



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**

Alachua County Health Department  
 224 SE 24th Street  
 Gainesville, FL 32641

Provider Number: 0279111-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>110.01</u>	<u>149.80</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Alachua County Health Department  
 224 SE 24th Street  
 Gainesville, FL 32641

Provider Number: 0279111-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>CHD</u></b>	<b><u>110.01</u></b>	<b><u>149.80</u></b>	<b><u>7/1/2012</u></b>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

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 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Alachua County Health Department  
 224 SE 24th Street  
 Gainesville, FL 32641

Provider Number: 0279111-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>110.01</u>	<u>149.80</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Alachua County Health Department  
 224 SE 24th Street  
 Gainesville, FL 32641

Provider Number 0279111-20  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>110.01</u>	<u>149.80</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Alachua County Health Department  
 224 SE 24th Street  
 Gainesville, FL 32641

Provider Number 0279111-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**110.01**

**New Rate**

**149.80**

**Effective Date**

**7/1/2012**

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Alachua County Health Department  
 224 SE 24th Street  
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Provider Number 0279111-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>110.01</u>	<u>149.80</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
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       Prospective Adjusted For New Costs

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Provider Number: 0279111-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>110.01</u>	<u>149.80</u>	<u>7/1/2012</u>

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Baker County Health Department  
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 480 West Lowder Street  
 \_\_\_\_\_  
 Maceleddy, FL 32063  
 \_\_\_\_\_

Provider Number 0279129-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

156.19

**New Rate**

156.62

**Effective Date**

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

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Baker County Health Department  
 480 West Lowder Street  
 Macclenny, FL 32063

Provider Number: 0279129-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**156.19**

**New Rate**

**156.62**

**Effective Date**

**7/1/2012**

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X** **Prospective**

       **X** Total Prospective  
       Prospective Adjusted For New Costs

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Baker County Health Department  
 480 West Lowder Street  
 Macclenny, FL 32063

Provider Number: 0279129-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

156.19

**New Rate**

156.62

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

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Baker County Health Department  
 480 West Lowder Street  
 Macclenny, FL 32063

Provider Number: 0279129-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>156.19</u>	<u>156.62</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Baker County Health Department  
 480 West Lowder Street  
 Macclenny, FL 32063

Provider Number: 0279129-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>156.19</u>	<u>156.62</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
          Total Interim  
          Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
          Prospective Adjusted For New Costs

**BASIS**

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

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Baker County Health Department  
 480 West Lowder Street  
 Macclenny, FL 32063

Provider Number: 0279129-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

156.19

**New Rate**

156.62

**Effective Date**

7/1/2012

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

Budget  
X Unaudited Cost  
 Desk Reviewed Cost  
 Desk Audited Costs  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Baker County Health Department  
480 West Lowder Street  
Macedonny, FL 32063

Provider Number 0279129-07  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

156.19

**New Rate**

156.62

**Effective Date**

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

Rydell Samuel, Administrator  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Baker County Health Department  
 480 West Lowder Street  
 Macclenny, FL 32063

Provider Number: 0279129-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>156.19</u>	<u>156.62</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
          Total Interim  
          Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
          Prospective Adjusted For New Costs

**BASIS**

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

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Baker County Health Department  
480 West Lowder Street  
Macedlenny, FL 32063

Provider Number 0279129-30  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

156.19

**New Rate**

156.62

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

         Total Interim  
         Settlement Based on Cost

**X Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Bradford County Health Department  
1801 North Temple Avenue  
Starke, FL 32091

Provider Number: 0279145-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>172.52</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Bradford County Health Department  
1801 North Temple Avenue  
Starke, FL 32091

Provider Number 0279145-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>172.52</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

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**DISTRIBUTION:**

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Provider Number: 0279145-02  
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Provider Number 0279145-03  
 Date: 7/18/2012  
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 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

172.52

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

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Interim  
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Desk Reviewed Cost  
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X Unaudited Cost  
Desk Reviewed Cost  
Desk Audited Costs  
Field Audited Cost

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 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>172.52</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Broward County Health Department  
780 SW 24th Street  
Fort Lauderdale, FL 33315

Provider Number 0279161-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>156.76</u>	<u>161.38</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
(No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Broward County Health Department  
780 SW 24th Street  
Fort Lauderdale, FL 33315

Provider Number 0279161-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>156.76</u>	<u>161.38</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Broward County Health Department  
 780 SW 24th Street  
 Fort Lauderdale, FL 33315

Provider Number: 0279161-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>156.76</u>	<u>161.38</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Broward County Health Department  
780 SW 24th Street  
Fort Lauderdale, FL 33315

Provider Number: 0279161-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>156.76</u>	<u>161.38</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Calhoun County Health Department  
19611 S.R. 20 West  
Blountstown, FL 32424

Provider Number 0279170-00  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>118.35</u>	<u>130.98</u>	<u>7/1/2012</u>

**Rate Type**

Interim Total Interim  
Prospective Total Prospective  
 Total Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**

Calhoun County Health Department  
 19611 S.R. 20 West  
 Blountstown, FL 32424

Provider Number 0279170-08  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

118.35

**New Rate**

130.98

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Calhoun County Health Department  
 19611 S.R. 20 West  
 Blountstown, FL 32424

Provider Number: 0279170-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

118.35

**New Rate**

130.98

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Calhoun County Health Department  
 19611 S.R. 20 West  
 Blountstown, FL 32424

Provider Number 0279170-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>118.35</u>	<u>130.98</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number: 0279196-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number: 0279196-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number 0279196-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number: 0279196-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number: 0279196-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number: 0279196-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number: 0279196-30  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



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 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number: 0279196-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number: 0279196-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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For Information Only  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Citrus County Health Department  
 3700 Sovereign Path  
 Lecanto, FL 34461-8071

Provider Number 0279196-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.68</u>	<u>152.50</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
 P.O. Box 578  
 Green Cove Springs, FL 32043

Provider Number: 0279200-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
P.O. Box 578  
Green Cove Springs, FL 32043

Provider Number 0279200-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
 P.O. Box 578  
 Green Cove Springs, FL 32043

Provider Number: 0279200-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
 P.O. Box 578  
 Green Cove Springs, FL 32043

Provider Number: 0279200-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
 P.O. Box 578  
 Green Cove Springs, FL 32043

Provider Number: 0279200-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
P.O. Box 578  
Green Cove Springs, FL 32043

Provider Number: 0279200-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
 P.O. Box 578  
 Green Cove Springs, FL 32043

Provider Number: 0279200-09  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
P.O. Box 578  
Green Cove Springs, FL 32043

Provider Number 0279200-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
 P.O. Box 578  
 Green Cove Springs, FL 32043

Provider Number: 0279200-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
P.O. Box 578  
Green Cove Springs, FL 32043

Provider Number: 0279200-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>152.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Collier County Health Department  
 P.O. Box 429  
 Naples, FL 34106-0429

Provider Number: 0279218-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Collier County Health Department  
P.O. Box 429  
Naples, FL 34106-0429

Provider Number: 0279218-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Collier County Health Department  
 P.O. Box 429  
 Naples, FL 34106-0429

Provider Number: 0279218-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited |1|

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Collier County Health Department  
 P.O. Box 429  
 Naples, FL 34106-0429

Provider Number: 0279218-15  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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

**Medicaid Reimbursement Rate Change Form for CHDs**

Collier County Health Department  
 P.O. Box 429  
 Naples, FL 34106-0429

Provider Number 0279218-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Collier County Health Department  
 P.O. Box 429  
 Naples, FL 34106-0429

Provider Number: 0279218-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

**Interim**  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
 217 North East Franklin Street  
 Lake City, FL 32055

Provider Number: 0279226-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>125.42</u>	<u>138.10</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
 217 North East Franklin Street  
 Lake City, FL 32055

Provider Number: 0279226-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>125.42</u>	<u>138.10</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
 217 North East Franklin Street  
 Lake City, FL 32055

Provider Number: 0279226-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>125.42</u>	<u>138.10</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
 217 North East Franklin Street  
 Lake City, FL 32055

Provider Number: 0279226-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>125.42</u>	<u>138.10</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
 217 North East Franklin Street  
 Lake City, FL 32055

Provider Number: 0279226-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>125.42</u>	<u>138.10</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
 217 North East Franklin Street  
 Lake City, FL 32055

Provider Number: 0279226-07  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>125.42</u>	<u>138.10</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
217 North East Franklin Street  
Lake City, FL 32055

Provider Number: 0279226-09  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>125.42</u>	<u>138.10</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
 217 North East Franklin Street  
 Lake City, FL 32055

Provider Number: 0279226-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>125.42</u>	<u>138.10</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
217 North East Franklin Street  
Lake City, FL 32055

Provider Number 0279226-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**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

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
 217 North East Franklin Street  
 Lake City, FL 32055

