box 70		Fiscal Year End: 0	
LaBelle, FL 33975		Audit Status: [naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	175.56	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection	spective we Adjusted For New (`osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel Medicaid Cost R	Administrator teimbursement Analys	is
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

lendry County Health Department	Provider Numb	per 0279366-20
. O. Box 70		te: 7/18/2012
aBelle, FL 33975	Fiscal Year Er Audit Statu	d: 06/30/2011 Unaudited [1]
Provider Type	Current Rate New Rat	te Effective Date
<u>CHD</u>	180.00 175.50	
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For S BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	vew Costs
	Rydell Samuel. Administrator Medicaid Cost Reimbursement A	nalysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	R	
	For Information Only (No Change In Rate)	

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O. Box 70 Belle, FL 33975			Fiscal Year End:	7/27/2012 06/30/2011
Belle, 11. 33713			Audit Status:	Unaudited [1]
Provider Type	_	Current Rate	New Rate	Effective Date
<u>CHD</u>	_	180.00	175.56	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost			e Pospective tive Adjusted For N	New Costs
		riewed Cost lited Costs		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office			l, Administrator t Reimbursement A	unalysis
	For I (No	nformation Only Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

lendry County Health Department		Provider Number <u>0</u>	
P. O. Box 70		Date: 7. Fiscal Year End: 00	/18/2012
aBelle, FL 33975	<u> </u>	Audit Status: 1	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	175.56	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	occtive e Adjusted For New C	Costs
	Rydell Samuel. A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		eimbursement Analys	is
	For Information Only (No Change In Rate)		

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Iernando County Health Department	Pı	rovider Number <u>(</u>	
800 S. Main St.		Date: <u>7</u> iseal Year End: 0	//18/2012
Brooksville, FL 34601		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.13	132.49	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective A	rtive .djusted For New (Costs
<u> </u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Adm Medicaid Cost Rein		sis
	For Information Only (No Change In Rate)		



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rnando County Health Department 0 S. Main St. ooksville, FL 34601		rovider Number Date: Fiscal Year End: Audit Status:	7/27/2012
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.13	132.49	7/1/2012
Rate Type			
	X Prospective X Total Prospective Prospective	spective ve Adjusted For N	New Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Hernando County Health Department	Provider Number	
300 S. Main St.		7/18/2012
Brooksville, FL 34601	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	129.13 132.49	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New	v Costs
	BASIS Budget Variable Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Anal	ysis
	For Information Only (No Change In Rate)	

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Medicaid Reimbursement Rate Change Form for CHDs

Hernando County Health Department		Provider Number	0279374-92 7/18/2012
300 S. Main St.		Fiscal Year End:	
Brooksville, FL 34601		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.13	132.49	7/1/2012
Rate Type			
		trospective stive Adjusted For New	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		I. Administrator t Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		

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Highlands County Health Department		Provider Number 02	
7205 South George Boulevard		Date: 7/	
Sebring, FL. 33872		Fiscal Year End: $\frac{06}{U_1}$ Audit Status: $\frac{06}{U_1}$	
	Constant Posts	_	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	144.59	154.48	7/1/2012
Rate Type			
<u>Interim</u>	x Prospective		
Total Interim	X Total Pros	pective	
Settlement Based on Cost	Prospectiv	e Adjusted For New Co	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. /		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	cimbursement Analysis	s
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Highlands County Health Department		Provider Number 0	
7205 South George Boulevard		Date: 7 Fiscal Year End: 0	//18/2012 6/30/2011
Sebring, FL 33872		Audit Status: L	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	144.59	154.48	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New (Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement Analys	sis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

ndian River County Health Department	Provider Numbe	r 0279412-00
900 27th Street		: <u>7/18/2012</u>
Vero Beach, FL 32960	Fiscal Year End	
veto Beach, 11. 32700	Audit Status	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	133.98 145.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For No. BASIS Budget	ew Costs
	Unaudited Cost Desk Reviewed Cost Desk Audited Costs	
	Field Audited Cost Rydell Samuel, Administrator Medicaid Cost Reimbursement An	alysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	The state of the s	
	For Information Only (No Change In Rate)	

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Medicaid Reimbursement Rate Change Form for CHDs

dian River County Health Department		Provider Number	0279412-01 7/18/2012
00 27th Street	<u> </u>	Fiscal Year End:	06/30/2011
ro Beach, FL 32960		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	133.98	145.50	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost		
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel,	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost	Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		

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ndian River County Health Department	Provider Number	0279412-02
900 27th Street		7/18/2012
Vero Beach, FL 32960	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	133.98 145.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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Indian River County Health Department		Provider Number	
1900 27th Street		Date: Fiscal Year End:	7/18/2012 06/30/2011
Vero Beach, FL 32960	_		Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	133.98	145.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	pective e Adjusted For New	; Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost R	Administrator eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Indian River County Health Department		Provider Number 02	
1900 27th Street		Date: 7 <i>i</i> Fiscal Year End: 06	
Vero Beach, FL 32960	_	Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	133.98	145.50	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New C	osts
<u> </u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analysi	S .
	For Information Only (No Change In Rate)		

Printed: 7 18 2012 3:34:27PM Analyst: 9ZK BatchID: 23E61 RCID: 9ZK02794122012070120120718153115



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ndian River County Health Department		Provider Number	
900 27th Street		Date: Fiscal Year End:	7/18/2012 06/30/2011
/ero Beach, FL 32960		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	133.98	145.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		e Prospective ective Adjusted For Ne	w Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
		el. Administrator st Reimbursement Ana	llysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		R	
	For Information Only (No Change In Rate)		



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ian River County Health Department	_	Provider Number Date:	0279412-30 7/27/2012
oo 27th Street ro Beach, FL 32960	<u> </u>	Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
CHD	133.98	145.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospect		New Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		, Administrator Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



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ndian River County Health Department		Provider Number	
900 27th Street		Date: Fiscal Year End:	7/18/2012 06/30/2011
/ero Beach, FL 32960			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	133.98	145.50	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	v Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Ro	administrator cimbursement Anal	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Indian River County Health Department	I	Provider Number	
1900 27th Street	<u> </u>	Date: Fiscal Year End:	7/18/2012
Vero Beach, FL 32960	<u></u>		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	133.98	145.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs	ective Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Field Audited Cost Rydell Samuel. Ac Medicaid Cost Rei		lysis



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ndian River County Health Department	Provider Number	_
900 27th Street		7/18/2012
Vero Beach, F1, 32960	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	133.98 145.50	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For No. BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ana	ilysis
	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

son County Health Department		Provider Number	0279421-00
<u>"</u>			7/18/2012
. Box 310		Fiscal Year End:	
anna. FL 32447		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.19	119.26	7/1/2012
Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	spective ve Adjusted For Nev	w Costs
	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Ana	lysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		R	
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

ackson County Health Department		Provider Number Date:	027942 1- 01 7/18/2012
O. Box 310 Jarianna, FL 32447		Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.19	119.26	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		

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sson County Health Department		Provider Number 02	
D. Box 310		Date: $\frac{7/}{06}$ Fiscal Year End: $\frac{7}{06}$	
rianna. F1. 32447	<u> </u>	Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.19	119.26	7/1/2012
Rate Type Interim	X <u>Prospective</u>		
Total Interim Settlement Based on Cost	X Total Pros	spective /c Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator teimbursement Analysi	s
	For Information Only (No Change In Rate)		



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ickson County Health Department		Provider Number 0	
. O. Box 310		Date: <u>7</u> Fiscal Year End: 0	7/18/2012 16/30/2011
1arianna, FL 32447	_	Audit Status: [
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.19	119.26	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimburscment Analy	sis
	For Information Only (No Change In Rate)		



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tson County Health Department		Provider Number	0279421-04
			7/18/2012
D. Box 310		Fiscal Year End:	
rianna. FL 32447	<u> </u>	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.19	119.26_	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti	spective ve Adjusted For Nev	w Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost	Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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O. Box 310		Fiscal Year End:	7/18/2012 06/30/2011
arianna, FL 32447		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.19	119.26	7/1/2012
Rate Type			
	X Prospective X Total Prospective Prospective	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent	Rydell Samuel, A Medicaid Cost R	Administrator teimbursement Anal	ysis
Contract Management Cost Reimbursement State Health Office	1	#	
	For Information Only (No Change In Rate)		



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ackson County Health Department		Provider Number	0279421-14
c. O. Box 310	_		7/18/2012
Agrianna, FL 32447		Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.19	119.26	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ective Adjusted For Nev	v Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Ro	dministrator eimbursement Anal	lysis
	For Information Only (No Change In Rate)		



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ckson County Health Department		Provider Number	
O. Box 310		Fiscal Year End:	7/27/2012
arianna, FL 32447		Audit Status:	
Provider Type	Current Ra	nte New Rate	Effective Date
<u>CHD</u>	114.19	119.26	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost		<u>ctive</u> :al Prospective :spective Adjusted For I	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		amuel, Administrator Cost Reimbursement A	Analysis
	For Information On (No Change In Rat	ly e)	



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ackson County Health Department		Provider Number 02	
. O. Box 310		Date: 7/ Fiscal Year End: 06	
Aarianna, FL 32447		Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	114.19	119.26	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New C	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost R	Administrator teimbursement Analysi	s
	For Information Only (No Change In Rate)		



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Jefferson County Health Department	Provider Number	0279439-00
		7/18/2012
1255 W. Washington Street	— Fiscal Year End:	
Monticello, FL 32344	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	180.00 159.25	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost E	Desk Reviewed Cost Desk Audited Costs Field Audited Cost	w Costs
	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	dveis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	The state of the s	y ·····
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

efferson County Health Department		Provider Number 0	
255 W. Washington Street		Date: 7. Fiscal Year End: 0	
Monticello, FL 32344		Audit Status: 1	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	159.25	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	pective ve Adjusted For New C	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost R	Administrator teimbursement Analys	sis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

efferson County Health Department		Provider Number $\frac{0}{7}$	
255 W. Washington Street 4 onticello, FL 32344		Fiscal Year End: 06 Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	159.25	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New C	'osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel Medicaid Cost R	Administrator Reimbursement Analys	is
	For Information Only (No Change In Rate)		

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efferson County Health Department		Provider Number (0279439-12 7/18/2012
255 W. Washington Street		Fiscal Year End: 0	
Monticello, FL 32344	- 		Jnaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	159.25	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs	spective ve Adjusted For New (Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Field Audited Cost Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analys	sis
	For Information Only (No Change In Rate)		



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Jefferson County Health Department 1255 W. Washington Street Monticello, FL 32344	Fiscal Year End:	7/27/2012
<u>Provider Type</u> <u>CHD</u>	Current Rate New Rate 180.00 159.25	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For N BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs	lew Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Field Audited Cost Rydell Samuel, Administrator Medicaid Cost Reimbursement A For Information Only (No Change In Rate)	nalysis



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e County Health Department		Provider Number	
20 Michigan Avenue		Date: Tiscal Year End:	7/27/2012
rt Myers, FL 33916		A 114 Ct 4	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	160.11	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		<u>e</u> Pospective tive Adjusted For N	ew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cos	el, Administrator et Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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ee County Health Department 920 Michigan Avenue		Provider Number 02 Date: 7/ Fiscal Year End: 06	18/2012
ort Myers, FL 33916	<u> </u>	Audit Status: $\frac{00}{U_1}$	· · · · · ·
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	160.11	180.00	7/1/2012
Rate Type			
Total InterimSettlement Based on Cost	X Prospective X Total Propect	ospective ive Adjusted For New C	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Analysi	s
	For Information Only (No Change In Rate)		



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Lee County Health Department	Provider Number	
3920 Michigan Avenuc	Date: —— Fiscal Year End:	7/18/2012
Fort Myers, FL 33916		Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	160.11 180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget	w Costs
		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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.con County Health Department	Provid		0279471-00
1965 Municipal Way	——————————————————————————————————————	Date: Year End:	7/18/2012 06/30/2011
allahassee, FL 32304			Unaudited [1]
<u>Provider Type</u>	Current Rate N	ew Rate_	Effective Date
<u>CHD</u>	112.17	119.95	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X	ted For New	· Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
<u>DISTRIBUTION:</u> Fiscal Agent Contract Management	Rydell Samuel. Adminis Medicaid Cost Reimburs		vsis
Cost Reimbursement State Health Office	A)		
	For Information Only (No Change In Rate)		



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eon County Health Department		Provider Number 02	
965 Municipal Way		Date: 7/ Fiscal Year End: 06	
Callahassee, FL 32304		Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	112.17	119.95	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New C	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analysi	s
	For Information Only (No Change In Rate)		



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Levy County Health Department		Provider Number 0	
P. O. Box 40		Date: 7/ Fiscal Year End: 06	
Bronson, FL 32621		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	133.62	113.55	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	pective e Adjusted For New C	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Field Audited Cost Rydell Samuel, 7 Medicaid Cost R	Administrator cimbursement Analysi	is



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Medicaid Reimbursement Rate Change Form for CHDs

Levy County Health Department		Provider Number	
P. O. Box 40		Fiscal Year End:	7/18/2012 06/30/2011
Bronson, FL 32621	<u> </u>		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	133.62	113.55	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	ospective ive Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

	Provider Number	
		7/18/2012
	Audit Status:	
Current Rate	New Rate	Effective Date
152.44	180.00	7/1/2012
		Costs
Medicaid Cost R		vsis
1	X Prospective X Total Prospective Prospective t lited Cost Reviewed Cost Audited Costs Audited Cost Rydell Samuel. A Medicaid Cost R	Current Rate New Rate 152.44 180.00 X Prospective X Total Prospective Prospective Adjusted For New Addited Cost Audited Cost

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.iberty County Health Department	Provider Number	
P. O. Box 489		7/18/2012
Bristol, FL 32321	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>152.44</u> <u>180.00</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ana For Information Only	lysis
	For Information Only (No Change In Rate)	



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berty County Health Department		Provider Number (
O. Box 489	<u> </u>	Date: 7 Fiscal Year End: 0	7/18/2012 06/30/2011
ristol, FL 32321		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	152.44	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		ospective ive Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Analy	sis
	For Information Only (No Change In Rate)		



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iberty County Health Department		Provider Number Date:	0279498-08 7/18/2012
O. Box 489 Bristol, FL 32321	 	Fiscal Year End: Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	152.44	180.00	7/1/2012
Rate Type			
	X Prospective X Total Prospective Prospective	spective ve Adjusted For Ne	w Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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erty County Health Department D. Box 489		Provider Number Date: Fiscal Year End:	7/27/2012
stol, FL 32321		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	152.44	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		/ <u>e</u> Prospective ctive Adjusted For I	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		nel, Administrator st Reimbursement	Analysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

iberty County Health Department		Provider Number	
P. O. Box 489		Fiscal Year End:	7/18/2012 06/30/2011
3ristol, FL 32321		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	152.44	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel.	A dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Reimbursement Analy	vsis
	For Information Only (No Change In Rate)		

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.iberty County Health Department	Provi	der Number	
P. O. Box 489		Date: al Year End:	7/18/2012
Bristol, FL 32321			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	152.44	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adju		v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Admini Medicaid Cost Reimbu		ysis
	For Information Only (No Change In Rate)		



