



# 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

Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-00  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

### Current Rate

180.00

### New Rate

180.00

### Effective Date

7/1/2014

### 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

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(No Change In Rate)



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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 0279633-01  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2014

### 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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Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-02  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

### Current Rate

180.00

### New Rate

180.00

### Effective Date

7/1/2014

### 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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Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-03  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2014

### 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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Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-04  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2014

### 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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Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-05  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2014

### 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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Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-13  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2014

### 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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Polk County Health Department  
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Bartow, FL 33830-6740

Provider Number 0279633-30  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2014

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

Prospective Adjusted For New Costs

### BASIS

Budget

X

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Desk Reviewed Cost

Desk Audited Costs

Field Audited Cost

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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 0279633-90  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

### Current Rate

180.00

### New Rate

180.00

### Effective Date

7/1/2014

### 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

Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-91  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

### Current Rate

180.00

### New Rate

180.00

### Effective Date

7/1/2014

### 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

Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-92  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

### Current Rate

180.00

### New Rate

180.00

### Effective Date

7/1/2014

### 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

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Bartow, FL 33830-6740

Provider Number 0279633-93  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2014

### Rate Type

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

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Desk Reviewed Cost

Desk Audited Costs

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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 0279633-94  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

180.00

New Rate

180.00

Effective Date

7/1/2014

### 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

Polk County Health Department  
1290 Golfview Avenue, 4th Floor  
Bartow, FL 33830-6740

Provider Number 0279633-95  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

### Provider Type

CHD

### Current Rate

180.00

### New Rate

180.00

### Effective Date

7/1/2014

### 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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