Provider Number: 0279226-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>125.42</u>	<u>138.10</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Dade County Health Department  
1350 N.W. 14th Street  
Miami, FL 33125

Provider Number 0279234-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

157.34

**New Rate**

127.59

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

         Total Interim  
         Settlement Based on Cost

**X Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Dade County Health Department  
 1350 N.W. 14th Street  
 Miami, FL 33125

Provider Number: 0279234-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.34</u>	<u>127.59</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Dade County Health Department  
1350 N.W. 14th Street  
Miami, FL 33125

Provider Number 0279234-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.34</u>	<u>127.59</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

DeSoto County Health Department  
 34 South Baldwin Avenue  
 Arcadia, FL 33821

Provider Number 0279242-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>145.51</u>	<u>117.94</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

DeSoto County Health Department  
 34 South Baldwin Avenue  
 Arcadia, FL 33821

Provider Number 0279242-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>145.51</u>	<u>117.94</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

DeSoto County Health Department  
34 South Baldwin Avenue  
Arcadia, FL 33821

Provider Number 0279242-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>145.51</u>	<u>117.94</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

DeSoto County Health Department  
 34 South Baldwin Avenue  
 Arcadia, FL 33821

Provider Number: 0279242-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>145.51</u>	<u>117.94</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

DeSoto County Health Department  
34 South Baldwin Avenue  
Arcadia, FL 33821

Provider Number: 0279242-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>145.51</u>	<u>117.94</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

DeSoto County Health Department  
 34 South Baldwin Avenue  
 Arcadia, FL 33821

Provider Number: 0279242-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>145.51</u>	<u>117.94</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

DeSoto County Health Department  
 34 South Baldwin Avenue  
 Arcadia, FL 33821

Provider Number: 0279242-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

145.51

**New Rate**

117.94

**Effective Date**

7/1/2012

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Dixie County Health Department  
149 NE 241ST  
Cross City, FL 32628

Provider Number 0279251-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>134.52</u>	<u>156.36</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Dixie County Health Department  
149 NE 241ST  
Cross City, FL 32628

Provider Number 0279251-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>134.52</u>	<u>156.36</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

RydeII Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

     For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
 515 West Sixth Street  
 Jacksonville, FL 32206

Provider Number: 0279269-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

151.42

**New Rate**

152.11

**Effective Date**

7/1/2012

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number: 0279269-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

151.42

**New Rate**

152.11

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number: 0279269-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

151.42

**New Rate**

152.11

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

151.42

**New Rate**

152.11

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
 515 West Sixth Street  
 Jacksonville, FL 32206

Provider Number: 0279269-42  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-43  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

151.42

**New Rate**

152.11

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
 515 West Sixth Street  
 Jacksonville, FL 32206

Provider Number 0279269-45  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-46  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-52  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
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 State Health Office

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Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number: 0279269-53  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number: 0279269-88  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
 515 West Sixth Street  
 Jacksonville, FL 32206

Provider Number: 0279269-89  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Duval County Health Department  
 515 West Sixth Street  
 Jacksonville, FL 32206

Provider Number: 0279269-92  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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     For Information Only  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number: 0279269-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
 515 West Sixth Street  
 Jacksonville, FL 32206

Provider Number: 0279269-94  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
        
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
        
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number: 0279269-95  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
 515 West Sixth Street  
 Jacksonville, FL 32206

Provider Number: 0279269-96  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited |1|

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number: 0279269-97  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>151.42</u>	<u>152.11</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

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 (No Change In Rate)





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 Office of Medicaid Cost Reimbursement Planning and Finance  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
 515 West Sixth Street  
 Jacksonville, FL. 32206

Provider Number: 0279269-99  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

151.42

**New Rate**

152.11

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
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       For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Flagler County Health Department  
 P. O. Box 847  
 Bunnell, FL 32110-0847

Provider Number 0279285-00  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Flagler County Health Department  
 P. O. Box 847  
 Bunnell, FL 32110-0847

Provider Number: 0279285-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Flagler County Health Department  
 P. O. Box 847  
 Bunnell, FL 32110-0847

Provider Number: 0279285-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Flagler County Health Department  
 P. O. Box 847  
 Bunnell, FL 32110-0847

Provider Number: 0279285-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Flagler County Health Department  
 P. O. Box 847  
 Bunnell, FL 32110-0847

Provider Number 0279285-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Flagler County Health Department  
P. O. Box 847  
Bunnell, FL 32110-0847

Provider Number 0279285-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Flagler County Health Department  
P. O. Box 847  
Bunnell, FL 32110-0847

Provider Number 0279285-06  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Flagler County Health Department  
 P. O. Box 847  
 Bunnell, FL 32110-0847

Provider Number: 0279285-07  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
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 Cost Reimbursement  
 State Health Office

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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**

Flagler County Health Department  
 P. O. Box 847  
 Bunnell, FL 32110-0847

Provider Number: 0279285-08  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Flagler County Health Department  
P. O. Box 847  
Bunnell, FL 32110-0847

Provider Number 0279285-09  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Flagler County Health Department  
 P. O. Box 847  
 Bunnell, FL 32110-0847

Provider Number: 0279285-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>143.13</u>	<u>145.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Franklin County Health Department  
 139 12th Street  
 Apalachicola, FL 32320

Provider Number: 0279293-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>162.95</u>	<u>147.54</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Franklin County Health Department  
 139 12th Street  
 Apalachicola, FL. 32320

Provider Number: 0279293-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [ ]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>162.95</u>	<u>147.54</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Franklin County Health Department  
 139 12th Street  
 Apalachicola, FL 32320

Provider Number: 0279293-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>CHD</u></b>	<b><u>162.95</u></b>	<b><u>147.54</u></b>	<b><u>7/1/2012</u></b>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Franklin County Health Department
139 12th Street
Apalachicola, FL 32320

Provider Number 0279293-03
Date: 7/18/2012
Fiscal Year End: 06/30/2011
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

162.95

New Rate

147.54

Effective Date

7/1/2012

Rate Type

Interim

Total Interim
Settlement Based on Cost

X Prospective

Total Prospective
Prospective Adjusted For New Costs

BASIS

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

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Handwritten signature

DISTRIBUTION:

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Contract Management
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(No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Franklin County Health Department  
 \_\_\_\_\_  
 139 12th Street  
 \_\_\_\_\_  
 Apalachicola, FL 32320  
 \_\_\_\_\_

Provider Number 0279293-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

162.95

**New Rate**

147.54

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Franklin County Health Department  
 139 12th Street  
 Apalachicola, FL 32320

Provider Number: 0279293-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>162.95</u>	<u>147.54</u>	<u>7/1/2012</u>

**Rate Type**

**Interim**  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Franklin County Health Department  
 139 12th Street  
 Apalachicola, FL 32320

Provider Number 0279293-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>162.95</u>	<u>147.54</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Franklin County Health Department  
 \_\_\_\_\_  
 139 12th Street  
 \_\_\_\_\_  
 Apalachicola, FL 32320  
 \_\_\_\_\_

Provider Number 0279293-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**162.95**

**New Rate**

**147.54**

**Effective Date**

**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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number 0279307-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

Current Rate

157.59

New Rate

141.69

Effective Date

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-12  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

<u>      </u> <b><u>Interim</u></b>	<u>  X  </u> <b><u>Prospective</u></b>
<u>      </u> Total Interim	<u>      </u> <b><u>X</u></b> Total Prospective
<u>      </u> Settlement Based on Cost	<u>      </u> Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-18  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim Total Interim  
Prospective Total Prospective  
 Settlement Based on Cost  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
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 Contract Management  
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For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, Fl. 32353-1000

Provider Number: 0279307-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>CHD</u></b>	<b><u>157.59</u></b>	<b><u>141.69</u></b>	<b><u>7/1/2012</u></b>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
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Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, Fl. 32353-1000

Provider Number: 0279307-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

157.59

**New Rate**

141.69

**Effective Date**

7/1/2012

**Rate Type**

Interim

         Total Interim  
         Settlement Based on Cost

X **Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number 0279307-94  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-95  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gadsden County Health Department  
 P. O. Box 1000  
 Quincy, FL 32353-1000

Provider Number: 0279307-96  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>157.59</u>	<u>141.69</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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- Contract Management
- Cost Reimbursement
- State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gilchrist County Health Department  
119 N.E. First Street  
Trenton, FL 32693-3459

Provider Number: 0279315-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>116.16</u>	<u>99.72</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gilchrist County Health Department  
119 N.E. First Street  
Trenton, FL 32693-3459

Provider Number: 0279315-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>116.16</u>	<u>99.72</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Glades County Health Department  
 P. O. Box 489  
 Moore Haven, FL 33471

Provider Number: 0279323-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>88.49</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Glades County Health Department  
 P. O. Box 489  
 Moore Haven, FL 33471