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Liberty County Health Department		Provider Number	
P. O. Box 489	_		7/27/2012
Bristol, FL 32321	- -	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u> <u>CHD</u>	Current Rate 152.44	New Rate 180.00	Effective Date 7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost		2 ospective tive Adjusted For I	New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samue Medicaid Cos	l, Administrator t Reimbursement A	Analysis



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y County Health Department		Provider Number 02 Date: 7/		
3ox 489 I, FL 32321	<u> </u>	Fiscal Year End: 06. Audit Status: U	: 06/30/2011	
		yradii varas <u>Ol</u>	naudited [1]	
Provider Type	Current Rate	New Rate	Effective Dat	
<u>CHD</u>	152.44	180.00	7/1/2012	
Rate Type				
<u>Interim</u>	X Prospective			
Total Interim	X Total Pros			
Settlement Based on Cost	Prospectiv	e Adjusted For New C	osts	
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost			
	Rydell Samuel, A			
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Analysi	S	
	For Information Only (No Change In Rate)			



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Medicaid Reimbursement Rate Change Form for CHDs

Manatee County Health Department	Provider Number	
410 Six Avenue East	Date Fiscal Year End	7/18/2012
Bradenton, FL 34208		Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>СНФ</u>	180.00 180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For Ne	ew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	olveie
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Wedicald Cost Relitions etherit And	
	For Information Only (No Change In Rate)	

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Manatee County Health Department		Provider Number	
110 Six Avenue East	<u></u>	Date: Fiscal Year End:	7/18/2012
Bradenton, FL 34208		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New	: Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

anatee County Health Department		Provider Number	
0 Six Avenue East		Date:	7/18/2012
radenton, FL 34208		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		

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Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Manatee County Health Department		Provider Number 02	
10 Six Avenue East		Date: 7/ Fiscal Year End: 06	
Bradenton, FL 34208		Audit Status: $\underline{\underline{\upsilon}}_1$	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim	X Prospective X Total Pros		
Settlement Based on Cost	Prospective Prospe	e Adjusted For New C	osts
<u> </u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		deimbursement Analysi	S
	For Information Only (No Change In Rate)		

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Manatee County Health Department	_	Provider Number (Date: 7	0279510-10 7/18/2012
H0 Six Avenue East Bradenton, FL 34208	<u> </u>	Fiscal Year End: 0 Audit Status: 1	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Prospection Prospection	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analys	sis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Manatas County Health Department	Provider Number	0279510-30
Manatee County Health Department		7/27/2012
410 Six Avenue East	Fiscal Year End:	06/30/2011
Bradenton, FL 34208	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	180.00 180.00	7/1/2012
Interim Total Interim Settlement Based on Cost DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	X Prospective X Total Prospective Prospective Adjusted For BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel, Administrator Medicaid Cost Reimbursement	
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

Manatee County Health Department		Provider Number	0279510-91
410 Six Avenue East	-		7/27/2012
Bradenton, FL 34208		Fiscal Year End:	···
Diadentoli, I E 3 1200		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost		<u>e</u> rospective tive Adjusted For N	ew Costs
DISTRIBUTION: Fiscal Agent		el, Administrator et Reimbursement A	nalysis
Contract Management Cost Reimbursement State Health Office	For Information Only (No Change In Rate)	f()	

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Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

arion County Health Department		Provider Number	0279528-00
	_		7/18/2012
201 S.E. 32nd Avenue		Fiscal Year End:	
cala, FL 34478-2408		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	<u> 180.00</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	spective ve Adjusted For Nev	v Costs
DISTRIBETION.	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Anal	lysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		R	
	For Information Only (No Change In Rate)		



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Marion County Health Department		Provider Number	0279528-01
801 S.E. 32nd Avenue			7/18/2012
Deala, FL 34478-2408		Fiscal Year End: Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
<u>Interim</u>	x <u>Prospective</u>		
Total Interim	X Total Prosp		
Settlement Based on Cost	Prospective	e Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Ro	eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Marion County Health Department		Provider Number 02	
801 S.E. 32nd Avenue		Date: 7/ Fiscal Year End: 06	
Deala, FL 34478-2408		Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New C	osts
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Reimbursement Analysi	s
	For Information Only (No Change In Rate)		



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Marion County Health Department		Provider Number	
801 S.E. 32nd Avenue			7/18/2012
Ocala, FL 34478-2408		Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
	X Prospective X Total Prospective Prospective	spective re Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator deimbursement Anal	lysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

rion County Health Department		Provider Number 02 Date: 7/	18/2012
1 S.E. 32nd Avenue da. FL 34478-2408	<u> </u>	Fiscal Year End: 06 Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New C	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel,		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost I	Reimbursement Analysi	5
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Parion County Health Department		Provider Number 03	
801 S.E. 32nd Avenue		Date: 7/ Fiscal Year End: 06	
ocala, FL 34478-2408	<u> </u>	Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
Interim	x Prospective		
Total Interim	X Total Pros	poctive	
Settlement Based on Cost	Prospective	e Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Ro	cimbursement Analysi	S
	For Information Only (No Change In Rate)		

Analyst: 9ZK

BatchID: 23E61 RCID: 9ZK02795282012070420120718153115



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rion County Health Department		Provider Number Date:	0279528-12 7/27/2012
ala, FL 34478-2408		Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	Prospec	<u>e</u> rospective ctive Adjusted For 1	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



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ion County Health Department	P	rovider Number	
1 S.E. 32nd Avenue		Date: Fiscal Year End:	7/27/2012
la, FL 34478-2408		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		spective /e Adjusted For N	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost F	Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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arion County Health Department		Provider Number (
01 S.E. 32nd Avenue		Date: 7 Fiscal Year End: 0	7/18/2012 6/30/2011
rala, FL 34478-2408		Audit Status: [
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
Total InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	spective ce Adjusted For New C	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Analys	is
	For Information Only (No Change In Rate)		



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Iarion County Health Department	Pro	ovider Number	0279528-92
801 S.E. 32nd Avenue			7/18/2012
cala, FL 34478-2408	Fi:	scal Year End:	
Caia, FT. 34476-2406		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Add BASIS Budget Unaudited Cost Desk Reviewed Cost	ive ljusted For New	Costs
	Desk Audited Costs Field Audited Cost		
	Rydell Samuel, Admi	inistrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimb	oursement Analy	sis
	For Information Only (No Change In Rate)		



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on County Health Department		Provider Number	0279528-93
S.E. 32nd Avenue			7/18/2012
i, FL 34478-2408	_	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator cimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Marion County Health Department		Provider Number	
1801 S.E. 32nd Avenue			7/18/2012
Ocala, FL 34478-2408		Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	pective Adjusted For Nev	v Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Re	dministrator eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Aarion County Health Department		Provider Number	0279528-95
801 S.E. 32nd Avenue			
Ocala, F1, 34478-2408	<u>—</u>	Fiscal Year End:	
Zeda. 11. 54476-2406		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	spective we Adjusted For Nev	v Costs
X	Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Martin County Health Department	Provider Number	er 0279536-00
3441 SE Willoughby Blvd.		e: 7/18/2012
Stuart, FL 34994-5060	Fiscal Year En	
Stuart, FT, 34994-3000	Audit Statu	S: Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	e Effective Date
СНД	167.44 167.44	7/1/2012
<u> </u>	X Prospective X Total Prospective Prospective Adjusted For N BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	ew Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ar	nalysis
	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Martin County Health Department	Provid	der Number	
3441 SE Willoughby Blvd.			7/18/2012
Stuart, FL 34994-5060		TYear End: 6	
	A	udit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate N	New Rate	Effective Date
<u>CHD</u>	167.44	167.44	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjust		Costs
 	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administ Medicaid Cost Reimburs		sis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Martin County Health Department		Provider Number	0279536-02
3441 SE Willoughby Blvd.	_		7/18/2012
Stuart, FL 34994-5060	- _	Fiscal Year End: Audit Status:	Unaudited [1]
	_		Ollaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	167.44	167.44	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost BA	X Prospective X Total Prospective Prospective ASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	pective c Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, / Medicaid Cost R	Administrator eimbursement Anal	ysis
_	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

rtin County Health Department		Provider Number 0	
1 SE Willoughby Blvd.		Fiscal Year End: 00	/18/2012 5/30/2011
art. FL 34994-5060	<u> </u>	Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	167.44	167.44	7/1/2012
Rate Type			
<u>Interim</u>	X Prospective		
Total Interim	X Total Pros	pective	
Settlement Based on Cost	Prospectiv	e Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A	Administrator	. <u>. </u>
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Analysi	S
	For Information Only (No Change In Rate)		



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Martin County Health Department	Provide	er Number	0279536-04
8441 SE Willoughby Blvd.			7/18/2012
Stuart, FL 34994-5060			06/30/2011 Unaudited [1]
<u>Provider Type</u>		ew Rate	Effective Date
<u>CHD</u>		167.44	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	N Prospective X Total Prospective Prospective Adjuste BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	ed For New	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administr Medicaid Cost Reimburse		vsis
	For Information Only (No Change In Rate)		



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Martin County Health Department	Provider Number	0279536-11
3441 SE Willoughby Blvd.		7/18/2012
Stuart, FL 34994-5060	Fiscal Year End:	
	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	167.44 167.44	7/1/2012
Interim Total Interim Settlement Based on Cost E	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Anal	ysis
	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

rtin County Health Department H SE Willoughby Blvd. art, FL 34994-5060		Fiscal Year End:	7/27/2012
Provider Type	Current Rate	New Rate	Effective Date 7/1/2012
<u>CHD</u>	167,44	167.44	
Rate Type Interim	X Prospective		
Total Interim Settlement Based on Cost	·	ospective ive Adjusted For N	ew Costs
	BASIS Budget X Unaudited Cost		
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION:		, Administrator Reimbursement An	nalysis
Fiscal Agent Contract Management Cost Reimbursement State Health Office		F.	
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Martin County Health Department		Provider Number	0279536-91
3441 SE Willoughby Blvd.			7/18/2012
Stuart, FL 34994-5060		Fiscal Year End:	
Addition of the control of the contr		Audit Status:	Unaudited [1]
Duovidos Typo	Convert Pote	New Date	Essative Date
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	167.44	167.44	
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ective Adjusted For New	: Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel. Ac Medicaid Cost Rei		vsis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

artin County Health Department		Provider Number	
41 SE Willoughby Blvd.			7/18/2012
nart. FL 34994-5060	<u> </u>	Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
			enaudicu [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	167.44	167.44	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS	spective ve Adjusted For New	/ Costs
	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	leimbursement Anal	ysis
	For Information Only (No Change In Rate)		

Analyst: 9ZK



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Monroe County Health Department	Provider Nun	nber 0279544-00
5100 College Road		hate: 7/18/2012
Key West, FL 33040		End: 06/30/2011
	Audit Sta	tus: Unaudited [1]
Provider Type	Current Rate New Ra	ate Effective Date
<u>CHD</u>	180.00 180.0	00 7/1/2012
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	
DISTRIBUTION:	Rydell Samuel, Administrator Medicaid Cost Reimbursement A	Analysis
Fiscal Agent Contract Management Cost Reimbursement State Health Office	R	
	For Information Only (No Change In Rate)	



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nroe County Health Department		Provider Number	
00 College Road		Date: Fiscal Year End:	7/18/2012
y West, FL 33040		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Monroe County Health Department		Provider Number	0279544-03
5100 College Road			7/18/2012
Key West, FL 33040		Fiscal Year End: (
		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	
Desk Desk		pective e Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Analys	sis
	For Information Only (No Change In Rate)		



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Aonroe County Health Department		Provider Number	
100 College Road		Fiscal Year End: (
Ley West, FL 33040		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator teimbursement Analys	sis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Monroe County Health Department		Provider Number	
5100 College Road	<u> </u>	Date: 1 Fiscal Year End: 0	7/18/2012
Key West, FL 33040		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Pros Prospective	pective e Adjusted For New (Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Ro	administrator eimbursement Analys	is
	For Information Only (No Change In Rate)		

Analyst: 9ZK



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Monroe County Health Department	I	Provider Number	0279544-13
100 College Road		Date: Fiscal Year End:	7/18/2012
Key West, FL 33040	_		Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ective Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Ad Medicaid Cost Rei		ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

onroc County Health Department	F	Provider Number	
00 College Road			7/27/2012
y West, FL 33040		Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For N	lew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost F	Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

nroe County Health Department		Provider Number	
0 College Road		Date: Fiscal Year End:	7/18/2012 06/30/2011
y West, FL 33040		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
Interim	X Prospective		
Total Interim Settlement Based on Cost	X Total Prosp		6
Settlement Based on Cost	rrospective	e Adjusted For New	Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Re	imbursement Analy.	sis
	For Information Only (No Change In Rate)		

BatchID: 23E61



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Nonroe County Health Department	_	Provider Number	
100 College Road	<u></u>	Date: Fiscal Year End:	7/18/2012
ey West, FL 33040	_		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	dministrator imbursement Analy	vsis
	For Information Only (No Change In Rate)		



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Monroe County Health Department	Provider Number	0279544-93
5100 College Road		7/18/2012
Key West, FL 33040	Fiscal Year End:	
	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	180.00 180.00	
Interim Total Interim Settlement Based on Cost DISTRIBUTION: Fiscal Agent Contract Management	X Prospective X Total Prospective Prospective Adjusted For New	
Cost Reimbursement State Health Office	For Information Only (No Change In Rate)	



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Nassau County Health Department		Provider Number	0279552-00
P. O. Box 517			7/18/2012
Fernandina Beach, FL 32035-0517		Fiscal Year End:	
		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator Jeimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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ssau County Health Department		Provider Number	0279552-01
O. Box 517		Date: Fiscal Year End:	7/18/2012
mandina Beach, FL 32035-0517	<u> </u>	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	139,49	125.24	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Nassau County Health Department		Provider Number	
P. O. Box 517			7/18/2012
Fernandina Beach, FL 32035-0517	<u></u>	Fiscal Year End: Audit Status:	Unaudited [1]
Durant Jan Tana			
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	v Costs
<u> </u>	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator eimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

assau County Health Department			Provider Number	0279552-04
O. Box 517				7/18/2012
ernandina Beach, FL 32035-0517			Fiscal Year End:	
			Audit Status:	Unaudited [1]
Provider Type	Curr	ent Rate	New Rate	Effective Date
<u>CHD</u>	139	0.49	125.24	
Interim Total Interim Settlement Based on Cost	BASIS Budget X Unaudited Cost Desk Reviewed Co Desk Audited Costs Field Audited Cost	st	pective e Adjusted For New	Costs
<u>DISTRIBUTION:</u> Fiscal Agent		dell Samuel. A	dministrator eimbursement Analys	sis
Contract Management Cost Reimbursement State Health Office		P		
	For Informatio (No Change I			

Analyst: 9ZK



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Medicaid Reimbursement Rate Change Form for CHDs

