



Florida Agency For Health Care Administration  
 Office of Medicaid Program 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: 0279412-00  
 Date: 8/8/2014  
 Fiscal Year End: 06/30/2013  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>152.61</u>	<u>152.76</u>	<u>7/1/2014</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 Program Finance

**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Program Finance  
 State Health Office

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 (No Change In Rate)



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Indian River County Health Department  
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 Vero Beach, FL 32960

Provider Number: 0279412-01  
 Date: 8/8/2014  
 Fiscal Year End: 06/30/2013  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>152.61</u>	<u>152.76</u>	<u>7/1/2014</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  
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Provider Number: 0279412-02  
 Date: 8/8/2014  
 Fiscal Year End: 06/30/2013  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>152.61</u>	<u>152.76</u>	<u>7/1/2014</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  
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Provider Number: 0279412-03  
 Date: 8/8/2014  
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<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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**BASIS**

Budget  
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Provider Number: 0279412-04  
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<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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**BASIS**

Budget  
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 Desk Reviewed Cost  
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Provider Number: 0279412-05  
 Date: 8/8/2014  
 Fiscal Year End: 06/30/2013  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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Provider Number: 0279412-30  
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<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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**Medicaid Reimbursement Rate Change Form for CHDs**

Indian River County Health Department  
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Provider Number: 0279412-91  
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 Fiscal Year End: 06/30/2013  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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Provider Number: 0279412-92  
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<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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Provider Number: 0279412-96  
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