Provider Number: 0279323-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

88.49

**New Rate**

100.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**X Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Glades County Health Department  
 P. O. Box 489  
 Moore Haven, FL 33471

Provider Number: 0279323-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>88.49</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
2475 Garrison Avenue  
Port St. Joe, FL 32456-5265

Provider Number 0279331-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

136.28

**New Rate**

138.51

**Effective Date**

7/1/2012

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number 0279331-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Gulf County Health Department  
2475 Garrison Avenue  
Port St. Joe, FL 32456-5265

Provider Number 0279331-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Ry dell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

136.28

**New Rate**

138.51

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Rate Change Form for CHDs

Gulf County Health Department
2475 Garrison Avenue
Port St. Joe, FL 32456-5265

Provider Number: 0279331-05
Date: 7/18/2012
Fiscal Year End: 06/30/2011
Audit Status: Unaudited [1]

Table with 5 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 136.28, 138.51, 7/1/2012

Rate Type

Interim
Total Interim
Settlement Based on Cost

X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS

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

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Handwritten signature

DISTRIBUTION:

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Contract Management
Cost Reimbursement
State Health Office

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(No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
2475 Garrison Avenue  
Port St. Joe, FL 32456-5265

Provider Number: 0279331-07  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-10  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
2475 Garrison Avenue  
Port St. Joe, FL 32456-5265

Provider Number: 0279331-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-12  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-13  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
2475 Garrison Avenue  
Port St. Joe, FL 32456-5265

Provider Number: 0279331-14  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

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 Medicaid Cost Reimbursement Analysis

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 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-15  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, Fl. 32456-5265

Provider Number: 0279331-16  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-17  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-18  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-19  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL 32456-5265

Provider Number: 0279331-21  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>136.28</u>	<u>138.51</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Gulf County Health Department  
 2475 Garrison Avenue  
 Port St. Joe, FL. 32456-5265

Provider Number 0279331-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

136.28

**New Rate**

138.51

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hamilton County Health Department  
P. O. Box 267  
Jasper, FL 32052

Provider Number: 0279340-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.93

**New Rate**

169.02

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hamilton County Health Department  
 P. O. Box 267  
 Jasper, FL 32052

Provider Number: 0279340-25  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>158.93</u>	<u>169.02</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
           Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
           Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hamilton County Health Department  
 P. O. Box 267  
 Jasper, FL 32052

Provider Number: 0279340-30  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>158.93</u>	<u>169.02</u>	<u>7/1/2012</u>

**Rate Type**

**Interim**  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hamilton County Health Department  
 P. O. Box 267  
 Jasper, FL 32052

Provider Number: 0279340-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>158.93</u>	<u>169.02</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hardee County Health Department  
 115 K.D. Revell Road  
 Wauchula, FL. 33873

Provider Number: 0279358-00  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>CHD</u></b>	<b><u>167.99</u></b>	<b><u>151.81</u></b>	<b><u>7/1/2012</u></b>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hardee County Health Department  
 115 K.D. Revell Road  
 Wauchula, FL 33873

Provider Number: 0279358-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>167.99</u>	<u>151.81</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hardee County Health Department  
 115 K.D. Revell Road  
 Wauchula, FL 33873

Provider Number: 0279358-09  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>167.99</u>	<u>151.81</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hardee County Health Department  
 115 K.D. Revell Road  
 Wauchula, FL. 33873

Provider Number: 0279358-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>167.99</u>	<u>151.81</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hendry County Health Department  
 P. O. Box 70  
 LaBelle, FL 33975

Provider Number: 0279366-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>175.56</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hendry County Health Department  
 P. O. Box 70  
 LaBelle, FL 33975

Provider Number: 0279366-20  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>175.56</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hendry County Health Department  
 P. O. Box 70  
 LaBelle, Fl. 33975

Provider Number: 0279366-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>175.56</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hendry County Health Department  
 P. O. Box 70  
 LaBelle, FL 33975

Provider Number: 0279366-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>175.56</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hernando County Health Department  
 \_\_\_\_\_  
 300 S. Main St.  
 \_\_\_\_\_  
 Brooksville, Fl. 34601  
 \_\_\_\_\_

Provider Number 0279374-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.13</u>	<u>132.49</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration

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

Medicaid Reimbursement Rate Change Form for CHDs

Hernando County Health Department
300 S. Main St.
Brooksville, FL 34601

Provider Number 0279374-30
Date: 7/27/2012
Fiscal Year End: 06/30/2011
Audit Status: Unaudited [1]

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 129.13, 132.49, 7/1/2012

Rate Type

Interim
Total Interim
Settlement Based on Cost

X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS

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

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Handwritten signature

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hernando County Health Department  
 300 S. Main St.  
 Brooksville, FL 34601

Provider Number: 0279374-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.13</u>	<u>132.49</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hernando County Health Department  
 300 S. Main St.  
 Brooksville, FL 34601

Provider Number: 0279374-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.13</u>	<u>132.49</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Highlands County Health Department  
 7205 South George Boulevard  
 Sebring, Fl. 33872

Provider Number: 0279382-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>144.59</u>	<u>154.48</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Highlands County Health Department  
 7205 South George Boulevard  
 Sebring, FL 33872

Provider Number: 0279382-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>144.59</u>	<u>154.48</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
X Total Prospective  
Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
(No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
 1900 27th Street  
 Vero Beach, FL 32960

Provider Number: 0279412-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

133.98

**New Rate**

145.50

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
 1900 27th Street  
 Vero Beach, FL 32960

Provider Number 0279412-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.98</u>	<u>145.50</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
 1900 27th Street  
 Vero Beach, FL 32960

Provider Number: 0279412-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.98</u>	<u>145.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
 1900 27th Street  
 Vero Beach, FL 32960

Provider Number: 0279412-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

133.98

**New Rate**

145.50

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**X Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
 1900 27th Street  
 Vero Beach, FL 32960

Provider Number 0279412-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

133.98

**New Rate**

145.50

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

         Total Interim  
         Settlement Based on Cost

**X Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
 1900 27th Street  
 Vero Beach, FL. 32960

Provider Number: 0279412-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

133.98

**New Rate**

145.50

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
 1900 27th Street  
 Vero Beach, FL 32960

Provider Number: 0279412-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.98</u>	<u>145.50</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
1900 27th Street  
Vero Beach, FL 32960

Provider Number 0279412-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.98</u>	<u>145.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
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\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
 1900 27th Street  
 Vero Beach, FL 32960

Provider Number 0279412-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.98</u>	<u>145.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
 1900 27th Street  
 Vero Beach, FL 32960

Provider Number 0279412-96  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>133.98</u>	<u>145.50</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jackson County Health Department  
 P. O. Box 310  
 Marianna, FL 32447

Provider Number 0279421-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.19</u>	<u>119.26</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



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

**Medicaid Reimbursement Rate Change Form for CHDs**

Jackson County Health Department  
 P. O. Box 310  
 Marianna, FL 32447

Provider Number 0279421-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.19</u>	<u>119.26</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jackson County Health Department  
 P. O. Box 310  
 Marianna, FL 32447

Provider Number 0279421-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

114.19

**New Rate**

119.26

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

         For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jackson County Health Department  
 P. O. Box 310  
 Marianna, FL 32447

Provider Number: 0279421-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.19</u>	<u>119.26</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jackson County Health Department  
 P. O. Box 310  
 Marianna, FL 32447

Provider Number: 0279421-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

114.19

**New Rate**

119.26

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jackson County Health Department  
 P. O. Box 310  
 Marianna, FL 32447

Provider Number: 0279421-13  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.19</u>	<u>119.26</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jackson County Health Department  
 P. O. Box 310  
 Marianna, FL 32447

Provider Number 0279421-14  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.19</u>	<u>119.26</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jackson County Health Department  
 P. O. Box 310  
 Marianna, FL 32447

Provider Number: 0279421-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.19</u>	<u>119.26</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       **X** Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jackson County Health Department  
 P. O. Box 310  
 Marianna, FL 32447

Provider Number: 0279421-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>114.19</u>	<u>119.26</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jefferson County Health Department  
 1255 W. Washington Street  
 Monticello, FL 32344

Provider Number 0279439-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>159.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



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

**Medicaid Reimbursement Rate Change Form for CHDs**

Jefferson County Health Department  
 1255 W. Washington Street  
 Monticello, FL 32344

Provider Number 0279439-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>159.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Ry dell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
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**Medicaid Reimbursement Rate Change Form for CHDs**

Jefferson County Health Department  
 1255 W. Washington Street  
 Monticello, FL 32344

Provider Number: 0279439-09  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>CHD</b>	<b>180.00</b>	<b>159.25</b>	<b>7/1/2012</b>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jefferson County Health Department  
 1255 W. Washington Street  
 Monticello, FL 32344