Nassau County Health Department	Provide	r Number <u>0</u>	279552-05
P. O. Box 517	····	Date: 7	
Fernandina Beach, FL 32035-0517		Year End: 06	
		dit Status: <u>U</u>	naudited [1]
Provider Type	Current Rate Ne	w Rate	Effective Date
<u>CHD</u>	139.491	125.24	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjuste BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	d For New C	osts
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administra Medicaid Cost Reimburser		\$
	For Information Only (No Change In Rate)		

BatchID: 23E61



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Ssau County Health Department O. Box 517		Provider Number Date: Fiscal Year End:	7/27/2012
mandina Beach, FL 32035-0517		A 111 Ct	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	
Rate Type			
Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection Prospection		Jew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost	Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Nassau County Health Department		Provider Number	
P. O. Box 517		Date: Fiscal Year End:	7/18/2012
Fernandina Beach, FL 32035-0517			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective re Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, / Medicaid Cost R	Administrator eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Nassau County Health Department		Provider Number	0279552-53
P. O. Box 517	-		7/18/2012
Fernandina Beach, FL 32035-0517	•	Fiscal Year End:	
	•	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	
		pective e Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Ro	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Provider Number	
	7/18/2012
Fiscal Year End: Audit Status:	Unaudited [1]
New Rate	Effective Date
125.24	7/1/2012
ective Adjusted For Nev	v Costs
lministrator mbursement Anal	lysis



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Nassau County Health Department	Provi	ider Number	
P. O. Box 517		Date: al Year End:	7/18/2012
Fernandina Beach, FL 32035-0517			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective Adju		: Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Admini Medicaid Cost Reimbur		ysis
	For Information Only (No Change In Rate)		



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Nassau County Health Department		Provider Number	0279552-63
P. O. Box 517			7/18/2012
Fernandina Beach, FL 32035-0517		Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost	ective Adjusted For Nev	v Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Ad Medicaid Cost Re		ysis
	For Information Only (No Change In Rate)		



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Nassau County Health Department	Provider Number	
P. O. Box 517		7/18/2012
Fernandina Beach, F1. 32035-0517	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	139.49 125.24	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New	w Costs
- - - -	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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O. Box 517	_	Fiscal Year End:	7/18/2012 06/30/2011
ernandina Beach, FL 32035-0517		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	7/1/2012
Rate Type			
Total InterimSettlement Based on Cost		cospective tive Adjusted For New	/ Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		I. Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Nassau County Health Department	I	Provider Number	0279552-73
P. O. Box 517			7/18/2012
Fr. O. Box 317 Fernandina Beach, FL 32035-0517	_	Fiscal Year End:	
Fernandina Beach, FL 32053-0517	<u> </u>	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ective Adjusted For Nev	v Costs
	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydeil Samuel. Ac	lministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Rei	mbursement Anal	lysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Nassau County Health Department		Provider Number	
P. O. Box 517		Date: Fiscal Year End:	7/18/2012
ernandina Beach, FL 32035-0517	<u> </u>	Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	7/1/2012
	BASIS Budget	ective Adjusted For New	Costs
X	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Re	dministrator imbursement Analy	rsis
	For Information Only (No Change In Rate)		

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Nassau County Health Department		Provider Number	0279552-95
P. O. Box 517			7/18/2012
Fernandina Beach, FL 32035-0517		Fiscal Year End:	
Ternandina Deach, Tr. 52035-0517		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	139.49	125.24	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS	pective e Adjusted For New	/ Costs
	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A	Administrator eimbursement Anal	orie
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	R	y ata
	For Information Only (No Change In Rate)		



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osa County Health Department		Provider Number	0279561-00 7/18/2012
ospital Drive, N.F.	<u> </u>	Fiscal Year End: 0	
alton Beach, FL 32548	_	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Dat
<u>CHD</u>	142.00	142.00	7/1/2012
Rate Type			
<u>Interim</u>	x Prospective		
Total Interim	X Total Pro		
Settlement Based on Cost	Prospectiv	re Adjusted For New	Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel,		
D. C. T. L. C.	Medicaid Cost F	Reimbursement Analy	sis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		R	
	For Information Only (No Change In Rate)		



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Okaloosa County Health Department	Provider Number	
221 Hospital Drive, N.E.	Date: Fiscal Year End:	
Ft. Walton Beach, FL 32548		Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	142.00 142.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For Ne	w Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ana	ilysis
	For Information Only (No Change In Rate)	



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Pkaloosa County Health Department		Provider Number	0279561-02
			7/18/2012
21 Hospital Drive, N.E.	_	Fiscal Year End:	
t, Walton Beach, Ft. 32548		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.00	142.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	spective ve Adjusted For Nev	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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Okaloosa County Health Department		Provider Number	0279561-03
21 Hospital Drive, N.E.			7/18/2012
		Fiscal Year End:	
Et. Walton Beach, FL 32548		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.00	142.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	oective e Adjusted For Nev	v Costs
<u> </u>	Budget		
	Desk Reviewed Cost Desk Audited Costs		
	Field Audited Cost		
	Rydell Samuel, A		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Re	eimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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oosa County Health Department		Provider Number 02	
lospital Drive, N.E.		Date: 7/ Fiscal Year End: 06	
alton Beach, FL 32548	_ _	Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Dat
<u>СНD</u>	142.00	142.00	7/1/2012
Rate Type			
<u>Interim</u> Total Interim	X Prospective X Total Pros	spective	
Settlement Based on Cost		ve Adjusted For New C	osts
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analysi	s
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	1	不	
	For Information Only (No Change In Rate)		



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Okaloosa County Health Department		Provider Number	0279561-08
221 Hospital Drive, N.E.	_	Date: Fiscal Year End:	7/18/2012
t. Walton Beach, FL 32548	_	Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.00	142.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prosp	ective Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Re		ysis
	For Information Only (No Change In Rate)		



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	Year End: $\overline{0}$	/18/2012 6/30/2011 Unaudited [1]
	_	
Au	dit Status: <u> </u>	Jnaudited [1]
Current Rate Ne	ew Rate	Effective Date
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Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
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For Information Only		
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Medicaid Reimbursement Rate Change Form for CHDs

Okaloosa County Health Department		Provider Number	
221 Hospital Drive, N.E.		Fiscal Year End:	7/18/2012 06/30/2011
Ft. Walton Beach, F1. 32548	<u> </u>		Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.00	142.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New	: Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		

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caloosa County Health Department		Provider Number	0279561-17
			7/18/2012
Hospital Drive, N.E. Walton Beach, FL 32548		Fiscal Year End:	
Walton Deach, 11, 323 to	_	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.00	142.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New	: Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel,		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost	Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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aloosa County Health Department		Provider Number	
Hospital Drive, N.E.		Fiscal Year End:	7/27/2012
Walton Beach, FL 32548		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.00	142.00	
Rate Type Interim Total Interim Settlement Based on Cost		<u>e</u> rospective ctive Adjusted For I	New Costs
- - - - -	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement /	Analysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

loosa County Health Department		Provider Number	0279561-91
Hospital Drive, N.E.	_		7/18/2012
Walton Beach, FL 32548	_	Fiscal Year End:	
wallon Beach, 11, 32346	_	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.00	142.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro-	spective ve Adjusted For New	v Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		

V 1.0.0.22 Printed: 7 18 2012 3:34:27PM Analyst: 9ZK BatchID: 23E61 RCID: 9ZK02795612012070120120718153115



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Okaloosa County Health Department		Provider Number	0279561-92
21 Hospital Drive, N.E.	_		7/18/2012
t. Walton Beach. FL 32548		Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate 142.00	Effective Date 7/1/2012
<u>CHD</u>	142.00	142.00	
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, 7	\dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Dkeechobee County Health Department	P	Provider Number	0279579-00
	. 		7/18/2012
P.O. Box 1879		Fiscal Year End:	
Okeechobee , FL 34973-1879		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	176.88	122.84	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	ective Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Ad Medicaid Cost Rein		lysis
	For Information Only (No Change In Rate)		

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keechobee County Health Department	Provider	Number 0279579-01
		Date: 7/18/2012
O. Box 1879		ear End: 06/30/2011
keechobee . FL 34973-1879	Audi	t Status: Unaudited [1]
Provider Type	Current Rate New	v Rate Effective Date
<u>CHD</u>	<u>176.88</u> <u>1</u>	22.84 7/1/2012
Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	l For New Costs
	Rydell Samuel. Administra Medicaid Cost Reimbursen	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	The second cost remodes in	
	For Information Only (No Change In Rate)	



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Okeechobee County Health Department	Provider Number	
P.O. Box 1879		7/18/2012
Okeechobee , FL 34973-1879	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>176.88</u> <u>122.84</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	w Costs
DISTRIBUTION: Fiscal Agent	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
Contract Management Cost Reimbursement State Health Office		
	For Information Only (No Change In Rate)	



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keechobee County Health Department		Provider Number	0279579-03
	_		7/18/2012
O. Box 1879	-	Fiscal Year End:	
keechobee , FL 34973-1879	-	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	176.88	122.84	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost BA	ASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	spective ve Adjusted For New	Costs
	Field Audited Cost		
	Rydell Samuel,		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost F	Reimbursement Anal	ysis
_	For Information Only (No Change In Rate)		



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echobee County Health Department	_	Provider Number	0279579-04 7/18/2012
Box 1879		Fiscal Year End:	
pehobee : FL 34973-1879	_	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	176.88	122.84	7/1/2012
Rate Type Interim	x <u>Prospective</u>		
Total Interim Settlement Based on Cost	X Total Pros	pective e Adjusted For New	Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, / Medicaid Cost R	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Okeechobee County Health Department		Provider Number	
P.O. Box 1879		Date: Fiscal Year End:	7/27/2012
Okeechobee, FL 34973-1879		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
CHD	176.88	122.84	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		<u>e</u> ospective tive Adjusted For I	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samus	el, Administrator	
DIGEDIRIUM	Medicaid Cos	t Reimbursement /	Analysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		F	
	For Information Only (No Change In Rate)		



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Orange County Health Department		Provider Number	~
101 Lake Ellenor Drive		Fiscal Year End:	7/18/2012 06/30/2011
Orlando, FL 32804		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	spective ve Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel.	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

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Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department		Provider Number	
5101 Lake Ellenor Drive		Date: Fiscal Year End:	7/18/2012 06/30/2011
Orlando, FL 32804	<u> </u>		Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	w Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator cimbursement Ana	lysis
	For Information Only (No Change In Rate)		

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range County Health Department		Provider Number <u>(</u>	
101 Lake Ellenor Drive		Date: 7 Fiscal Year End: 0	7/18/2012 16/30/2011
rlando, FL 32804		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection Prospection	spective ve Adjusted For New O	Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analys	sis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	1	R	
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

unge County Health Department	- <u></u>	Provider Number Date:	<u>0279587-04</u> <u>7/18/2012</u>
T Lake Ellenor Drive ando, FL 32804		Fiscal Year End:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		

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range County Health Department		Provider Number	0279587-09
101 Lake Ellenor Drive			7/18/2012
rlando, FL 32804		Fiscal Year End:	
Tando, FL 32804		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective e Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, /	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Orange County Health Department		I	Provider Number	0279587-18
5101 Lake Ellenor Drive			Date:	7/18/2012
			Fiscal Year End:	06/30/2011
Orlando, FL 32804			Audit Status:	Unaudited [1]
<u>Provider Type</u>	Curre	nt Rate	New Rate	Effective Date
Trovider Type				
<u>CHD</u>	<u> </u>	.37	140.37	
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	st	Adjusted For New	v Costs
		dell Samuel, Ad		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Ме	raicaid Cost Rei	mbursement Anal	y515
	For Informatio. (No Change In			



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ange County Health Department	Provider N	Number	0279587-30
01 Lake Ellenor Drive			7/27/2012
lando, FL 32804		ar End: Status:	06/30/2011 Unaudited [1]
Provider Type	Current Rate New	v Rate	Effective Date
<u>CHD</u>	140.371	40.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjust BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Adminis Medicaid Cost Reimburs		nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Drange County Health Department		Provider Number	
5101 Lake Ellenor Drive	_		7/18/2012
Orlando, FL 32804		Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	pective e Adjusted For Nev	y Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator eimbursement Anal	ysis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department		Provider Number	
5101 Lake Ellenor Drive		Date: Fiscal Year End:	7/18/2012
Orlando, F1, 32804	<u> </u>		Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		: rospective tive Adjusted For Nev	v Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		I. Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department	F	Provider Number	
ol01 Lake Ellenor Drive			7/18/2012
Orlando, FL 32804	- -	Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37 _	
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ective Adjusted For New	Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Ac Medicaid Cost Rei		ysis
	For Information Only (No Change In Rate)		

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Orange County Health Department	·	Provider Number	0279587-93
			7/18/2012
101 Lake Ellenor Drive		Fiscal Year End:	
Prlando, FL 32804	<u> </u>	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti	spective ve Adjusted For Nev	w Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost F	Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department			Provider Number	0279587-94
o101 Lake Ellenor Drive				7/18/2012
Orlando, FL 32804			Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
<u>Provider Type</u>		rrent Rate	New Rate	Effective Date
<u>CHD</u>	1	140.37	140.37	
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget X Unaudited Cost Desk Reviewed Desk Audited C	: Cost Costs Cost	ve Adjusted For New	v Costs
		Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Anal	ysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		1	不	
		nation Only ge In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

ange County Health Department		Provider Number	
01 Lake Ellenor Drive		Fiscal Year End:	7/18/2012 06/30/2011
rlando, FL 32804		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type			
<u>Interim</u>	x Prospective		
Total Interim	X Total Pro-		-
Settlement Based on Cost	Prospective Prospe	ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	,,	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost F	teimbursement Analy	SIS
	For Information Only (No Change In Rate)		

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Orange County Health Department		Provider Number	
6101 Lake Ellenor Drive		Date:	7/18/2012
Orlando, FL 32804		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	140.37	140.37	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	BASIS Budget	pective e Adjusted For New	Costs
·	X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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sceola County Health Department		Provider Number	<u>0279595-00</u> <u>7/18/2012</u>
O. Box 450309		Fiscal Year End:	
issimmee, FL 34745-0309			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	100.00	100.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ive Adjusted For Nev	v Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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ecola County Health Department	1	Provider Number Date:	<u>0279595-30</u> <u>7/27/2012</u>
D. Box 450309 simmee, FL 34745-0309		Fiscal Year End:	06/30/2011
Simmlec, FL 34743-0309	_	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	100.00	100.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost			New Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		, Administrator Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Secola County Health Department		Provider Number 02	
. O. Box 450309		Date: 7/ Fiscal Year End: 06	
Lissimmee, FL 34745-0309		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	100.00	100.00	7/1/2012
Rate Type Interim	X Prospective		
Total Interim Settlement Based on Cost	X Total Pro Prospecti	spective ve Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel,	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Reimbursement Analys	S
	For Information Only (No Change In Rate)		



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sceola County Health Department		Provider Number	0279595-93
O. Box 450309			7/18/2012
issimmee, F1, 34745-0309	_	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	100.00	100.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti	spective ve Adjusted For Nev	w Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Ana	llysis
	For Information Only (No Change In Rate)		



