



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: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

162.12

New Rate

166.31

Effective Date

7/1/2010

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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Medicaid Reimbursement Rate Change Form for CHDs

Hardee County Health Department
 115 K.D. Revell Road
 Wauchula, FL 33873

Provider Number: 0279358-02
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

162.12

New Rate

166.31

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim
 ____ Settlement Based on Cost

X **Prospective**

____ X Total Prospective
 ____ Prospective Adjusted For New Costs

BASIS

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

Rydell Samuel, Administrator

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Medicaid Reimbursement Rate Change Form for CHDs

Hardee County Health Department
 115 K.D. Revell Road
 Wauchula, FL 33873

Provider Number: 0279358-03
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>162.12</u>	<u>166.31</u>	<u>7/1/2010</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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DISTRIBUTION:

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 Cost Reimbursement
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Medicaid Reimbursement Rate Change Form for CHDs

Hardee County Health Department
 115 K.D. Revell Road
 Wauchula, FL 33873

Provider Number: 0279358-04
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

162.12

New Rate

166.31

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim
 ____ Settlement Based on Cost

X **Prospective**

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

BASIS

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

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Medicaid Reimbursement Rate Change Form for CHDs

Hardee County Health Department
 115 K.D. Revell Road
 Wauchula, FL 33873

Provider Number: 0279358-09
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

162.12

New Rate

166.31

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim
 ____ Settlement Based on 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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