Provider Number: 0279439-12  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>159.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Jefferson County Health Department  
 1255 W. Washington Street  
 Monticello, FL 32344

Provider Number: 0279439-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>159.25</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lee County Health Department  
 3920 Michigan Avenue  
 Fort Myers, FL 33916

Provider Number: 0279463-00  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>160.11</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

       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**

Lee County Health Department  
 3920 Michigan Avenue  
 Fort Myers, FL 33916

Provider Number: 0279463-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>160.11</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
          Total Interim  
          Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
          Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lee County Health Department  
 3920 Michigan Avenue  
 Fort Myers, FL 33916

Provider Number 0279463-14  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>160.11</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 State Health Office

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 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Leon County Health Department  
 2965 Municipal Way  
 Tallahassee, FL 32304

Provider Number 0279471-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>112.17</u>	<u>119.95</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Leon County Health Department  
 \_\_\_\_\_  
 2965 Municipal Way  
 \_\_\_\_\_  
 Tallahassee, FL 32304  
 \_\_\_\_\_

Provider Number 0279471-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>112.17</u>	<u>119.95</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

       **Prospective**  
              Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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       For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Levy County Health Department  
 P. O. Box 40  
 Bronson, FL 32621

Provider Number 0279480-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

133.62

**New Rate**

113.55

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

         Total Interim  
         Settlement Based on Cost

**X **Prospective****

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Levy County Health Department  
 P. O. Box 40  
 Bronson, FL 32621

Provider Number: 0279480-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

133.62

**New Rate**

113.55

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

         Total Interim  
         Settlement Based on Cost

**X Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Liberty County Health Department  
P. O. Box 489  
Bristol, FL 32321

Provider Number 0279498-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

152.44

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Liberty County Health Department  
 P. O. Box 489  
 Bristol, FL 32321

Provider Number: 0279498-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>152.44</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Liberty County Health Department  
 P. O. Box 489  
 Bristol, FL 32321

Provider Number 0279498-06  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

152.44

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**X Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Liberty County Health Department  
 P. O. Box 489  
 Bristol, FL 32321

Provider Number: 0279498-08  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>152.44</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Liberty County Health Department  
 P. O. Box 489  
 Bristol, FL 32321

Provider Number: 0279498-09  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>152.44</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
          Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
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 (No Change In Rate)



Florida Agency For Health Care Administration

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2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Liberty County Health Department
P. O. Box 489
Bristol, FL 32321

Provider Number 0279498-10
Date: 7/18/2012
Fiscal Year End: 06/30/2011
Audit Status: Unaudited [1]

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 152.44, 180.00, 7/1/2012

Rate Type

Interim
Total Interim
Settlement Based on Cost

X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS

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

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Handwritten signature

DISTRIBUTION:

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Contract Management
Cost Reimbursement
State Health Office

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(No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Liberty County Health Department \_\_\_\_\_  
 P. O. Box 489 \_\_\_\_\_  
 Bristol, FL 32321 \_\_\_\_\_

Provider Number 0279498-14  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>152.44</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Liberty County Health Department  
 P. O. Box 489  
 Bristol, FL 32321

Provider Number 0279498-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>152.44</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Liberty County Health Department  
 P. O. Box 489  
 Bristol, FL 32321

Provider Number: 0279498-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

152.44

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Manatee County Health Department  
 410 Six Avenue East  
 Bradenton, FL 34208

Provider Number 0279510-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Manatee County Health Department  
 410 Six Avenue East  
 Bradenton, Fl. 34208

Provider Number: 0279510-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Manatee County Health Department  
 410 Six Avenue East  
 Bradenton, FL 34208

Provider Number: 0279510-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Manatee County Health Department  
 410 Six Avenue East  
 Bradenton, FL 34208

Provider Number: 0279510-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Ry dell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Manatee County Health Department  
 410 Six Avenue East  
 Bradenton, FL 34208

Provider Number 0279510-10  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.00**

**New Rate**

**180.00**

**Effective Date**

**7/1/2012**

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Manatee County Health Department  
 410 Six Avenue East  
 Bradenton, FL 34208

Provider Number: 0279510-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Manatee County Health Department  
 410 Six Avenue East  
 Bradenton, FL 34208

Provider Number: 0279510-91  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

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 Costs

**BASIS**

       Budget

**X**        Unaudited Cost

       Desk Reviewed Cost

       Desk Audited Costs

       Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, FL 34478-2408

Provider Number: 0279528-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, FL 34478-2408

Provider Number 0279528-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, FL 34478-2408

Provider Number: 0279528-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, FL 34478-2408

Provider Number: 0279528-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, FL 34478-2408

Provider Number: 0279528-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, Fl. 34478-2408

Provider Number: 0279528-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
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 State Health Office

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

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, FL 34478-2408

Provider Number: 0279528-12  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost  
 Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, FL 34478-2408

Provider Number: 0279528-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration

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

Medicaid Reimbursement Rate Change Form for CHDs

Marion County Health Department
1801 S.E. 32nd Avenue
Ocala, FL 34478-2408

Provider Number 0279528-91
Date: 7/18/2012
Fiscal Year End: 06/30/2011
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2012

Rate Type

Interim

Total Interim
Settlement Based on Cost

X Prospective

Total Prospective
Prospective Adjusted For New Costs

BASIS

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

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

[Handwritten Signature]

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, FL 34478-2408

Provider Number 0279528-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
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 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, FL. 34478-2408

Provider Number: 0279528-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>CHD</u></b>	<b><u>180.00</u></b>	<b><u>180.00</u></b>	<b><u>7/1/2012</u></b>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration

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

Medicaid Reimbursement Rate Change Form for CHDs

Marion County Health Department
1801 S.E. 32nd Avenue
Ocala, FL 34478-2408

Provider Number 0279528-94
Date: 7/18/2012
Fiscal Year End: 06/30/2011
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2012

Rate Type

Interim

Total Interim
Settlement Based on Cost

X Prospective

Total Prospective
Prospective Adjusted For New Costs

BASIS

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

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

[Handwritten Signature]

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Marion County Health Department  
 1801 S.E. 32nd Avenue  
 Ocala, Fl. 34478-2408

Provider Number: 0279528-95  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Martin County Health Department  
3441 SE Willoughby Blvd.  
Stuart, FL 34994-5060

Provider Number 0279536-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>167.44</u>	<u>167.44</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Martin County Health Department  
 3441 SE Willoughby Blvd.  
 Stuart, FL 34994-5060

Provider Number: 0279536-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>CHD</b>	<b>167.44</b>	<b>167.44</b>	<b>7/1/2012</b>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Martin County Health Department  
 3441 SE Willoughby Blvd.  
 Stuart, FL 34994-5060

Provider Number: 0279536-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>CHD</u></b>	<b><u>167.44</u></b>	<b><u>167.44</u></b>	<b><u>7/1/2012</u></b>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Martin County Health Department  
 3441 SE Willoughby Blvd.  
 Stuart, FL 34994-5060

Provider Number: 0279536-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>CHD</b>	<b>167.44</b>	<b>167.44</b>	<b>7/1/2012</b>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Martin County Health Department  
3441 SE Willoughby Blvd.  
Stuart, FL 34994-5060

Provider Number 0279536-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>167.44</u>	<u>167.44</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Martin County Health Department  
3441 SE Willoughby Blvd.  
Stuart, FL 34994-5060

Provider Number 0279536-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited |1|

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>167.44</u>	<u>167.44</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Martin County Health Department  
 3441 SE Willoughby Blvd.  
 Stuart, FL 34994-5060

Provider Number: 0279536-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

167.44

**New Rate**

167.44

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Martin County Health Department  
3441 SE Willoughby Blvd.  
Stuart, FL 34994-5060

Provider Number: 0279536-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

167.44

**New Rate**

167.44

**Effective Date**

7/1/2012

**Rate Type**

Interim

         Total Interim  
         Settlement Based on Cost

X **Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Martin County Health Department  
3441 SE Willoughby Blvd.  
Stuart, FL 34994-5060

Provider Number 0279536-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>CHD</u></b>	<b><u>167.44</u></b>	<b><u>167.44</u></b>	<b><u>7/1/2012</u></b>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
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 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Monroe County Health Department  
 5100 College Road  
 Key West, FL 33040

Provider Number: 0279544-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b>CHD</b>	<b>180.00</b>	<b>180.00</b>	<b>7/1/2012</b>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Monroe County Health Department  
 5100 College Road  
 Key West, FL 33040

Provider Number: 0279544-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Monroe County Health Department  
 \_\_\_\_\_  
 5100 College Road  
 \_\_\_\_\_  
 Key West, FL 33040  
 \_\_\_\_\_

Provider Number: 0279544-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

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 Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



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 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Monroe County Health Department  
 5100 College Road  
 Key West, FL 33040