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sco County Health Department		Provider Number Date:	0279617-00 7/27/2012
841 Little Road ew Port Richey, FL 34654		Fiscal Year End:	
Provider Type CHD	Current Rate 165.45	New Rate 157.31	Effective Date 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		<u>e</u> rospective rtive Adjusted For N	Iew Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Pasco County Health Department		Provider Number	
10841 Little Road		Date: Fiscal Year End:	7/18/2012
New Port Richey, FL 34654	_		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	165.45	157.31	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		

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Pasco County Health Department		Provider Number	
10841 Little Road		Date: Fiscal Year End:	7/18/2012
New Port Richey, FL 34654	<u> </u>	Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	165.45	157.31	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective	ective : Adjusted For New	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Re	dministrator imbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

asco County Health Department		Provider Number	
0841 Little Road			7/18/2012
ew Port Richey, FL 34654		Fiscal Year End: 4 Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	165.45	157.31	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Analy	SIS
	For Information Only (No Change In Rate)		

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nellas County Health Department		Provider Number	0279625-00
0 7th Avenue South		Date: Fiscal Year End:	7/18/2012
Petersburg, FL 33701	_		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	130.00	130.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	a Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. 7 Medicaid Cost R	Administrator Ceimbursement Ana	lysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		F	
	For Information Only (No Change In Rate)		



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nellas County Health Department		Provider Number	
0 7th Avenue South		Date: Fiscal Year End:	7/18/2012 06/30/2011
Petersburg, FL 33701			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	130.00	130.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective re Adjusted For Nev	v Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A	Administrator eimbursement Ana	lysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicala cost is	R	
	For Information Only (No Change In Rate)		



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Pinellas County Health Department	Provider Number 0279625-91 Date: 7/27/2012	_
500 7th Avenue South	Fiscal Year End: 06/30/2011	•
St. Petersburg, FL 33701	Audit Status: Unaudited [1]	
<u>Provider Type</u> <u>CHD</u>	Current Rate New Rate Effective Date 130.00 130.00 7/1/2012	
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New Costs	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	
State Health Office	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

D' H. Causte Haalth Danastmant		Provider Number	0279625-92
Pinellas County Health Department 500 7th Avenue South			7/27/2012
		Fiscal Year End:	06/30/2011
St. Petersburg, FL 33701		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	130.00	130.00	7/1/2012
Total Interim Settlement Based on Cost		<u>e</u> rospective tive Adjusted For I	New Costs
DISTRIBUTION: Fiscal Agent Contract Management		el, Administrator st Reimbursement A	Analysis
Cost Reimbursement State Health Office	For Information Only (No Change In Rate)	M	



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

ellas County Health Department		Provider Number	
7th Avenue South		Fiscal Year End:	7/27/2012
Petersburg, FL. 33701		11. 6.	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	130.00	130.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Propection Prospection BASIS		ew Costs
	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
		, Administrator	nolycie
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicald Cost	Reimbursement A	naiyətə
	For Information Only (No Change In Rate)		



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Pinellas County Health Department		Provider Number	
500 7th Avenue South		Fiscal Year End:	7/27/2012
St. Petersburg, FL 33701		Audit Status:	
		Audit Status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	130.00	130.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		e rospective ctive Adjusted For I	New Costs
	Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Divide County Health Department		Provider Number	0279625-95
Pinellas County Health Department			7/27/2012
500 7th Avenue South		Fiscal Year End:	06/30/2011
St. Petersburg, FL 33701	<u></u>	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	130.00	130.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		<u>e</u> rospective tive Adjusted For I	New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samue	el, Administrator st Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



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Polk County Health Department		Provider Number	0279633-00
	_		7/18/2012
290 Golfview Avenue, 4th Floor	_	Fiscal Year End:	
Bartow, FL 33830-6740	_	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	172.84	180.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost BX	ASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	pective e Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Field Audited Cost Rydell Samuel, A Medicaid Cost Ro	dministrator eimbursement Anai	lysis
	For Information Only (No Change In Rate)		



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County Health Department		Provider Number	0279633-01 7/18/2012
Golfview Avenue, 4th Floor		Fiscal Year End: 0	06/30/2011
ow. F1, 33830-6740		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	172.84	180.00	7/1/2012
Rate Type			
<u>Interim</u>	x <u>Prospective</u>		
Total Interim Settlement Based on Cost	X Total Prospection	spective ve Adjusted For New	Costs
	<u></u>		
	Budget Jnaudited Cost Oesk Reviewed Cost Oesk Audited Costs		
I	Field Audited Cost	A desire desire	
	Rydell Samuel. Medicaid Cost F	Reimbursement Analy	ysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	1	不	
	For Information Only (No Change In Rate)		



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Current Rate	Date: 7/ Fiscal Year End: 06 Audit Status: U New Rate 180.00	5/30/2011
	New Rate	Effective Date
	New Rate	Effective Date
172.84	180.00	7/1/2012
		iosts
lited Cost Reviewed Cost Audited Costs		
		is
,	et dited Cost Reviewed Cost Audited Cost Rudited Cost Rudited Cost Rydell Samuel,	Total Prospective Prospective Adjusted For New Cet dited Cost Reviewed Cost Audited Costs



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Polk County Health Department	Provid	ler Number	
1290 Golfview Avenue, 4th Floor	I November 1	Date: Year End:	7/18/2012
Bartow, FL 33830-6740			Unaudited [1]
Provider Type	Current Rate N	lew Rate	Effective Date
<u>СН</u> Д	172.84	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjust	sted For New	· Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel, Adminis	trator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimburs		vsis
	For Information Only (No Change In Rate)		



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olk County Health Department		Provider Number	0279633-04
290 Golfview Avenue, 4th Floor			7/18/2012
Bartow, FL 33830-6740		Fiscal Year End: Audit Status:	Unaudited [1]
		100000000000000000000000000000000000000	Onaudica [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	172.84	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective c Adjusted For Nev	v Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Polk County Health Department		Provider Number 02	
1290 Golfview Avenue, 4th Floor		Date: 7/ Fiscal Year End: 06	
Bartow, FL 33830-6740			naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	172.84	<u> 18</u> 0.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro-	spective we Adjusted For New C	osts
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analysi	s
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

k County Health Department 90 Golfview Avenue, 4th Floor rtow, FL 33830-6740		Provider Number Date: Fiscal Year End: Audit Status:	7/27/2012 06/30/2011
Provider Type <u>CHD</u>		New Rate	
Rate Type Interim Total Interim Settlement Based on Cost		ective otal Prospective rospective Adjusted For	New Costs
		Samuel, Administrator	Archeia
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medical	id Cost Reimbursement A	Analysis
	For Information O (No Change In Ra	only ate)	



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Medicaid Reimbursement Rate Change Form for CHDs

Polk County Health Department	Pi	rovider Number	0279633-90
1290 Golfview Avenue, 4th Floor		Date: [7] Fiscal Year End: [7]	7/18/2012
Bartow, FL 33830-6740		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	172.84	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective A	etive Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Adr Medicaid Cost Rein		sis
	For Information Only (No Change In Rate)		

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olk County Health Department		Provider Number	
290 Golfview Avenue, 4th Floor		Date: Fiscal Year End:	7/18/2012
artow, FL 33830-6740			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	172.84	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		ospective ive Adjusted For Nev	w Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel	. Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost	Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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Polk County Health Department	<u></u>	Provider Number 02	
290 Golfview Avenue, 4th Floor		Date: 7/ Fiscal Year End: 06	
Bartow, FL 33830-6740	<u> </u>	Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	172.84	180.00	7/1/2012
Rate Type Interim Total Interim	<u>X</u> <u>Prospective</u> X Total Pro	ospective	
Settlement Based on Cost		ive Adjusted For New Co	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	Administrator Reimbursement Analysis	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost	Reimburschicht Analysis	S
	For Information Only (No Change In Rate)		



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olk County Health Department		Provider Number 02	
90 Golfview Avenue, 4th Floor	_	Date: 7/ Fiscal Year End: 06	
nrtow, F1, 33830-6740	<u> </u>	Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	172.84	180.00	7/1/2012
Rate Type			
Interim	X Prospective		
Total Interim	X Total Pros		
Settlement Based on Cost	Prospectiv	ve Adjusted For New C	OSIS
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, a		
Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	teimbursement Analysi	s
	For Information Only (No Change In Rate)		



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90 Golfview Avenue, 4th Floor artow, F1, 33830-6740		Fiscal Year End:	7/18/2012
<u>Provider Type</u>	Current Rate	New Rate 180.00	Effective Date 7/1/2012
CHD Rate Type Interim Total Interim	<u>X</u> <u>Prospective</u> <u>X</u> Total Pro	spective	
<u></u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	ve Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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olk County Health Department		Provider Number	0279633-95
290 Golfview Avenue, 4th Floor	_		7/18/2012
Partow, FL 33830-6740	_	Fiscal Year End:	
anow, 12, 33030-0740		Audit Status:	Unaudited [1]
			7.00
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	172.84	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	ective e Adjusted For New	Costs
	Rydell Samuel, A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Ro	eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Putnam County Health Department		Provider Number 0	
801 Kennedy Street		Date: 7	
alatka. FL 32177	<u></u>	Fiscal Year End: 00 Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
<u>Interim</u>	x Prospective		
Total Interim	X Total Pros		
Settlement Based on Cost	Prospectiv	e Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	cimbursement Analysi	
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

am County Health Department		Provider Number 02 Date: 7/	
tka, FL 32177	<u> </u>	Fiscal Year End: 06 Audit Status: U	
		_	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
<u>Interim</u>	x Prospective		
Total Interim Settlement Based on Cost	X Total Pros	pective e Adjusted For New Co	osts
		·	
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, /		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Analysis	S
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Putnam County Health Department		Provider Number	
2801 Kennedy Street		Fiscal Year End:	7/18/2012 06/30/2011
Palatka, FL 32177			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type InterimTotal InterimScttlement Based on Cost	X Prospective X Total Properties	spective ve Adjusted For New	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost F	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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am County Health Department		Provider Number	0279641-03
	_		7/18/2012
Kennedy Street	_ _	Fiscal Year End:	
tka, FL 32177		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	y Costs
<u>E</u> X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. / Medicaid Cost R	Administrator cimbursement Anal	ysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	P	F	
	For Information Only (No Change In Rate)		



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utnam County Health Department		Provider Number	
801 Kennedy Street		Date: Fiscal Year End:	7/18/2012 06/30/2011
alatka. FL 32177	_		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For Nev	w Costs
<u></u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Ana	lysis
Cost Reimbursement State Health Office	Constato monetos Contr	V	
	For Information Only (No Change In Rate)		



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Putnam County Health Department		Provider Number	0279641-13
2801 Kennedy Street			7/18/2012
Palatka, FL 32177		Fiscal Year End:	
anatka, F1, 32177		Audif Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
Trovider Type			
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective X Total Prospective Prospective BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	pective re Adjusted For Nev	v Costs
	Rydell Samuel. /	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	cimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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Putnam County Health Department		Provider Number	
2801 Kennedy Street		Date: Fiscal Year End:	7/27/2012
Palatka, FL 32177		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	Prospec	<u>e</u> rospective rtive Adjusted For I	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samue	el, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Co.	st Reimbursement A	Ānalysis
	For Information Only (No Change In Rate)		



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utnam County Health Department		Provider Number	0279641-91
			7/18/2012
801 Kennedy Street		Fiscal Year End:	
alatka, FL 32177		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	pective e Adjusted For Nev	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator cimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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. Johns County Health Department		Provider Number <u>0</u> 2	-,,
955 US 1 South		Date: <u>7/</u> Fiscal Year End: 06	
1. Augustine, F1. 32086	<u> </u>	Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	178.79	174.96	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost		erospective ctive Adjusted For New C	Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator et Reimbursement Analysi	is
	For Information Only (No Change In Rate)		



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St. Johns County Health Department		Provider Number	
1955 US 1 South	_		7/18/2012
St. Augustine, FI. 32086	_	Fiscal Year End:	
31. Augustine, 11. 32000	<u>—</u>	Audit Status:	Unaudited [1]
Duovidou Typo	Current Rate	New Rate	Effective Date
Provider Type	Current Kate	New Rate	Ellective Date
<u>CHD</u>	178.79	174.96	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost B X	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	e Adjusted For Nev	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicald Cost R	eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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St. Lucie County Health Department		Provider Number 02	
5150 NW Milner Drive		Date: 7/ Fiscal Year End: 06	
Port Saint Lucie, FL 34963		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	179.89	177.75	7/1/2012
Rate Type Interim Total latving	<u>X</u> <u>Prospective</u> X Total Pros	spective	
Total Interim Settlement Based on Cost		spective ve Adjusted For New C	osts
DISTRIBUTION: Fiscal Agent Contract Management	Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel,	Administrator Reimbursement Analysi	<u>.</u>
Cost Reimbursement State Health Office	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

St. Lucie County Health Department	Provider Number	
5150 NW Milner Drive		7/18/2012
Port Saint Lucie, FL 34963	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	179.89 177.75	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New	v Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Anal	lysis
	For Information Only (No Change In Rate)	

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Medicaid Reimbursement Rate Change Form for CHDs

t, Lucie County Health Department		Provider Number <u>0</u>	279668-02
150 NW Milner Drive		Date: 7/ Fiscal Year End: 06	
ort Saint Lucie, FL 34963			naudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	179.89	177.75	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New C	osts
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, Medicaid Cost F	Administrator Reimbursement Analysi	<u> </u>
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		R	
	For Information Only (No Change In Rate)		

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Lucie County Health Department		Provider Number Date:	0279668-03 7/18/2012
0 NW Milner Drive		Fiscal Year End:	06/30/2011
t Saint Lucie, FL 34963	<u> </u>	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Dat
СНД	179.89	177.75	7/1/2012
Rate Type			
<u>Interim</u>	x Prospective		
Total Interim	X Total Pros	•	
Settlement Based on Cost	Prospectiv	e Adjusted For New	Costs
· X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Analy	/SIS
	For Information Only (No Change In Rate)		



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St. Lucie County Health Department	<u></u>	Provider Number	
5150 NW Milner Drive		Fiscal Year End:	7/18/2012
Port Saint Lucie, FL 34963		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	179.89	177.75	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	spective ve Adjusted For Nev	w Costs
	Field Audited Cost Rydell Samuel.		I
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost F	Reimbursement Ana	1) 212
	For Information Only (No Change In Rate)		



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St. Lucie County Health Department	1	Provider Number <u>0</u>	279668-05
5150 NW Milner Drive	_	_	/18/2012
Port Saint Lucie, FL 34963		Fiscal Year End: 0	
Port Saint Lucie, FL 34903	_	Audit Status: <u>Γ</u>	Jnaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	179.89	177.75	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost I	BASIS Budget	ective Adjusted For New (Costs
	Rydell Samuel, Ac		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Rei	mbursement Analys	is
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

St. Lucie County Health Department	Provid		0279668-11
5150 NW Milner Drive			7/18/2012
Port Saint Lucie, FL 34963		1 Year End: audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate N	New Rate	Effective Date
<u>CHD</u>	179.89	177.75	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adju		v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, Admini	strator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbur		lysis
	For Information Only (No Change In Rate)		

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St. Lucie County Health Department		Provider Number	0279668-12
5150 NW Milner Drive	_		7/18/2012
Port Saint Lucie, F1, 34963		Fiscal Year End:	
		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
1.01.001		- THE TRACE	
<u>CHD</u>	<u>179.89</u>	177.75	
Interim Total Interim Settlement Based on Cost X	BASIS Budget	ective Adjusted For New	Costs
	Rydell Samuel, Ad		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Rei	mbursement Analy	SIS
	For Information Only (No Change In Rate)		



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Lucie County Health Department		Provider Number	
50 NW Milner Drive		Date: Fiscal Year End:	7/27/2012
rt Saint Lucie, FL 34963		Audit Status:	Unaudited [1]
Provider Type CHD	<u>Current Rate</u> <u>179.89</u>	New Rate 177.75	Effective Date
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	ospective ive Adjusted For N	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Administrator Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



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St. Lucie County Health Department		Provider Number	
5150 NW Milner Drive			7/18/2012
Port Saint Lucie, FL 34963	<u> </u>	Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	179.89	177.75	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	e Adjusted For New	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator eimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

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	_	
Current Rate	New Rate	Effective Date
180.00	144.92	7/1/2012
Prospective tet idited Cost Reviewed Cost Audited Costs		osts
Rydell Samuel, A Medicaid Cost R		is .
	X Prospective X Total Pros Prospective et dited Cost Reviewed Cost Audited Costs Audited Cost Rydell Samuel, / Medicaid Cost R	X Prospective X Total Prospective Prospective Adjusted For New Code dited Cost Reviewed Cost Audited Cost Audited Cost Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi For Information Only

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a Rosa County Health Department		Provider Number	0279676-01
			7/18/2012
Box 929 on, FL 32572-0929		Fiscal Year End:	Unaudited [1]
M. I D. 32372-0727	_	Audit Maids.	Onaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	144.92	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Ana	lysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		F	
	For Information Only (No Change In Rate)		



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Santa Rosa County Health Department	Provider Number	
P.O. Box 929	Date: Fiscal Year End:	7/18/2012
Milton, FL 32572-0929		Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	180.00 144.92	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For Ne BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ana	ilysis
	For Information Only (No Change In Rate)	



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anta Rosa County Health Department		Provider Number	
.O. Box 929		Date: Fiscal Year End:	7/18/2012 06/30/2011
1ilton, FL 32572-0929			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	144.92	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pros	pective e Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Ro	administrator eimbursement Analy	rsis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

anta Rosa County Health Department		Provider Number	
.(). Box 929	<u> </u>	Fiscal Year End:	7/18/2012 06/30/2011
ilton, FL 32572-0929	<u> </u>	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
СНД	180.00	144.92	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Vunaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		

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Santa Rosa County Health Department		Provider Number	0279676-05
P.O. Box 929			7/18/2012
Milton. Fl. 32572-0929		Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	144.92	7/1/2012
Rate Type			
	X Prospective X Total Prospective Prospective	spective re Adjusted For New	Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, / Medicaid Cost R	Administrator eimbursement Analy	rsis
	For Information Only (No Change In Rate)		



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nta Rosa County Health Department		Provider Number	
D. Box 929		Fiscal Year End:	7/27/2012
lton, FL 32572-0929		Audit Status:	
Provider Type	Current Rat	e New Rate	Effective Date
<u>CHD</u>	180.00	144.92	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	Pros	ive I Prospective pective Adjusted For I	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		nuel, Administrator Cost Reimbursement A	Analysis
	For Information Only (No Change In Rate		



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Santa Rosa County Health Department	Pro	vider Number 0	
P.O. Box 929		_	/27/2012
Milton, FL 32572-0929	F1S	cal Year End: $\overline{0}$ Audit Status: $\overline{1}$	
		Audit Status. [Jnaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	144.92	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ective Adjusted For Ne	w Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel, A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Re		alysis
	For Information Only (No Change In Rate)		



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Sarasota County Health Department		Provider Number	
P. O. Box 2658			7/18/2012
Sarasota, F1, 34230-2658		Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	163.53	158.99	7/1/2012
X Un De		pective e Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Audited Cost Rydell Samuel. Audited Cost R Medicaid Cost R For Information Only (No Change In Rate)	Administrator eimbursement Analy	sis



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arasota County Health Department		Provider Number	0279684-11
. O. Box 2658			7/18/2012
		Fiscal Year End:	
arasota, FL 34230-2658		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	163.53	158.99	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	peetive e Adjusted For New	v Costs
	Field Audited Cost		
	Rydell Samuel, A		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Sarasota County Health Department	Provider Numbe	r 0279684-30
P. O. Box 2658		: <mark>7/27/2012</mark>
Sarasota, FL 34230-2658	Fiscal Year End	
Sarasota, 117 2 1230 2000	———— Audit Status	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rat	e Effective Date
<u>CHD</u>	163.53 158.99	9 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	· New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement —— For Information Only (No Change In Rate)	Analysis



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Sarasota County Health Department		Provider Number (
P. O. Box 2658		Date: 7 Fiscal Year End: 0	/18/2012
Sarasota, FL 34230-2658		Audit Status: [
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	163.53	158.99	7/1/2012
Rate Type			
<u>Interim</u>	x Prospective		
Total Interim	X Total Pro		
Settlement Based on Cost	Prospecti	ve Adjusted For New (Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost	Reimbursement Analys	sis
	For Information Only (No Change In Rate)		



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Sarasota County Health Department		Provider Number	
P. O. Box 2658		Date: 7	7/18/2012
Sarasota, FL 34230-2658		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	163.53	158.99	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro- Prospect BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	ospective ive Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Analys	sis
	For Information Only (No Change In Rate)		



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arasota County Health Department	Provider Number	0279684-92
C. O. Box 2658		7/18/2012
	Fiscal Year End:	
Sarasota, F1. 34230-2658	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	163.53 158.99	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	v Costs
	Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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arasota County Health Department		Provider Number	0279684-93
		Date:	7/18/2012
O. Box 2658		Fiscal Year End:	
arasota, F1. 34230-2658		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	163.53	158.99	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	ective : Adjusted For Nev	v Costs
	Rydell Samuel, A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Re	imbursement Anal	lysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Seminole County Health Department		Provider Number <u>0</u>	
400 West Airport Boulevard		Date: 7.	
Sanford, FL 32773	_	Fiscal Year End: 00 Audit Status: 1	
<u>Provider Type</u> <u>CHD</u>	Current Rate	New Rate 180.00	Effective Date 7/1/2012
Rate Type Interim	x <u>Prospective</u>		
Total Interim Settlement Based on Cost	X Total Pros	pective c Adjusted For New C	°osts
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, / Medicaid Cost R	Administrator cimbursement Analys	is
	For Information Only (No Change In Rate)		

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Seminole County Health Department		Provider Number	
400 West Airport Boulevard			7/27/2012
Sanford, FL 32773		Fiscal Year End: Audit Status:	
		Audit Status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		<u>e</u> rospective ctive Adjusted For N	lew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Seminole County Health Department		Provider Number	0279692-90
400 West Airport Boulevard			7/27/2012
Sanford, FL 32773		Fiscal Year End:	06/30/2011
Samord, TE 32773		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	Prospect BASIS	2 ospective tive Adjusted For N	New Costs
	Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samue	l, Administrator	
DISTRIBUTION: Fiscal Agent		t Reimbursement A	Analysis
Contract Management Cost Reimbursement State Health Office	•	p()	
	For Information Only (No Change In Rate)		

Analyst: 9ZKP2B1



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eminole County Health Department 00 West Airport Boulevard anford, F1, 32773	_ _	Fiscal Year End:	7/18/2012
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost		ospective tive Adjusted For New	· Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel Medicaid Cost	. Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Sumter County Health Department		Provider Number	
P. O. Box 98		Date: Fiscal Year End:	7/18/2012
Bushnell, FL 33513			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	117.80	130.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For Nev	v Costs
<u> </u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator leimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Sumter County Health Department		Provider Number	
P. O. Box 98			7/18/2012
Bushnell, FL 33513		Fiscal Year End: Audit Status:	
	_	Audit Status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	117.80	130.00	7/1/2012
Rate Type Interim Total Interim Scttlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	r Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	dministrator simbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Sumter County Health Department	Provider Number	0279706-92
P. O. Box 98		7/18/2012
Bushnell, FL 33513	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current RateNew Rate	
<u>CHD</u>	117.80 130.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For Ne BASIS Budget	w Costs
	X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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ylor County Health Department		Provider Number	0279722-00
15 Peacock Street			7/18/2012
rry, FL 32347		Fiscal Year End:	
	_	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost I	BASIS Budget	pective e Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A	Administrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Taylor County Health Department		Provider Number	0279722-01
1215 Peacock Street	_		7/18/2012
Perry, FL 32347		Fiscal Year End: Audit Status:	
	_	Audit Status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	
	BASIS Budget	ective Adjusted For New	v Costs
X	Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		imbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Taylor County Health Department		Provider Number	0279722-02
1215 Peacock Street			7/18/2012
Perry, FL 32347	<u> </u>	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	y Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator eimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Taylor County Health Department		Provider Number	
215 Peacock Street	<u></u>	Date: Fiscal Year End:	
Perry, FL 32347		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Taylor County Health Department		Provider Number	
1215 Peacock Street		Date: Fiscal Year End:	7/18/2012
Perry, FL 32347			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	ospective ive Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Taylor County Health Department		Provider Number	0279722-08
1215 Peacock Street			7/18/2012
Perry, FL 32347		Fiscal Year End:	
		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost BASIS		oective e Adjusted For New	Costs
	naudited Cost esk Reviewed Cost esk Audited Costs eld Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Re	dministrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Taylor County Health Department		Provider Number	
1215 Peacock Street		Date: Fiscal Year End:	7/18/2012
Perry, FL 32347			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pros	pective e Adjusted For New	o Courts
		e Adjusted For New	COSTS
	BASIS Budget		
	Unaudited Cost		
	Desk Reviewed Cost Desk Audited Costs		
	Field Audited Cost		
<u> DISTRIBUTION:</u>	Rydell Samuel. A Medicaid Cost Re	dministrator eimbursement Anal	vsis
Fiscal Agent Contract Management Cost Reimbursement State Health Office	f	R	
	For Information Only (No Change In Rate)		



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Taylor County Health Department	Provider Numb	er <u>0279722-11</u>
1215 Peacock Street		te: 7/18/2012
Perry, FL 32347		
		Unaudited [1]
Provider Type	Current RateNew Rate	Effective Date
<u>CHD</u>	180.00 180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For N BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	iew Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement A	nalysis
	For Information Only (No Change In Rate)	



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Taylor County Health Department	<u></u>	Provider Number	
1215 Peacock Street		Date: Fiscal Year End:	7/18/2012 06/30/2011
Perry, FL 32347	<u> </u>		
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
	X Prospective X Total Prospective Prospective	occtive Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	dministrator imbursement Anal	ysis
	For Information Only (No Change In Rate)		



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lor County Health Department	ŗ	Provider Number	
5 Peacock Street ry, FL 32347	_	Date: Fiscal Year End: Audit Status:	
Provider Type	Current Rate	New Rate	Unaudited [1] Effective Date 7/1/2012
<u>CHD</u>	180.00	180.00	
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For N	New Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Taylor County Health Department		Provider Number	
1215 Peacock Street			7/18/2012
Perry, FL 32347		Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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nion County Health Department		Provider Number ()279731-00
95 East Main Street		_	//18/2012
ake Butler, FL 32054		Fiscal Year End: 0	·
ane (Mac), 117 32034		Audit Status: 1	Jnaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	141.73	144.57	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective X Total Prospective Prospective BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	spective ve Adjusted For New (Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator teimbursement Analys	is
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Inion County Health Department	Pro	vider Number	0279731-01
95 East Main Street			7/18/2012
ake Butler, FL 32054	Fis	scal Year End:	
		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	141.73	144.57	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Ad BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Admir Medicaid Cost Reimb		vsis
	For Information Only (No Change In Rate)		



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ion County Health Department		Provider Number	0279731-03
5 East Main Street			7/18/2012
ke Butler, FL 32054		Fiscal Year End:	
	 ,	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	141.73	144.57	7/1/2012
Interim Total Interim Settlement Based on Cost		: ospective tive Adjusted For Nev	v Costs
	Rydell Samuel	. Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Union County Health Department		Provider Number	
495 East Main Street		Date: Fiscal Year End:	7/18/2012
Lake Butler, FL 32054	<u>—</u>		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	141.73	144.57	7/1/2012
Rate Type			
<u>Interim</u>	x Prospective		
Total Interim	X Total Pros	pective	
Settlement Based on Cost	Prospectiv	e Adjusted For Nev	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, A		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Re	eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Union County Health Department 495 East Main Street		Provider Number Date: Fiscal Year End:	7/27/2012
Lake Butler, FL 32054		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	141.73	144.57	7/1/2012
Rate Type			
Interim Total Interim Settlement Based on Cost		2 ospective tive Adjusted For N	New Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		, Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Jnion County Health Department	P	rovider Number <u>02</u>	279731-91
195 East Main Street		Date: <u>7/</u>	
ake Butler, FL 32054		Fiscal Year End: 06	
		Audit Status: U	naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	141.73	144.57	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective A Prospective A BASIS Budget	ctive Adjusted For New Co	osts
——————————————————————————————————————	X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, Adm	ninistrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reim		
	For Information Only (No Change In Rate)		



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Volusia County Health Department		Provider Number 02	
P. O. Box 9190		Date: 7/ Fiscal Year End: 06	
Daytona Beach, FL 32120		Audit Status: U	
<u>Provider Type</u> <u>CHD</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>		130.00	77172012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs	spective ve Adjusted For New C	osts
	Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analysi	S
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

olusia County Health Department			Provider Number	0279749-15
O. Box 9190				7/18/2012
			Fiscal Year End:	
aytona Beach, FL 32120			Audit Status:	Unaudited [1]
Provider Type		Current Rate	New Rate	Effective Date
<u>CHD</u>		180.00	180.00	
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget X Unaudited C Desk Review Desk Audited Field Audited	ost ved Cost d Costs	spective ve Adjusted For New	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analy	ysis
		ormation Only nange In Rate)		

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lusia County Health Department	P	rovider Number	
O. Box 9190		Fiscal Year End:	7/27/2012
sytona Beach, FL 32120	<u> </u>	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For I	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

√olusia County Health Department	Provider Numl	ber <u>0279749-92</u>
P. O. Box 9190		nte: 7/18/2012
Daytona Beach, FL 32120		nd: 06/30/2011 us: Unaudited [1]
		Onaudied [1]
Provider Type	Current Rate New Ra	te Effective Date
<u>CHD</u>	180.00 180.0	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	X Prospective X Total Prospective Prospective Adjusted For 1 BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement A	nalysis
	For Information Only (No Change In Rate)	



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Jolusia County Health Department	<u></u>	Provider Number	
. O. Box 9190	_	Fiscal Year End:	7/18/2012 06/30/2011
Daytona Beach, FL 32120	_		Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective we Adjusted For Nev	v Costs
<u>B</u> X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		