Provider Number: 0279544-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Monroe County Health Department  
 5100 College Road  
 Key West, FL 33040

Provider Number: 0279544-08  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
          Total Interim  
          Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
          Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Monroe County Health Department  
 5100 College Road  
 Key West, FL 33040

Provider Number: 0279544-13  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Monroc County Health Department  
 5100 College Road  
 Key West, FL 33040

Provider Number 0279544-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Monroe County Health Department  
 5100 College Road  
 Key West, FL 33040

Provider Number: 0279544-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.00**

**New Rate**

**180.00**

**Effective Date**

**7/1/2012**

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**X Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Monroe County Health Department  
 5100 College Road  
 Key West, FL 33040

Provider Number 0279544-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.00**

**New Rate**

**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 Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
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 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Monroe County Health Department  
 5100 College Road  
 Key West, FL 33040

Provider Number: 0279544-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number 0279552-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**139.49**

**New Rate**

**125.24**

**Effective Date**

**7/1/2012**

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**X Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number 0279552-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>139.49</u>	<u>125.24</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**139.49**

**New Rate**

**125.24**

**Effective Date**

**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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

139.49

**New Rate**

125.24

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

139.49

**New Rate**

125.24

**Effective Date**

7/1/2012

**Rate Type**

Interim

         Total Interim  
         Settlement Based on Cost

X **Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number 0279552-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>139.49</u>	<u>125.24</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-51  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>139.49</u>	<u>125.24</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number 0279552-53  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

139.49

**New Rate**

125.24

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

         Total Interim  
         Settlement Based on Cost

**X Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydeil Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number 0279552-54  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

139.49

**New Rate**

125.24

**Effective Date**

7/1/2012

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-61  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

139.49

**New Rate**

125.24

**Effective Date**

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

Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

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 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-63  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>139.49</u>	<u>125.24</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, Fl. 32035-0517

Provider Number: 0279552-64  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>139.49</u>	<u>125.24</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number: 0279552-71  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>139.49</u>	<u>125.24</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
(No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number 0279552-73  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited {1}

**Provider Type**

CHD

**Current Rate**

139.49

**New Rate**

125.24

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number 0279552-74  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>139.49</u>	<u>125.24</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
 P. O. Box 517  
 Fernandina Beach, FL 32035-0517

Provider Number 0279552-95  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

139.49

**New Rate**

125.24

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, FL 32548

Provider Number: 0279561-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

142.00

**New Rate**

142.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X** **Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
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 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, FL 32548

Provider Number 0279561-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**142.00**

**New Rate**

**142.00**

**Effective Date**

**7/1/2012**

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, FL 32548

Provider Number: 0279561-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

142.00

**New Rate**

142.00

**Effective Date**

7/1/2012

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, FL 32548

Provider Number: 0279561-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.00</u>	<u>142.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, FL 32548

Provider Number 0279561-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.00</u>	<u>142.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, FL 32548

Provider Number: 0279561-08  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.00</u>	<u>142.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, FL 32548

Provider Number: 0279561-09  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.00</u>	<u>142.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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

**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, Fl. 32548

Provider Number: 0279561-16  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.00</u>	<u>142.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ 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**

Okaloosa County Health Department  
221 Hospital Drive, N.E.  
Ft. Walton Beach, FL 32548

Provider Number: 0279561-17  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.00</u>	<u>142.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
221 Hospital Drive, N.E.  
Ft. Walton Beach, FL 32548

Provider Number: 0279561-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.00</u>	<u>142.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
                X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, FL 32548

Provider Number 0279561-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.00</u>	<u>142.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Okaloosa County Health Department  
 221 Hospital Drive, N.E.  
 Ft. Walton Beach, FL 32548

Provider Number: 0279561-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.00</u>	<u>142.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Okeechobee County Health Department  
 P.O. Box 1879  
 Okeechobee, FL 34973-1879

Provider Number: 0279579-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>176.88</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydeff Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Okeechobee County Health Department  
 P.O. Box 1879  
 Okeechobee, FL 34973-1879

Provider Number: 0279579-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>176.88</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Okeechobee County Health Department  
 P.O. Box 1879  
 Okeechobee, FL 34973-1879

Provider Number: 0279579-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>176.88</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Okeechobee County Health Department  
P.O. Box 1879  
Okeechobee, FL 34973-1879

Provider Number: 0279579-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>176.88</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Rate Change Form for CHDs**

Okeechobee County Health Department  
 P.O. Box 1879  
 Okeechobee, FL 34973-1879

Provider Number: 0279579-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>176.88</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Okeechobee County Health Department  
 P.O. Box 1879  
 Okeechobee, FL 34973-1879

Provider Number: 0279579-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>176.88</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number 0279587-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
 6101 Lake Ellenor Drive  
 Orlando, FL 32804

Provider Number: 0279587-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
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For Information Only  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
 6101 Lake Ellenor Drive  
 Orlando, FL 32804

Provider Number: 0279587-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Ry dell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number: 0279587-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
 6101 Lake Ellenor Drive  
 Orlando, FL 32804

Provider Number: 0279587-09  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
          Total Interim  
          Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
          Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number 0279587-18  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number: 0279587-30  
Date: 7/27/2012  
Fiscal Year End: 06/30/2011  
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost  
 Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
Contract Management  
Cost Reimbursement  
State Health Office

For Information Only  
(No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number: 0279587-90  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
 6101 Lake Ellenor Drive  
 Orlando, FL 32804

Provider Number: 0279587-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

140.37

**New Rate**

140.37

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_ For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number: 0279587-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number 0279587-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
 6101 Lake Ellenor Drive  
 Orlando, FL 32804

Provider Number: 0279587-94  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
 6101 Lake Ellenor Drive  
 Orlando, FL 32804

Provider Number: 0279587-95  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
 \_\_\_\_\_  
 6101 Lake Ellenor Drive  
 \_\_\_\_\_  
 Orlando, FL 32804  
 \_\_\_\_\_

Provider Number: 0279587-96  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>140.37</u>	<u>140.37</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
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       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Osceola County Health Department  
 P. O. Box 450309  
 Kissimmee, Fl. 34745-0309

Provider Number: 0279595-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>100.00</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
        
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Osceola County Health Department  
 P. O. Box 450309  
 Kissimmee, FL 34745-0309

Provider Number: 0279595-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>100.00</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Osceola County Health Department  
 P. O. Box 450309  
 Kissimmee, FL 34745-0309

Provider Number: 0279595-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

100.00

**New Rate**

100.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Osceola County Health Department  
 P. O. Box 450309  
 Kissimmee, FL 34745-0309

Provider Number: 0279595-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

100.00

**New Rate**

100.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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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

**Medicaid Reimbursement Rate Change Form for CHDs**

Pasco County Health Department  
 10841 Little Road  
 New Port Richey, FL 34654

Provider Number: 0279617-00  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>165.45</u>	<u>157.31</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Pasco County Health Department  
10841 Little Road  
New Port Richey, FL 34654

Provider Number 0279617-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**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

**X Prospective**

      X Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Pasco County Health Department  
10841 Little Road  
New Port Richey, FL 34654

Provider Number 0279617-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>165.45</u>	<u>157.31</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Pasco County Health Department  
 10841 Little Road  
 New Port Richey, FL 34654

Provider Number: 0279617-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>165.45</u>	<u>157.31</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Pinellas County Health Department  
 500 7th Avenue South  
 St. Petersburg, FL 33701

Provider Number: 0279625-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>130.00</u>	<u>130.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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

**Medicaid Reimbursement Rate Change Form for CHDs**

Pinellas County Health Department  
500 7th Avenue South  
St. Petersburg, FL 33701

Provider Number: 0279625-10  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>130.00</u>	<u>130.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

**Medicaid Reimbursement Rate Change Form for CHDs**

Pinellas County Health Department  
500 7th Avenue South  
St. Petersburg, FL 33701

Provider Number 0279625-91  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>130.00</u>	<u>130.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Pinellas County Health Department  
 500 7th Avenue South  
 St. Petersburg, FL 33701

Provider Number: 0279625-92  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>130.00</u>	<u>130.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost  
 Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Pinellas County Health Department  
500 7th Avenue South  
St. Petersburg, FL 33701

Provider Number 0279625-93  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>130.00</u>	<u>130.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

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Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Pinellas County Health Department  
 500 7th Avenue South  
 St. Petersburg, FL 33701

Provider Number: 0279625-94  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [ ]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>130.00</u>	<u>130.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Pinellas County Health Department  
 500 7th Avenue South  
 St. Petersburg, FL 33701

Provider Number: 0279625-95  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

130.00

**New Rate**

130.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

172.84

**New Rate**

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 Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

     For Information Only  
 (No Change In Rate)



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**

Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>172.84</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

172.84

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>172.84</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number 0279633-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>172.84</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>172.84</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>172.84</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-90  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