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olusia County Health Department	<u></u>	Provider Number	0279749 - 94 7/27/2012
O. Box 9190		Fiscal Year End:	
aytona Beach, Fl. 32120		Audit Status:	Unaudited [1]
Provider Type <u>CHD</u>	Current Rate	New Rate 180.00	Effective Date 7/1/2012
Rate Type			
Interim Total Interim Settlement Based on Cost		espective tive Adjusted For N	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		I, Administrator t Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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olusia County Health Department	<u></u>	Provider Number	
O. Box 9190		Date: Fiscal Year End:	7/27/2012
nytona Beach, FL 32120			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospect		New Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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lusia County Health Department		Provider Number (0279749-98 7/27/2012
O. Box 9190		Fiscal Year End: (
aytona Beach, FL 32120		A L'a Cala	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		: ospective ive Adjusted For No	ew Costs
· ·	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		, Administrator Reimbursement An	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Vakulla County Health Department 8 Oak Street	<u> </u>	Provider Number 02 Date: 7/ Fiscal Year End: 06	18/2012
rawfordville, F1. 32327		Audit Status: U	naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.86	123.40	7/1/2012
Rate Type			
	X Prospective X Total Pro Prospecti	spective we Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost F	Reimbursement Analysi	S
	For Information Only (No Change In Rate)		

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Wakulla County Health Department		Provider Number 0	
18 Oak Street		Date: 7/ Fiscal Year End: 00	18/2012
Crawfordville, FL 32327	·	—	naudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
Trovider Type	- Current Mate		
<u>CHD</u>	129.86	123.40	7/1/2012
Interim Total Interim Settlement Based on Cost	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	spective ve Adjusted For New C	°osts
	Rydell Samuel, .	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Reimbursement Analysi	is The state of th
	For Information Only (No Change In Rate)		



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/akulla County Health Department	Provider Number	er 0279757-02
3 Oak Street		e: 7/18/2012
	Fiscal Year En	
rawfordville, FL 32327	Audit Statu	S: Unaudited [1]
<u>Provider Type</u>	Current Rate New Rat	e Effective Date
<u>CHD</u>	129.86 123.40	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For N BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	ew Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ar	nalysis
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department		Provider Number	
18 Oak Street			7/18/2012
Crawfordville, FL 32327		Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.86	123.40	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator cimbursement Anal	lysis
	For Information Only (No Change In Rate)		

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Vakulla County Health Department	Provider Number	0279757-04
8 Oak Street		7/18/2012
rawfordville, FL 32327	Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	129.86 123.40	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New	v Costs
X	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Anal	ysis
	For Information Only (No Change In Rate)	



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akulla County Health Department		Provider Number	
Oak Street		Date: Fiscal Year End: 0	7/27/2012
awfordville. FL 32327		11. 6.	Unaudited [1]
Provider Type CHD	Current Rate 129.86	New Rate 123.40	Effective Date 7/1/2012
Rate Type			
	· ·	<u>e</u> rospective ctive Adjusted For N	ew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator st Reimbursement Ai	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Vakulla County Health Department		nber <u>0279757-31</u>
8 Oak Street		Pate: 7/18/2012 End: 06/30/2011
rawfordville, FL 32327		tus: Unaudited [1]
Provider Type	Current Rate New R	ate Effective Date
<u>CHD</u>	129.86 123.	40 7/1/2012
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	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement	Analysis
	For Information Only (No Change In Rate)	

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Vakulla County Health Department		Provider Number	_
8 Oak Street		Date:	7/18/2012 06/30/2011
rawfordville, FL 32327		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.86	123.40	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection Prospection	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Wakulla County Health Department		Provider Number (
18 Oak Street	 -	Date: 7 Fiscal Year End: 0	/18/2012
Crawfordville, FL 32327		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.86	123.40	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective re Adjusted For New (Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Amedicaid Cost R	Administrator teimbursement Analys	is
	For Information Only (No Change In Rate)		

V 1.0.0.22 Printed: 7 18 2012 3:34:27PM Analyst: 9ZK BatchID: 23E61 RCID: 9ZK02797572012070120120718153115



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Medicaid Reimbursement Rate Change Form for CHDs

/alton County Health Department	Provider Numb	ber <u>0279765-00</u>
93 North 9th Street		nte: 7/18/2012
efuniak Springs, FL 32433-9401		nd: 06/30/2011 us: Unaudited [1]
Provider Type	Current Rate New Ra	
<u>CHD</u>	161.50 170.6	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For	New Costs
<u>E</u> X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement A	 unalysis
	For Information Only (No Change In Rate)	

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alton County Health Department		Provider Number	0279765-30 7/27/2012
3 North 9th Street		Fiscal Year End:	
funiak Springs, FL 32433-9401		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	161.50	170.62	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		ospective tive Adjusted For N	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		l, Administrator t Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Walton County Health Department		Provider Number	
193 North 9th Street			7/18/2012
Defuniak Springs, FL 32433-9401		Fiscal Year End: 06 Audit Status: U	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	161.50	170.62	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator teimbursement Anal	ysis
	For Information Only (No Change In Rate)		

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/ashington County Health Department		Provider Number	0279773-00
			7/18/2012
338 South Boulevard	_	Fiscal Year End:	
hipley, FL 32428	_	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	119.31	126.63	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost BX	X Prospective X Total Prospective X Total Prospective Prospective BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	spective ve Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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ashington County Health Department	·	Provider Number 02	
38 South Boulevard		Date: $\frac{7/3}{06}$ Fiscal Year End: $\frac{7}{3}$	
nipley, F1, 32428		Audit Status: Ut	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	119.31	126.63	7/1/2012
Rate Type	X <u>Prospective</u>		
Total Interim Settlement Based on Cost	X Total Pros	pective e Adjusted For New C	osts
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	administrator eimbursement Analysi	S
	For Information Only (No Change In Rate)		



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Washington County Health Department		Provider Number (
1338 South Boulevard		Date: 2 Fiscal Year End: 0	7/18/2012
Chipley, FL 32428		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	119.31	126.63	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS	ective Adjusted For New	Costs
	Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Ro	dministrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Washington County Health Department		Provider Number 02	
338 South Boulevard	<u></u>	Date: 7/ Fiscal Year End: 06	
Chipley, FL 32428		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	119.31	126.63	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro-	spective ve Adjusted For New C	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analysi	S
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Washington County Health Department		Provider Number 0	
338 South Boulevard		_	/18/2012
Chipley, FL 32428		Fiscal Year End: 0 Audit Status: (Jnaudited [1]
<u>Provider Type</u>	Current Rate	- New Rate	Effective Date
CHD	119.31	126.63	7/1/2012
X Un De		spective ve Adjusted For New (Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, 2	Administrator ceimbursement Analys	is

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Medicaid Reimbursement Rate Change Form for CHDs

Washington County Health Department	Provider N	Number <u>02</u>	
1338 South Boulevard	— Fiscal Va	Date: $\frac{7!}{06}$ ar End: $\frac{7!}{06}$	
Chipley, FL 32428			naudited [1]
<u>Provider Type</u>	Current Rate New	Rate	Effective Date
<u>CHD</u>	119.31 12	6.63	7/1/2012
Rate Type Interim Total Interim Scttlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	For New C	osts
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Field Audited Cost Rydell Samuel, Administrate Medicaid Cost Reimburseme The second		s
	(No Change In Rate)		

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ashington County Health Department		mber 0279773-30
38 South Boulevard		Date: 7/27/2012 End: 06/30/2011
nipley. FL 32428	Audit St	
Provider Type	Current Rate New F	Rate Effective Date
<u>CHD</u>	119.31 126	5.63 7/1/2012
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	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administration Medicaid Cost Reimbursen	
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

Washington County Health Department	Provider Number	
1338 South Boulevard	Date: —— Fiscal Year End:	7/18/2012
Chipley, FL 32428		Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	119.31 126.63	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For Ne	w Costs
	Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	ılysis
	For Information Only (No Change In Rate)	

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Bay County Health Department		Provider Number	-
97 West 11th Street		Fiscal Year End:	7/18/2012 06/30/2011
Panama City, FL 32401-2330			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	123.27	100.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	ispective ive Adjusted For Nev	w Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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y County Health Department 7 West 11th Street nama City, FL 32401-2330	_	Provider Number 0 Date: 7 Fiscal Year End: 0 Audit Status: 1	/27/2012 6/30/2011
Provider Type CHD	Current Rate 123.27	New Rate 100.00	Effective Date 7/1/2012
	X Prospective X Total Pro Prospecti BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	spective ve Adjusted For Ne	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Field Audited Cost Rydell Samuel, Medicaid Cost For Information Only (No Change In Rate)	Administrator Reimbursement An	alysis



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afayette County Health Department		Provider Number 02	
P.O. Box 1806		Date: 7/ Fiscal Year End: 06	
Mayo, FL 32066		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	<u>173.51</u>	160.87	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pros Prospective	pective e Adjusted For New C	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator eimbursement Analysis	s ·
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Lafayette County Health Department		Provider Number 02	
P.O. Box 1806		Date: 7/ Fiscal Year End: 06	
Mayo, FL 32066		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	173.51	160.87	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New C	osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator Reimbursement Analysi	s
	Eor Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

Madison County Health Department		Provider Number (0290408-00 7/18/2012
301 S.W. Smith Street		Fiscal Year End: 0	
Madison, FL 32340		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	<u>158.63</u>	150.75	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection Prospection	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION:	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analy	sis
Fiscal Agent Contract Management Cost Reimbursement State Health Office		R	
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

Madison County Health Department	Provider Num	ber 0290408-01
		ate: 7/18/2012
301 S.W. Smith Street		nd: 06/30/2011
Madison, FL 32340	Audit Sta	tus: Unaudited [1]
Provider Type	Current Rate New Ra	te Effective Date
<u>CHD</u>	<u>158.63</u> <u>150.7</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement A	Analysis
	For Information Only (No Change In Rate)	

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Medicaid Reimbursement Rate Change Form for CHDs

Madison County Health Department	Provider Number	0290408-04
· · · · · · · · · · · · · · · · · · ·		7/18/2012
301 S.W. Smith Street	— Fiscal Year End:	
Madison, FL 32340	Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	158.63 150.75	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget Unaudited Cost	v Costs
	Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel. Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	

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Madison County Health Department		Provider Number	
801 S.W. Smith Street		Date:	7/18/2012
Madison, FL 32340		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	158.63	150.75	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	pective e Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	dministrator eimbursement Analy	sis
	For Information Only (No Change In Rate)		



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_		
		7/18/2012
· -		Unaudited [1]
Current Rate	New Rate	Effective Date
158.63	150.75	7/1/2012
		v Costs
Field Audited Cost Rydell Samuel, A		lysis
	X Prospective X Total Prospective X Total Prospective SIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost Rydell Samuel. Ad Medicaid Cost Re	Current Rate New Rate 158.63 150.75 X Prospective X Total Prospective Prospective Adjusted For New SIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel. Administrator Medicaid Cost Reimbursement Anal Which is the prospective Adjusted For New Sis Audited Cost Prospective Adjusted For New Sis Audited Cost Administrator Medicaid Cost Reimbursement Anal For Information Only



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adison County Health Department		Provider Number	0290408-30 7/27/2012
1 S.W. Smith Street		Fiscal Year End:	
adison, FL 32340		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	158.63	150.75	
Rate Type Interim Total Interim Settlement Based on Cost		e rospective rtive Adjusted For I	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samu	el, Administrator	
		st Reimbursement A	Analysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		F	
	For Information Only (No Change In Rate)		



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Suwannee County Health Department		Provider Number 0	
. O. Box 6030		Fiscal Year End: 0	/18/2012
Live Oak, FL 32060		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	146.26	100.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective /c Adjusted For New (Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator teimbursement Analys	is
	For Information Only (No Change In Rate)		



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wannee County Health Department		Provider Number	0518328-30 7/27/2012
O. Box 6030		Fiscal Year End: (_
ve Oak, FL 32060		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	146.26	100.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		e ospective ive Adjusted For No	ew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		, Administrator Reimbursement Ar	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

	Provider Number 6	518328-91
	_	/18/2012
	_	
	Audit Status: [Inaudited [1]
Current Rate	New Rate	Effective Date
146.26	100.00	7/1/2012
		Costs
		is .
For Information Only	V	
	X Prospective X Total Prospective Prospective Prospective get udited Cost k Reviewed Cost k Audited Costs d Audited Cost Rydell Samuel. A Medicaid Cost Re	Current Rate New Rate 146.26 100.00 X Prospective X Total Prospective Prospective Adjusted For New Of the Audited Cost of Au

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uwannee County Health Department . O. Box 6030 ive Oak, FL 32060		Provider Number Date: 7/ Fiscal Year End: 06 Audit Status: U	18/2012 /30/2011
Provider Type	Current Rate	New Rate	Effective Date
CHD	146.26	100.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget Unaudited Cost Desk Reviewed Cost	spective ve Adjusted For New Co	osts
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Desk Audited Costs Field Audited Cost Rydell Samuel. A Medicaid Cost R Medicaid Cost R For Information Only (No Change In Rate)	Administrator teimbursement Analysis	s ·



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Medicaid Reimbursement Rate Change Form for CHDs

lolmes County Health Department		er 0519022-00
. O. Box 337	Dat Fiscal Year En	te: 7/18/2012 id: 06/30/2011
conifay, FL 32425		us: Unaudited [1]
Provider Type	Current Rate New Rat	teEffective Date
<u>CHD</u>	150.22 153.33	8 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For N	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel. Administrator Medicaid Cost Reimbursement A	nalysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	A.	
	For Information Only (No Change In Rate)	

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Medicaid Reimbursement Rate Change Form for CHDs

Holmes County Health Department		Provider Number 0	****
P. O. Box 337		Date: 7 Fiscal Year End: 0	/18/2012
Bonifay, FL 32425		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	150.22	153.38	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New (Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator eimbursement Analys	is
	For Information Only (No Change In Rate)		

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olmes County Health Department	Provider Number	
. O. Box 337	Date: Fiscal Year End:	7/18/2012 06/30/2011
onifay, FL 32425	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>150.22</u> <u>153.38</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New	w Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

evard County Heath Department 72 N. Courtenay Parkway	_	Provider Number Date: Fiscal Year End:	7/18/2012
rritt Island, FL 32953-4147		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	170.76	174.77	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost		: rospective tive Adjusted For Nev	w Costs
	BASIS Budget Unaudited Cost		
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
		l, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cos	Reimbursement Ana	iysis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

Brevard County Heath Department		Provider Number	0519251-01
			7/18/2012
572 N. Courtenay Parkway	_	Fiscal Year End:	
Aerritt Island, FL 32953-4147		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	170.76	<u>174.77</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For Nev	v Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel.		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	Reimbursement Ana	iysis ——————————————————————————————————
	For Information Only (No Change In Rate)		

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revard County Heath Department		Provider Number <u>0</u>	
572 N. Courtenay Parkway		Date: 7/ Fiscal Year End: 00	
Aerritt Island, FL 32953-4147		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	170.76	<u>174.77</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New C	`osts
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analys	is
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

revard County Heath Department		Provider Number	0519251-04
572 N. Courtenay Parkway	_	Date: Fiscal Year End:	7/18/2012
ferritt Island, FL 32953-4147	 _		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	170.76	174.77	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	spective ve Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		

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revard County Heath Department	Provider 2	Number <u>0519251-05</u>
		Date: 7/18/2012
572 N. Courtenay Parkway		ear End: 06/30/2011
1erritt Island, F1, 32953-4147	Audit	t Status: Unaudited [1]
Provider Type	Current Rate New	v Rate Effective Date
<u>CHD</u>	<u> 170.76</u> <u> 17</u>	74.77 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	For New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrat Medicaid Cost Reimbursem	
	For Information Only (No Change In Rate)	



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revard County Heath Department		Provider Number	0519251-30
	_	Date:	7/18/2012
572 N. Courtenay Parkway	_	Fiscal Year End:	
Territt Island, FL 32953-4147	_	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	170.76	<u> 174.77</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	spective ve Adjusted For Nev	w Costs
	Dydall Samual	A dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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Brevard County Heath Department		ber 0519251-91
2572 N. Courtenay Parkway		ate: 7/18/2012
Merritt Island, FL 32953-4147		nd: 06/30/2011 us: Unaudited [1]
Provider Type <u>CHD</u>	Current Rate New Ra 170.76 174.7	te Effective Date
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	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement /	Analysis
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

Brevard County Heath Department		Provider Number	
572 N. Courtenay Parkway		Date: Fiscal Year End:	7/18/2012 06/30/2011
Merritt Island, FL 32953-4147			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	170.76	<u>174.77</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydeil Samuel. Medicaid Cost I	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

Brevard County Heath Department	Provider Numbe	r 0519251-93
		r: 7/18/2012
572 N. Courtenay Parkway	Fiscal Year End	
Merritt Island, F1. 32953-4147	Audit Status	S: Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	<u>170.76</u> <u>174.77</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For N	ew Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
	Rydell Samuel. Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ar	nalysis
	For Information Only (No Change In Rate)	

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m Beach County Health Department		Provider Number	
O. Box 29		Fiscal Year End:	7/27/2012
est Palm Beach, FL 33402		Audit Status:	
		Audit Status.	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
CHD	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	Prospective ective Adjusted For	New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		uel, Administrator ost Reimbursement /	Analysis



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m Beach County Health Department	F	Provider Number 0:	
O. Box 29		Date: <u>7/</u> Fiscal Year End: 00	
est Palm Beach, FL 33402			Inaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective vc Adjusted For Ne	w Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost	Administrator Reimbursement And	alysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Palm Beach County Health Department		Provider Number 05	
P. O. Box 29		Date: 7/ Fiscal Year End: 06	
West Palm Beach, FL 33402	<u> </u>	Audit Status: U	***
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
	X Prospective X Total Pro Prospecti	spective we Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analysi	s
	For Information Only (No Change In Rate)		

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lm Beach County Health Department	Provider Nur	mber 0520331-15
O. Box 29		Date: 7/18/2012
est Palm Beach, FL 33402		End: 06/30/2011 atus: Unaudited [1]
Provider Type	Current Rate New R	
CHD	180.00180.	
Interim Total Interim Settlement Based on Cost X	X Prospective X Total Prospective Prospective Adjusted Form BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	r New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement	. Analysis
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

m Beach County Health Department		Provider Number	0520331-20
D. Box 29	_		7/18/2012
st Palm Beach, F1, 33402	_	Fiscal Year End:	
raun Beach, 11. 33402	_	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on CostB	X Prospective X Total Prospective Prospective BASIS Budget Unaudited Cost	spective ve Adjusted For Nev	v Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel,	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		

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m Beach County Health Department		Provider Number	0520331-25
O. Box 29	_		7/18/2012
est Palm Beach, FL 33402	_	Fiscal Year End:	
STI ANN DEACH. I E 33 TV2	_	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	spective we Adjusted For Nev	v Costs
X	Budget Unaudited Cost		
	Desk Reviewed Cost		
	Desk Audited Costs Field Audited Cost		
	Rydell Samuel.		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost F	Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Palm Beach County Health Department	Provider Number	
P. O. Box 29	Date: Fiscal Year End:	7/18/2012
West Palm Beach, FL 33402		Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
CHD	180.00 180.00	7/1/2012
<u>em</u>		
<u></u>	X Prospective X Total Prospective Prospective Adjusted For Ne BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	w Costs
	Rydell Samuel, Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimbursement Ana	llysis
	For Information Only (No Change In Rate)	



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ılm Beach County Health Department		Provider Number	
O. Box 29		Fiscal Year End: (7/18/2012 06/30/2011
est Palm Beach, FL 33402		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		: rospective tive Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cos	I. Administrator Reimbursement Analy	rsis
	For Information Only (No Change In Rate)		



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Palm Beach County Health Department	Pro	vider Number	0520331-45
			7/18/2012
P. O. Box 29	—— Fis	eal Year End:	
West Palm Beach, FL 33402		Audit Status:	Unaudited [1]
			F.00
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospecti Prospective Ad BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		v Costs
	Rydell Samuel, Admi		la da
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Reimb	Z	iyo io
	For Information Only (No Change In Rate)		



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Palm Beach County Health Department		Provider Number 05	
P. O. Box 29		Date: 7/ Fiscal Year End: 06	
West Palm Beach, FL 33402	<u> </u>	Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective c Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A	Administrator eimbursement Analysi	s ·
	For Information Only (No Change In Rate)		



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O. Box 29		Provider Number 0 Date: 7 Fiscal Year End: 00	/18/2012 5/30/2011
est Palm Beach. FL 33402		Audit Status: <u>τ</u>	Inaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>СНД</u>	180.00	180.00	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti	spective ve Adjusted For New (Costs
			
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analys	is
Fiscal Agent Contract Management Cost Reimbursement State Health Office		F	
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

alm Beach County Health Department		Provider Number	
	_		7/18/2012
P. O. Box 29	_	Fiscal Year End:	
West Palm Beach, FL 33402		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Interim Total Interim Settlement Based on Cost X	Budget	spective ve Adjusted For Nev	w Costs
	Rydell Samuel, Medicaid Cost F	Administrator teimbursement Ana	lysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	1	R	
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

alm Beach County Health Department		Provider Number 05 Date: 7/	
. O. Box 29		Fiscal Year End: 06	
Vest Palm Beach. FL 33402	<u>.</u>	Audit Status: U	
Provid <u>er Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For New C	osts
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analysi	<u></u>
Contract Management Cost Reimbursement State Health Office		K .	
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

m Beach County Health Department		Provider Number	0520331-70
			7/18/2012
D. Box 29	<u> </u>	Fiscal Year End:	
est Palm Beach, FL 33402		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00_	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	w Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel.		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost I	Reimbursement Ana	īysis
	For Information Only (No Change In Rate)		

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Medicaid Reimbursement Rate Change Form for CHDs

alm Beach County Health Department		Provider Number	0520331-75
P. O. Box 29			7/18/2012
West Palm Beach, FL 33402		Fiscal Year End:	
vest Faith Deach, 117-55-402		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Interim Total Interim Settlement Based on Cost X	BASIS Budget	spective ve Adjusted For New	√ Costs
	Rydell Samuel.	Administrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	teimbursement Analy	ysis
	For Information Only (No Change In Rate)		

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Palm Beach County Health Department	Provider Number	
P. O. Box 29		: 7/18/2012
West Palm Beach, FL 33402	Fiscal Year End Audit Status	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	180.00 180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X		ew Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
<u> DISTRIBUTION:</u>	Rydell Samuel, Administrator Medicaid Cost Reimbursement An	alysis
Fiscal Agent Contract Management Cost Reimbursement State Health Office	The state of the s	
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

Palm Beach County Health Department		Provider Number Date:	0520331-89 7/18/2012
P. O. Box 29 West Palm Beach, FL 33402		Fiscal Year End: Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type			
	X Prospective X Total Pro Prospecti	spective we Adjusted For New	/ Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)	·	

BatchID: 23E61 RCID: 9ZK05203312012070120120718153115



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Medicaid Reimbursement Rate Change Form for CHDs

alm Beach County Health Department	<u></u>	Provider Number	0520331-91 7/18/2012
O. Box 29		Fiscal Year End:	
est Palm Beach, FL 33402			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	ospective ive Adjusted For Nev	v Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Anal	lysis
	For Information Only (No Change In Rate)		

V 1.0.0.22 Printed: 7 18 2012 3(34:27PM Analyst: 9ZK BatchiD: 23E61 RCID: 9ZK05203312012070120120718153115



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alm Beach County Health Department		Provider Number	
P. O. Box 29			7/18/2012
West Palm Beach, FL 33402		Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date

<u>CHD</u>	180.00	180.00	
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	pective e Adjusted For New	c Costs
	Rydell Samuel, A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		eimbursement Analy	vsis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Palm Beach County Health Department	Provider Number	
P. O. Box 29		7/18/2012
West Palm Beach, FL 33402	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u> <u>CHD</u>	Current Rate New Rate 180.00 180.00	Effective Date 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget Unaudited Cost	v Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	

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Medicaid Reimbursement Rate Change Form for CHDs

alm Beach County Health Department		Provider Number	
. O. Box 29		Date: Fiscal Year End:	7/18/2012
Vest Palm Beach, FL 33402	_	Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Scttlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	Costs
	BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	Administrator eimbursement Analy	vsis
	For Information Only (No Change In Rate)		

V 1.0.0.22 Printed: 7 18 2012 3:34:27PM Analyst: 9ZK BatchiD: 23E61 RCID: 9ZK05203312012070120120718153115



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Palm Beach County Health Department		Provider Number	
P. O. Box 29		Date: Fiscal Year End:	7/18/2012 06/30/2011
West Palm Beach, FL 33402			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Ro	dministrator eimbursement Anal	lysis
	For Information Only (No Change In Rate)		



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Palm Beach County Health Department	Provider Number	0520331-96
P. O. Box 29		7/18/2012
West Palm Beach, FL 33402	Fiscal Year End:	
West Famil Deach. 11. 33492	Audit Status:	Unaudited [1]
Provide <u>r Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	180.00 180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs	w Costs
DISTRIBUTION: Fiscal Agent Contract Management	Field Audited Cost Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
Cost Reimbursement State Health Office		
	For Information Only (No Change In Rate)	



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Medicaid Reimbursement Rate Change Form for CHDs

alm Beach County Health Department	Provider Number	
. O. Box 29		7/18/2012
Vest Palm Beach, FL 33402	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	180.00 180.00	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	w Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	

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Charlotte County Health Department		Provider Number	0520446-00
514 East Grace Street			7/18/2012
Punta Gorda, FL 33950		Fiscal Year End:	
ruma Gorda, FL 53930		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.69	163.49	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pros Prospective Rasis Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	pective e Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. 7 Medicaid Cost R	Administrator cimbursement Analy	sis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Charlotte County Health Department	Provider Numb	er 0520446-01
		te: <u>7/18/2012</u>
514 East Grace Street	— Fiscal Year En	
Punta Gorda, FL 33950	Audit Statu	Unaudited [1]
Provider Type	Current Rate New Rat	Effective Date
<u>CHD</u>	129.69 163.4	9 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost E	Desk Reviewed Cost Desk Audited Costs Field Audited Cost	New Costs
	Rydell Samuel, Administrator Medicaid Cost Reimbursement A	nalysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	The state of the s	
	For Information Only (No Change In Rate)	

V 1.0.0.22 Printed: 7 18 2012 3:34 27PM Analyst: 9ZK BatchID: 23F61 RCID: 9ZK05204462012070120120718153115



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Medicaid Reimbursement Rate Change Form for CHDs

Charlotte County Health Department	F	Provider Number <u>0</u> :	
514 East Grace Street		Date: 7/	
Punta Gorda, FL 33950		Fiscal Year End: 06 Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.69	163.49	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget	ctive Adjusted For New C	osts
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Ad Medicaid Cost Rei	ministrator mbursement Analysi	S
	For Information Only (No Change In Rate)		

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Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

arlotte County Health Department	Prov	ider Number	0520446-03
4 East Grace Street	-		7/18/2012
		cal Year End:	
nta Gorda, FL 33950	-	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.69	163.49	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost BA	X Prospective X Total Prospective Prospective Ad SSIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		v Costs
DISTRIBUTION: Fiscal Agent Contract Management	Rydell Samuel. Admir Medicaid Cost Reimb		ysis
Cost Reimbursement State Health Office	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Charlotte County Health Department	Prov	vider Number <u>(</u>	
514 East Grace Street	Die	Date: <u> </u>	7/18/2012
Punta Gorda, FL 33950		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.69	163.49	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective Ad BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Admin Medicaid Cost Reimb		sis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Charlotte County Health Department		Provider Number 0	
514 East Grace Street	- 	Date: 7 Fiscal Year End: 0	/18/2012
Punta Gorda, FL 33950	- -	Audit Status: E	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.69	163,49	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective c Adjusted For New (Costs
<u> </u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator eimbursement Analys	sis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Charlotte County Health Department	Provider Number	er 0520446-30
		e: <u>7/18/2012</u>
14 East Grace Street	Físcal Year En	
Punta Gorda, FL 33950	Audit Statu	S: Unaudited [1]
Provider Type	Current Rate New Rat	e Effective Date
<u>CHD</u>	129.69 163.49	7/1/2012
Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For N BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel. Administrator	lew Costs
	Medicaid Cost Reimbursement A	nalysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	R	
	For Information Only (No Change In Rate)	

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Charlotte County Health Department	P	Provider Number <u>0</u>	
514 East Grace Street		Date: 7/ Fiscal Year End: 06	
Punta Gorda, FL 33950		Audit Status: $\frac{\overline{00}}{\overline{0}}$	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.69	163.49	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ctive Adjusted For New C	'osts
- - - -	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Add Medicaid Cost Rein		is
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Charlotte County Health Department		Provider Number	0520446-92
			7/18/2012
514 East Grace Street		Fiscal Year End:	06/30/2011
Punta Gorda, FL 33950	_	Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	129.69	163.49	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	ective Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Field Audited Cost Rydell Samuel, A Medicaid Cost Re		lysis
	For Information Only (No Change In Rate)		

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Hillsborough County Health Department		Provider Number <u>05</u>	_
105 E. Kennedy Boulevard		Date: 7/ Fiscal Year End: 06	
Campa, F1. 33602	<u> </u>	Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	122.09	122.84	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator eimbursement Analysi	s
	For Information Only (No Change In Rate)		



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Hillsborough County Health Department		Provider Number	0557269-90 7/18/2012
105 E. Kennedy Boulevard	<u> </u>	Fiscal Year End:	
ampa, FL 33602			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	122.09	122.84	
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Medicaid Cost I	Administrator Reimbursement Ana	lysis
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

Hillsborough County Health Department		Provider Number	
1105 E. Kennedy Boulevard			7/27/2012
Tampa, FL 33602		Fiscal Year End: Audit Status:	
		Audit Status.	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	122.09	122.84	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost		re Prospective ctive Adjusted For N	New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samu	el, Administrator est Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Hsborough County Health Department		Provider Number	
05 E. Kennedy Boulevard		Date: 5 Fiscal Year End: 0	7/18/2012
mpa, FL 33602		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	122.09	122.84	7/1/2012
Rate Type			
InterimTotal InterimSettlement Based on Cost	X Prospective X Total Pro- Prospection	spective ve Adjusted For New	Costs
<u> </u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analy	sis
	For Information Only (No Change In Rate)		