172.84

**New Rate**

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 Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



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**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

172.84

**New Rate**

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 Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



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**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>172.84</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>172.84</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
          Total Interim  
          Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
          Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-94  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>172.84</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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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**

Polk County Health Department  
 1290 Golfview Avenue, 4th Floor  
 Bartow, FL 33830-6740

Provider Number: 0279633-95  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>CHD</u></b>	<b><u>172.84</u></b>	<b><u>180.00</u></b>	<b><u>7/1/2012</u></b>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
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 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Putnam County Health Department  
 2801 Kennedy Street  
 Palatka, FL 32177

Provider Number 0279641-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.00**

**New Rate**

**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 Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
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 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Putnam County Health Department  
 2801 Kennedy Street  
 Palatka, FL 32177

Provider Number: 0279641-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
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 State Health Office

     For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Putnam County Health Department  
 2801 Kennedy Street  
 Palatka, FL 32177

Provider Number: 0279641-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
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 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Putnam County Health Department  
 \_\_\_\_\_  
 2801 Kennedy Street  
 \_\_\_\_\_  
 Palatka, FL 32177  
 \_\_\_\_\_

Provider Number 0279641-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

       **X** **Prospective**  
              **X** Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       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**

Putnam County Health Department  
 \_\_\_\_\_  
 2801 Kennedy Street  
 \_\_\_\_\_  
 Palatka, FL 32177  
 \_\_\_\_\_

Provider Number: 0279641-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

\_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

**X Prospective**

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

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
 State Health Office

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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**

Putnam County Health Department  
 2801 Kennedy Street  
 Palatka, FL 32177

Provider Number: 0279641-13  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Putnam County Health Department  
 2801 Kennedy Street  
 Palatka, FL 32177

Provider Number: 0279641-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Putnam County Health Department  
 \_\_\_\_\_  
 2801 Kennedy Street  
 \_\_\_\_\_  
 Palatka, FL 32177  
 \_\_\_\_\_

Provider Number 0279641-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

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 Costs

**BASIS**

\_\_\_\_\_ Budget  
X Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



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**

St. Johns County Health Department  
 1955 US 1 South  
 St. Augustine, Fl. 32086

Provider Number: 0279650-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>178.79</u>	<u>174.96</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Johns County Health Department  
 1955 US 1 South  
 St. Augustine, FL 32086

Provider Number: 0279650-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

178.79

**New Rate**

174.96

**Effective Date**

7/1/2012

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 5150 NW Milner Drive  
 Port Saint Lucie, FL 34963

Provider Number: 0279668-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>179.89</u>	<u>177.75</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 5150 NW Milner Drive  
 Port Saint Lucie, FL 34963

Provider Number 0279668-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>179.89</u>	<u>177.75</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydeil Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 \_\_\_\_\_  
 5150 NW Milner Drive  
 \_\_\_\_\_  
 Port Saint Lucie, FL 34963  
 \_\_\_\_\_

Provider Number 0279668-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [ ]

**Provider Type**

CHD

**Current Rate**

179.89

**New Rate**

177.75

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 5150 NW Milner Drive  
 Port Saint Lucie, FL 34963

Provider Number: 0279668-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>179.89</u>	<u>177.75</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
X Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 5150 NW Milner Drive  
 Port Saint Lucie, FL 34963

Provider Number 0279668-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>179.89</u>	<u>177.75</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 5150 NW Milner Drive  
 Port Saint Lucie, FL 34963

Provider Number: 0279668-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>179.89</u>	<u>177.75</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 \_\_\_\_\_  
 5150 NW Milner Drive  
 \_\_\_\_\_  
 Port Saint Lucie, FL 34963  
 \_\_\_\_\_

Provider Number 0279668-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited |1|

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>179.89</u>	<u>177.75</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 5150 NW Milner Drive  
 Port Saint Lucie, FL 34963

Provider Number: 0279668-12  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>179.89</u>	<u>177.75</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 5150 NW Milner Drive  
 Port Saint Lucie, FL 34963

Provider Number 0279668-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>179.89</u>	<u>177.75</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

St. Lucie County Health Department  
 5150 NW Milner Drive  
 Port Saint Lucie, FL 34963

Provider Number 0279668-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>179.89</u>	<u>177.75</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Santa Rosa County Health Department  
 P.O. Box 929  
 Milton, FL 32572-0929

Provider Number 0279676-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>144.92</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

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Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Santa Rosa County Health Department \_\_\_\_\_  
 P.O. Box 929 \_\_\_\_\_  
 Milton, FL 32572-0929 \_\_\_\_\_

Provider Number 0279676-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>144.92</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Santa Rosa County Health Department  
 P.O. Box 929  
 Milton, FL 32572-0929

Provider Number 0279676-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

144.92

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**X Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Santa Rosa County Health Department  
 P.O. Box 929  
 Milton, FL 32572-0929

Provider Number: 0279676-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>144.92</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Santa Rosa County Health Department  
 P.O. Box 929  
 Milton, FL 32572-0929

Provider Number: 0279676-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>144.92</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Santa Rosa County Health Department  
 P.O. Box 929  
 Milton, FL 32572-0929

Provider Number 0279676-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>144.92</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Santa Rosa County Health Department  
 P.O. Box 929  
 Milton, FL 32572-0929

Provider Number: 0279676-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>144.92</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
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       For Information Only  
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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Santa Rosa County Health Department  
 P.O. Box 929  
 Milton, FL 32572-0929

Provider Number: 0279676-91  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

144.92

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Sarasota County Health Department  
 P. O. Box 2658  
 Sarasota, FL 34230-2658

Provider Number: 0279684-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>163.53</u>	<u>158.99</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Sarasota County Health Department  
 P. O. Box 2658  
 Sarasota, FL 34230-2658

Provider Number: 0279684-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>163.53</u>	<u>158.99</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Sarasota County Health Department  
 P. O. Box 2658  
 Sarasota, FL 34230-2658

Provider Number: 0279684-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>163.53</u>	<u>158.99</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Sarasota County Health Department  
 P. O. Box 2658  
 Sarasota, Fl. 34230-2658

Provider Number: 0279684-32  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

163.53

**New Rate**

158.99

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Sarasota County Health Department  
 P. O. Box 2658  
 Sarasota, FL 34230-2658

Provider Number: 0279684-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>163.53</u>	<u>158.99</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Sarasota County Health Department  
 P. O. Box 2658  
 Sarasota, FL 34230-2658

Provider Number 0279684-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>163.53</u>	<u>158.99</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Sarasota County Health Department  
 P. O. Box 2658  
 Sarasota, FL 34230-2658

Provider Number: 0279684-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>163.53</u>	<u>158.99</u>	<u>7/1/2012</u>

**Rate Type**

**Interim**  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Seminole County Health Department  
 400 West Airport Boulevard  
 Sanford, FL. 32773

Provider Number: 0279692-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

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 Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Seminole County Health Department  
 400 West Airport Boulevard  
 Sanford, FL 32773

Provider Number 0279692-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Seminole County Health Department  
 400 West Airport Boulevard  
 Sanford, FL 32773

Provider Number: 0279692-90  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Seminole County Health Department  
 \_\_\_\_\_  
 400 West Airport Boulevard  
 \_\_\_\_\_  
 Sanford, FL 32773  
 \_\_\_\_\_

Provider Number 0279692-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

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 Costs

**BASIS**

\_\_\_\_\_ Budget  
**X** \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Sumter County Health Department  
P. O. Box 98  
Bushnell, FL 33513

Provider Number 0279706-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>117.80</u>	<u>130.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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

**Medicaid Reimbursement Rate Change Form for CHDs**

Sumter County Health Department  
P. O. Box 98  
Bushnell, FL 33513

Provider Number 0279706-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>117.80</u>	<u>130.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Rate Change Form for CHDs**

Sumter County Health Department  
 \_\_\_\_\_  
 P. O. Box 98  
 \_\_\_\_\_  
 Bushnell, FL 33513  
 \_\_\_\_\_

Provider Number 0279706-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>117.80</u>	<u>130.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       \_\_\_\_\_ Total Interim  
       \_\_\_\_\_ Settlement Based on Cost  
       \_\_\_\_\_

  X   **Prospective**  
       \_\_\_\_\_ Total Prospective  
       \_\_\_\_\_ Prospective Adjusted For New Costs  
       \_\_\_\_\_

**BASIS**

\_\_\_\_\_ Budget  
  X   Unaudited Cost  
       \_\_\_\_\_ Desk Reviewed Cost  
       \_\_\_\_\_ Desk Audited Costs  
       \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Taylor County Health Department  
 1215 Peacock Street  
 Perry, FL 32347

Provider Number: 0279722-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Cost Reimbursement
- State Health Office

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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Taylor County Health Department  
 \_\_\_\_\_  
 1215 Peacock Street  
 \_\_\_\_\_  
 Perry, FL 32347  
 \_\_\_\_\_

Provider Number: 0279722-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydeil Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
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 Contract Management  
 Cost Reimbursement  
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 (No Change In Rate)



Florida Agency For Health Care Administration

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2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number 0279722-02
Date: 7/18/2012
Fiscal Year End: 06/30/2011
Audit Status: Unaudited [1]

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: CHD, 180.00, 180.00, 7/1/2012

Rate Type

Interim
Total Interim
Settlement Based on Cost

X Prospective
Total Prospective
Prospective Adjusted For New Costs

BASIS

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

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Handwritten signature

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
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(No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Taylor County Health Department  
 1215 Peacock Street  
 Perry, FL 32347

Provider Number: 0279722-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Rate Change Form for CHDs**

Taylor County Health Department  
 1215 Peacock Street  
 Perry, FL 32347

Provider Number: 0279722-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

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 Medicaid Cost Reimbursement Analysis

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

Taylor County Health Department  
 1215 Peacock Street  
 Perry, FL 32347

Provider Number: 0279722-08  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

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**DISTRIBUTION:**  
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 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Taylor County Health Department  
 1215 Peacock Street  
 Perry, FL 32347

Provider Number 0279722-10  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Rate Change Form for CHDs**

Taylor County Health Department  
 1215 Peacock Street  
 Perry, FL 32347

Provider Number: 0279722-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Rate Change Form for CHDs**

Taylor County Health Department  
 1215 Peacock Street  
 Perry, FL 32347

Provider Number: 0279722-12  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Taylor County Health Department  
 1215 Peacock Street  
 Perry, FL 32347

Provider Number: 0279722-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

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 Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Taylor County Health Department  
 1215 Peacock Street  
 Perry, FL 32347

Provider Number: 0279722-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Union County Health Department  
495 East Main Street  
Lake Butler, FL. 32054

Provider Number 0279731-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>141.73</u>	<u>144.57</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Union County Health Department  
495 East Main Street  
Lake Butler, FL 32054

Provider Number 0279731-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

141.73

**New Rate**

144.57

**Effective Date**

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

Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
- State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Union County Health Department  
 495 East Main Street  
 Lake Butler, FL 32054

Provider Number: 0279731-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

141.73

**New Rate**

144.57

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 (No Change In Rate)



Florida Agency For Health Care Administration

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Medicaid Reimbursement Rate Change Form for CHDs

Union County Health Department
495 East Main Street
Lake Butler, FL 32054

Provider Number 0279731-04
Date: 7/18/2012
Fiscal Year End: 06/30/2011
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

141.73

New Rate

144.57

Effective Date

7/1/2012

Rate Type

Interim

Total Interim
Settlement Based on Cost

X Prospective

Total Prospective
Prospective Adjusted For New Costs

BASIS

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

Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

[Handwritten Signature]

DISTRIBUTION:

Fiscal Agent
Contract Management
Cost Reimbursement
State Health Office

For Information Only
(No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Union County Health Department  
 495 East Main Street  
 Lake Butler, FL 32054

Provider Number: 0279731-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

141.73

**New Rate**

144.57

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

     Total Interim  
     Settlement Based on Cost

**X Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Union County Health Department  
 \_\_\_\_\_  
 495 East Main Street  
 \_\_\_\_\_  
 Lake Butler, FL 32054  
 \_\_\_\_\_

Provider Number: 0279731-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

Current Rate

New Rate

Effective Date

141.73

144.57

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Volusia County Health Department  
P. O. Box 9190  
Daytona Beach, FL 32120

Provider Number 0279749-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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

**Medicaid Reimbursement Rate Change Form for CHDs**

Volusia County Health Department  
P. O. Box 9190  
Daytona Beach, FL 32120

Provider Number: 0279749-15  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Volusia County Health Department  
P. O. Box 9190  
Daytona Beach, FL 32120

Provider Number 0279749-91  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
(No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Volusia County Health Department  
P. O. Box 9190  
Daytona Beach, FL 32120

Provider Number 0279749-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Volusia County Health Department  
P. O. Box 9190  
Daytona Beach, FL 32120

Provider Number: 0279749-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Volusia County Health Department  
P. O. Box 9190  
Daytona Beach, FL 32120

Provider Number 0279749-94  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Volusia County Health Department  
P. O. Box 9190  
Daytona Beach, FL 32120

Provider Number 0279749-97  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Volusia County Health Department  
P. O. Box 9190  
Daytona Beach, FL 32120

Provider Number 0279749-98  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department  
 48 Oak Street  
 Crawfordville, Fl. 32327

Provider Number: 0279757-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited | 1 |

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.86</u>	<u>123.40</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department  
 48 Oak Street  
 Crawfordville, FL 32327

Provider Number: 0279757-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.86</u>	<u>123.40</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department  
48 Oak Street  
Crawfordville, FL 32327

Provider Number: 0279757-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.86</u>	<u>123.40</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department  
 48 Oak Street  
 Crawfordville, FL 32327

Provider Number: 0279757-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

129.86

**New Rate**

123.40

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department  
 48 Oak Street  
 Crawfordville, FL 32327

Provider Number: 0279757-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.86</u>	<u>123.40</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department  
 48 Oak Street  
 Crawfordville, FL 32327

Provider Number: 0279757-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.86</u>	<u>123.40</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department  
 48 Oak Street  
 Crawfordville, FL 32327

Provider Number: 0279757-31  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.86</u>	<u>123.40</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department  
 48 Oak Street  
 Crawfordville, FL 32327

Provider Number: 0279757-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.86</u>	<u>123.40</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Wakulla County Health Department  
 48 Oak Street  
 Crawfordville, FL 32327

Provider Number: 0279757-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

129.86

**New Rate**

123.40

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim

     Settlement Based on Cost

X **Prospective**

     Total Prospective

     Prospective Adjusted For New Costs

**BASIS**

     Budget

X Unaudited Cost

     Desk Reviewed Cost

     Desk Audited Costs

     Field Audited Cost

Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279765-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>161.50</u>	<u>170.62</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number 0279765-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>161.50</u>	<u>170.62</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0279765-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

161.50

**New Rate**

170.62

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

         Total Interim  
         Settlement Based on Cost

**X Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
1338 South Boulevard  
Chipley, FL 32428

Provider Number: 0279773-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

Current Rate

New Rate

Effective Date

119.31

126.63

7/1/2012

**Rate Type**

Interim

     Total Interim

     Settlement Based on Cost

X **Prospective**

     Total Prospective

     Prospective Adjusted For New Costs

**BASIS**

     Budget

X Unaudited Cost

     Desk Reviewed Cost

     Desk Audited Costs

     Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, Fl. 32428

Provider Number 0279773-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>119.31</u>	<u>126.63</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL. 32428

Provider Number 0279773-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>119.31</u>	<u>126.63</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       X Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number 0279773-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>119.31</u>	<u>126.63</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>119.31</u>	<u>126.63</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-12  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>119.31</u>	<u>126.63</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
X Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

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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

**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>119.31</u>	<u>126.63</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Washington County Health Department  
 1338 South Boulevard  
 Chipley, FL 32428

Provider Number: 0279773-99  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>119.31</u>	<u>126.63</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Bay County Health Department  
 597 West 11th Street  
 Panama City, FL 32401-2330

Provider Number 0290068-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>123.27</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
        
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Bay County Health Department  
 597 West 11th Street  
 Panama City, FL 32401-2330

Provider Number: 0290068-96  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>123.27</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lafayette County Health Department  
P.O. Box 1806  
Mayo, FL 32066

Provider Number 0290343-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>173.51</u>	<u>160.87</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lafayette County Health Department  
P.O. Box 1806  
Mayo, FL 32066

Provider Number: 0290343-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>173.51</u>	<u>160.87</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Madison County Health Department  
 801 S.W. Smith Street  
 Madison, FL 32340

Provider Number: 0290408-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>158.63</u>	<u>150.75</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Madison County Health Department  
 801 S.W. Smith Street  
 Madison, FL 32340

Provider Number: 0290408-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [U]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>158.63</u>	<u>150.75</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Madison County Health Department  
 801 S.W. Smith Street  
 Madison, FL 32340

Provider Number: 0290408-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>158.63</u>	<u>150.75</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Madison County Health Department  
 801 S.W. Smith Street  
 Madison, FL 32340

Provider Number: 0290408-10  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>158.63</u>	<u>150.75</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Madison County Health Department  
801 S.W. Smith Street  
Madison, FL 32340

Provider Number 0290408-11  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>158.63</u>	<u>150.75</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
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 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Suwannee County Health Department  
 P. O. Box 6030  
 Live Oak, FL 32060

Provider Number: 0518328-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>146.26</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Suwannee County Health Department  
 P. O. Box 6030  
 Live Oak, FL 32060