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Hillsborough County Health Department		Provider Number	
105 E. Kennedy Boulevard		Date: Fiscal Year End:	7/18/2012
Tampa, FL 33602		Audit Status:	/ -
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	122.09	122.84	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	ective Adjusted For New	· Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	dministrator simbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Hillsborough County Health Department	P	rovider Number	0557269-94
			7/18/2012
1105 E. Kennedy Boulevard		Fiscal Year End:	
Tampa, FL 33602		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	122.09	122.84	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective A BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	ctive Adjusted For Nev	v Costs
	Rydell Samuel, Ad		_
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Rei	mbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Hillsborough County Health Department	Provider Number	
1105 E. Kennedy Boulevard		7/18/2012
Tampa, FL 33602	Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate New Rate	Effective Date
<u>CHD</u>	122.09 122.84	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New BASIS Budget	w Costs
	X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, Administrator Medicaid Cost Reimbursement Ana	lysis
	For Information Only (No Change In Rate)	



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Hillsborough County Health Department		Provider Number	
1105 E. Kennedy Boulevard		Date: Fiscal Year End:	7/18/2012
Tampa, F1. 33602	_	Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	122.09	122.84	7/1/2012
Rate Type Interim Total Interim Scittlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	: Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator eimbursement Anal	ysis ——
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Hillsborough County Health Department	<u></u>	Provider Number	
1105 E. Kennedy Boulevard	<u></u>	Date: Fiscal Year End:	7/18/2012 06/30/2011
Tampa. FL 33602	_		Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	122.09	122.84	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti	spective we Adjusted For Nev	v Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Anai	lysis
	For Information Only (No Change In Rate)	·	



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Florida Agency For Health Care Administration

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ke County Health Department O. Box 1305		Provider Number Date: Fiscal Year End:	7/18/2012
vares. FL 32778-1305		Audit Status:	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.83	148.70	7/1/2012
Rate Type			
Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti	spective ve Adjusted For New	Costs
<u></u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

ke County Health Department		Provider Number	0563234-01
			7/18/2012
). Box 1305	_	Fiscal Year End:	
ares, FL 32778-1305		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.83	148.70	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	v Costs
	Budget		
	Desk Reviewed Cost		
	Desk Audited Costs		
	Field Audited Cost		
	Rydoll Samuel. A		
Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Ana	lysis
	For Information Only (No Change In Rate)		

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D. Box 1305 Vares, FL 32778-1305			Fiscal Year End:	7/27/2012
Provider Type <u>CHD</u>		Current Rate	New Rate 148.70	Effective Date 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X	Prospective X Total Prospective	spective ve Adjusted For No	ew Costs
DISTRIBUTION.	BASIS Budget Unaudited C Desk Reviet Desk Audite Field Audite	wed Cost ed Costs ed Cost Rydell Samuel,	Administrator Reimbursement Ar	nalysis
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		P	F	
	For Inf (No C	ormation Only hange In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

ike County Health Department		Provider Number	
O. Box 1305		Date: : Fiscal Year End: (7/18/2012
wares, FL 32778-1305		Audit Status:	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.83	148.70	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective ve Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analy	sis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

ke County Health Department	<u> </u>	Provider Number 05 Date: 7/	
O. Box 1305 vares. FL 32778-1305		Fiscal Year End: 06 Audit Status: U	5/30/2011
		_	
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.83	148.70	7/1/2012
Rate Type			
Total InterimSettlement Based on Cost	X Prospective X Total Pro Prospecti	spective ve Adjusted For New C	osts
	BASIS Budget Unaudited Cost		
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel,		<u></u>
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost F	Reimbursement Analysi	s
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

ike County Health Department		Provider Number	
O. Box 1305	_	Date: Fiscal Year End:	7/18/2012 06/30/2011
wares, F1. 32778-1305			Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.83	148.70	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For Nev	v Costs
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost R	Administrator eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

oke County Health Department O. Box 1305		Provider Number 05 Date: 7/ Fiscal Year End: 06	18/2012
ivares, FL 32778-1305		Audit Status: U	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	142.83	148.70	7/1/2012
Rate Type			
	X Prospective X Total Propect Prospect	ospective ive Adjusted For New C	osts
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement Analysi	s
	For Information Only (No Change In Rate)		



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iscambia County Health Department	Provider Number	
1295 West Fairfield Drive		7/18/2012
Pensacola, FL 32501	Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate New Rate	Effective Date
<u>CHD</u>	180.00 173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted For New	a Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	
DISTRIBUTION: Fiscal Agent Contract Management	Rydell Samuel. Administrator Medicaid Cost Reimbursement Ana	lysis
Contract Management Cost Reimbursement State Health Office		
	For Information Only (No Change In Rate)	



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

scambia County Health Department 295 West Fairfield Drive	 _	Provider Number 00 Date: 7/ Fiscal Year End: 06	18/2012
ensacola, FL 32501	_	Audit Status: U	naudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type			
Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	spective re Adjusted For New C	osts
X	Desk Reviewed Cost		
	Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. / Medicaid Cost R	Administrator eimbursement Analysi	s
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

ambia County Health Department		Provider Number	****
95 West Fairfield Drive		Date: Fiscal Year End:	7/27/2012
nsacola, FL 32501		Audit Status:	
		, , , , , , , , , , , , , , , , , , , 	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	<u>173.68</u>	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	Prospe	' <u>e</u> Prospective ctive Adjusted For I	New Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office		el, Administrator est Reimbursement A	Analysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Escambia County Health Department	<u></u>	Provider Number 0	
1295 West Fairfield Drive		Date: 7 Fiscal Year End: 0	/18/2012 6/30/2011
Pensacola, FL 32501		_	Jnaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective we Adjusted For New (Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analys	is
	For Information Only (No Change In Rate)		



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Escambia County Health Department	Pro	wider Number	0600181-05
1295 West Fairfield Drive	_		7/18/2012
Pensacola, FL 32501	 Fi	seal Year End:	
rensacota, FL 32501		Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost B	X Prospective X Total Prospective Prospective Act BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs	ive ljusted For New	Costs
DISTRIBUTION: Fiscal Agent	Field Audited Cost Rydell Samuel, Admi Medicaid Cost Reimb		ysis
Contract Management Cost Reimbursement State Health Office			
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

ambia County Health Department		Provider Number Date:	0600181-06 7/18/2012
95 West Fairfield Drive Isacola, FL 32501	<u> </u>	Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
CHD	180.00	173.68	7/1/2012
Rate Type			
<u>Interim</u>	X Prospective		
Total Interim Settlement Based on Cost	X Total Pros	pective e Adjusted For Nev	r Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
	Rydell Samuel, /		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost R	eimbursement Anal	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

cambia County Health Department		Provider Number	0600181-07
95 West Fairfield Drive			7/18/2012
nsacola, FL 32501		Fiscal Year End:	
		Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospection Prospection	spective ve Adjusted For New	· Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator cimbursement Analy	vsis
	For Information Only (No Change In Rate)		



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iscambia County Health Department		Provider Number	
295 West Fairfield Drive			7/18/2012
Pensacola, FL 32501		Fiscal Year End: Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro	spective ve Adjusted For Nev	v Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Desk Reviewed Cost Desk Audited Costs Field Audited Cost Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Anal	ysis
	For Information Only (No Change In Rate)		



Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 - Tallahassec Florida 32308

mbia County Health Department		Provider Number	0600181-09
West Fairfield Drive			7/18/2012
acola, FL 32501		Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
			Chauched [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro Prospecti BASIS Budget X Unaudited Cost	spective ve Adjusted For New	v Costs
	Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost F	Administrator Reimbursement Analy	ysis
	For Information Only (No Change In Rate)		



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Escambia County Health Department		Provider Number	
1295 West Fairfield Drive			7/18/2012
Pensacola, FL 32501		Fiscal Year End:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	BASIS Budget	spective ve Adjusted For New	Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, / Medicaid Cost R ——— For Information Only (No Change In Rate)	Administrator cimbursement Analy	vsis
	(No Change th Kale)		



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Escambia County Health Department	Provider	: Number <u>06001</u>	81-18
1295 West Fairfield Drive		Date: 7/18/20	
Pensacola, FL 32501		car End: <u>06/30/2</u>	
	Aud	lit Status: <u>Unaud</u>	ited [1]
Provider Type	Current Rate New	w Rate	Effective Date
<u>CHD</u>	180.001	73.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost I	X Prospective X Total Prospective Prospective Adjusted BASIS Budget Unaudited Cost Desk Reviewed Cost	d For New Costs	
	Desk Audited Costs Field Audited Cost		
	Rydell Samuel. Administra Medicaid Cost Reimbursen		_
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Wedicaid Cost Relinibulsen	ient Attalysis	
	For Information Only (No Change In Rate)		



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Florida Agency For Health Care Administration

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eambia County Health Department		Provider Number 06	
95 West Fairfield Drive		Date: 7/ Fiscal Year End: 06	
sacola, FL 32501		_	naudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
	X Prospective X Total Pro Prospecti BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	spective ve Adjusted For New C	osts
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost I	Administrator Reimbursement Analysis	;
	For Information Only (No Change In Rate)		



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seambia County Health Department		Provider Number	0600181-24
95 West Fairfield Drive			7/18/2012
nsacola, FL 32501	_ 	Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
rrovider Type	Current Rate	New Kate	
<u>CHD</u>	180.00	173.68	
Interim Total Interim Settlement Based on Cost X	BASIS Budget	ective Adjusted For New	v Costs
	Rydell Samuel, A	dministrator	
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicaid Cost Re	imbursement Anal	ysis
	For Information Only (No Change In Rate)		



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Medicaid Reimbursement Rate Change Form for CHDs

Escambia County Health Department		Provider Number	0600181-25
1295 West Fairfield Drive	_		7/18/2012
Pensacola, FL 32501	_	Fiscal Year End:	
	_	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type InterimTotal InterimSettlement Based on Cost	X Prospective X Total Prospective Prospective	pective c Adjusted For New	· Costs
<u>X</u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Re	dministrator eimbursement Analy	rsis
	For Information Only (No Change In Rate)		

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Seambia County Health Department		Provider Number	0600181-26
295 West Fairfield Drive			7/18/2012
Pensacola, FL 32501	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tiscal Year End:	
Clisacota, 117 32301	····	Audit Status:	Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	oective 2 Adjusted For New	· Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost Re	dministrator imbursement Analy	vsis
	For Information Only (No Change In Rate)		



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seambia County Health Department	Provider Nu	mber <u>0600181-27</u>
295 West Fairfield Drive		Date: 7/18/2012
ensacola, FL 32501		End: 06/30/2011
	Audit St	atus: Unaudited [1]
Provider Type	Current Rate New R	Effective Date
<u>CHD</u>	180.00173.	68 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective Adjusted Fo BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost	r New Costs
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Administrator Medicaid Cost Reimbursement	Analysis
	For Information Only (No Change In Rate)	



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Escambia County Health Department		Provider Number	
1295 West Fairfield Drive		Date: Fiscal Year End:	7/18/2012 06/30/2011
Pensacola, FL 32501			Unaudited [1]
<u>Provider Type</u> <u>CHD</u>	Current Rate	New Rate 173.68	Effective Date 7/1/2012
Rate Type			
<u>Interim</u>	X Prospective		
Total Interim	X Total Prosp		
Settlement Based on Cost	Prospective	e Adjusted For Nev	v Costs
<u></u>	Desk Reviewed Cost Desk Audited Costs Field Audited Cost	docio	
	Rydell Samuel, A	dministrator eimbursement Anal	vaic .
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicald Cost Re	F	y. 010
	For Information Only (No Change In Rate)		



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ambia County Health Department 95 West Fairfield Drive		Provider Number Date:	0600181-30 7/27/2012
isacola, FL 32501		Fiscal Year End: Audit Status:	06/30/2011 Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro		lew Costs
	BASIS Budget X Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost	Administrator Reimbursement A	nalysis
	For Information Only (No Change In Rate)		



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Escambia County Health Department		Provider Number	
1295 West Fairfield Drive		Date:	
Pensacola, F1, 32501		Fiscal Year End: Audit Status:	Unaudited [1]
<u>Provider Type</u>	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	v Costs
<u> </u>	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. A Medicaid Cost Ro	dministrator simbursement Analy	ysis
	For Information Only (No Change In Rate)		



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scambia County Health Department		Provider Number 0	
295 West Fairfield Drive		Date: 7 Fiscal Year End: 0	/18/2012
ensacola, FL 32501	<u></u>		inaudited [1]
<u>Provider Type</u> <u>CHD</u>	Current Rate	New Rate	Effective Date 7/1/2012
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Pro-	spective ve Adjusted For New C	°osts
<u>E</u> X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Medicaid Cost R	Administrator leimbursement Analys	is
	For Information Only (No Change In Rate)		



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Escambia County Health Department		Provider Number	0600181-33	
1295 West Fairfield Drive			7/18/2012	
Pensacola, FL 32501		Fiscal Year End:		
		Audit Status:	Unaudited [1]	
<u>Provider Type</u>	Current Rate	New Rate	Effective Date	
<u>CHD</u>	180.00	173.68	7/1/2012	
Rate Type Interim Total Interim Settlement Based on Cost	N Prospective X Total Prospective Prospective BASIS Budget V Unaudited Cost Desk Reviewed Cost Desk Audited Cost Field Audited Cost	pective e Adjusted For New	v Costs	
	Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Medicald Cost Re	R Allan	y 313	
	For Information Only (No Change In Rate)			



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cambia County Health Department	_	Provider Number	······································	
95 West Fairfield Drive	<u> </u>	Fiscal Year End: (Date: 7/18/2012 End: 06/30/2011	
nsacola, FL 32501		Audit Status:		
Provider Type	Current Rate	New Rate	Effective Date	
<u>CHD</u>	180.00	173.68	7/1/2012	
Rate Type Interim Total Interim Settlement Based on Cost	X Prospective X Total Prospective Prospective	pective e Adjusted For New	Costs	
X	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost			
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel, A Medicaid Cost R	Administrator eimbursement Analys	sis	
	For Information Only (No Change In Rate)			



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Escambia County Health Department		Provider Number	0600181-92
1295 West Fairfield Drive			7/18/2012
Pensacola, FL 32501		Fiscal Year End: Audit Status:	
			Unaudited [1]
Provider Type	Current Rate	New Rate	Effective Date
<u>CHD</u>	180.00	173.68	7/1/2012
Rate Type Interim Total Interim	X <u>Prospective</u> X Total Prospe	ective	
Settlement Based on Cost		Adjusted For New	Costs
	BASIS Budget Unaudited Cost Desk Reviewed Cost Desk Audited Costs Field Audited Cost		
DISTRIBUTION: Fiscal Agent Contract Management Cost Reimbursement State Health Office	Rydell Samuel. Ad Medicaid Cost Rei	The state of the s	vsis
	For Information Only (No Change In Rate)		