Provider Number: 0518328-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>146.26</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Suwannee County Health Department  
 P. O. Box 6030  
 Live Oak, FL 32060

Provider Number: 0518328-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>146.26</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Suwannee County Health Department  
 P. O. Box 6030  
 Live Oak, FL 32060

Provider Number: 0518328-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>146.26</u>	<u>100.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Holmes County Health Department  
P. O. Box 337  
Bonifay, FL 32425

Provider Number 0519022-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>150.22</u>	<u>153.38</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Holmes County Health Department  
 P. O. Box 337  
 Bonifay, FL 32425

Provider Number: 0519022-15  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>150.22</u>	<u>153.38</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Holmes County Health Department  
P. O. Box 337  
Bonifay, FL 32425

Provider Number 0519022-95  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>150.22</u>	<u>153.38</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Brevard County Health Department  
2572 N. Courtenay Parkway  
Merritt Island, FL 32953-4147

Provider Number 0519251-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>170.76</u>	<u>174.77</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Brevard County Health Department  
2572 N. Courtenay Parkway  
Merritt Island, FL 32953-4147

Provider Number: 0519251-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

170.76

**New Rate**

174.77

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
- State Health Office

     For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Brevard County Health Department  
 2572 N. Courtenay Parkway  
 Merritt Island, FL 32953-4147

Provider Number: 0519251-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>170.76</u>	<u>174.77</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
     Total Interim  
 Settlement Based on Cost

Prospective  
     Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Brevard County Health Department  
2572 N. Courtenay Parkway  
Merritt Island, FL 32953-4147

Provider Number 0519251-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>170.76</u>	<u>174.77</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Brevard County Heath Department  
2572 N. Courtenay Parkway  
Merritt Island, FL 32953-4147

Provider Number 0519251-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>170.76</u>	<u>174.77</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Brevard County Heath Department  
2572 N. Courtenay Parkway  
Merritt Island, FL 32953-4147

Provider Number: 0519251-30  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>170.76</u>	<u>174.77</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Brevard County Heath Department  
2572 N. Courtenay Parkway  
Merritt Island, FL 32953-4147

Provider Number 0519251-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>170.76</u>	<u>174.77</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Brevard County Health Department  
2572 N. Courtenay Parkway  
Merritt Island, FL 32953-4147

Provider Number: 0519251-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

170.76

**New Rate**

174.77

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Brevard County Health Department  
2572 N. Courtenay Parkway  
Merritt Island, FL 32953-4147

Provider Number 0519251-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>170.76</u>	<u>174.77</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-00  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number: 0520331-09  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
 State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-10  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-15  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
(No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-20  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number: 0520331-25  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number: 0520331-30  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-40  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

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 Costs

**BASIS**

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

Rydel Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-45  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

180.00

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
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 State Health Office

       For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-50  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-55  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

     For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-60  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

     For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
 P. O. Box 29  
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Provider Number: 0520331-65  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number: 0520331-70  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

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 Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-75  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-80  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydcjl Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-89  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
       X   Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number: 0520331-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

     **Interim**  
     Total Interim  
     Settlement Based on Cost

  X   **Prospective**  
     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
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**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number: 0520331-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Cost Reimbursement  
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For Information Only  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-94  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-95  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-96  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Palm Beach County Health Department  
P. O. Box 29  
West Palm Beach, FL 33402

Provider Number 0520331-97  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>180.00</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X Prospective  
 \_\_\_\_\_ Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
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**DISTRIBUTION:**

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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.69</u>	<u>163.49</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

RydeII Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

129.69

**New Rate**

163.49

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-02  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.69</u>	<u>163.49</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 \_\_\_\_\_  
 514 East Grace Street  
 \_\_\_\_\_  
 Punta Gorda, FL 33950  
 \_\_\_\_\_

Provider Number: 0520446-03  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.69</u>	<u>163.49</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       \_\_\_\_\_ Total Interim  
       \_\_\_\_\_ Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
  X   Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.69</u>	<u>163.49</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
- State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-09  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

129.69

**New Rate**

163.49

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
- State Health Office

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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-30  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.69</u>	<u>163.49</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, Fl. 33950

Provider Number: 0520446-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.69</u>	<u>163.49</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>129.69</u>	<u>163.49</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
 1105 E. Kennedy Boulevard  
 Tampa, FL 33602

Provider Number 0557269-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>122.09</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
 1105 E. Kennedy Boulevard  
 Tampa, FL 33602

Provider Number: 0557269-90  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>122.09</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
 1105 E. Kennedy Boulevard  
 Tampa, FL 33602

Provider Number: 0557269-91  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>122.09</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       **X** Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
 1105 E. Kennedy Boulevard  
 Tampa, FL 33602

Provider Number: 0557269-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

122.09

**New Rate**

122.84

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
 1105 E. Kennedy Boulevard  
 Tampa, FL 33602

Provider Number: 0557269-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>122.09</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
X Total Prospective  
Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
(No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
 1105 E. Kennedy Boulevard  
 Tampa, FL 33602

Provider Number: 0557269-94  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>122.09</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
 1105 E. Kennedy Boulevard  
 Tampa, FL 33602

Provider Number: 0557269-95  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [U]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>122.09</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
 1105 E. Kennedy Boulevard  
 Tampa, Fl. 33602

Provider Number: 0557269-96  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>122.09</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)





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**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
 1105 E. Kennedy Boulevard  
 Tampa, FL 33602

Provider Number 0557269-97  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>122.09</u>	<u>122.84</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lake County Health Department  
 P. O. Box 1305  
 Tavares, FL 32778-1305

Provider Number: 0563234-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.83</u>	<u>148.70</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lake County Health Department  
 P. O. Box 1305  
 Tavares, FL 32778-1305

Provider Number: 0563234-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.83</u>	<u>148.70</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lake County Health Department  
 P. O. Box 1305  
 Tavares, FL 32778-1305

Provider Number 0563234-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.83</u>	<u>148.70</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
              Total Interim  
              Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
              Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lake County Health Department  
P. O. Box 1305  
Tavares, FL 32778-1305

Provider Number: 0563234-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.83</u>	<u>148.70</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lake County Health Department  
 P. O. Box 1305  
 Tavares, FL 32778-1305

Provider Number: 0563234-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.83</u>	<u>148.70</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Lake County Health Department  
 P. O. Box 1305  
 Tavares, FL 32778-1305

Provider Number: 0563234-93  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.83</u>	<u>148.70</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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

**Medicaid Reimbursement Rate Change Form for CHDs**

Lake County Health Department  
 P. O. Box 1305  
 Tavares, Fl. 32778-1305

Provider Number: 0563234-94  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>142.83</u>	<u>148.70</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-00  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

173.68

**Effective Date**

7/1/2012

**Rate Type**

**Interim**

       Total Interim  
       Settlement Based on Cost

**X Prospective**

       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-01  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-03  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
       Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

       For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-04  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-05  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number 0600181-06  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-07  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-08  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-09  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number 0600181-16  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-18  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

173.68

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-20  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-24  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number 0600181-25  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

173.68

**Effective Date**

7/1/2012

**Rate Type**

Interim

         Total Interim  
         Settlement Based on Cost

X **Prospective**

         Total Prospective  
         Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

         For Information Only  
 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-26  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-27  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<b><u>CHD</u></b>	<b><u>180.00</u></b>	<b><u>173.68</u></b>	<b><u>7/1/2012</u></b>

**Rate Type**

       **Interim**  
       Total Interim  
       Settlement Based on Cost

  X   **Prospective**  
         X   Total Prospective  
       Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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- Contract Management
- Cost Reimbursement
- State Health Office

       For Information Only  
 (No Change In Rate)





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 Office of Medicaid Cost Reimbursement Planning and Analysis  
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**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number 0600181-29  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

Current Rate

New Rate

Effective Date

180.00

173.68

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-30  
 Date: 7/27/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

**Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-31  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number 0600181-32  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X **Prospective**  
 Total Prospective  
 Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number 0600181-33  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>180.00</u>	<u>173.68</u>	<u>7/1/2012</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
 \_\_\_\_\_ Settlement Based on Cost

X **Prospective**  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_\_ Budget  
X \_\_\_\_\_ Unaudited Cost  
 \_\_\_\_\_ Desk Reviewed Cost  
 \_\_\_\_\_ Desk Audited Costs  
 \_\_\_\_\_ Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
 Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

\_\_\_\_\_ For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number: 0600181-91  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

173.68

**Effective Date**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Analysis  
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number 0600181-92  
 Date: 7/18/2012  
 Fiscal Year End: 06/30/2011  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.00

**New Rate**

173.68

**Effective Date**

7/1/2012

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

     Total Prospective  
     Prospective Adjusted For New Costs

**BASIS**

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

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
 State Health Office

     For Information Only  
 (No Change In Rate)