



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 0279170-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>159.16</u></b>	<b><u>154.78</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<input type="checkbox"/> <b><u>Interim</u></b>	<input checked="" type="checkbox"/> <b><u>Prospective</u></b>
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Settlement Based on Cost	<input type="checkbox"/> 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**

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

Provider Number 0279170-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>159.16</u></b>	<b><u>154.78</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<input type="checkbox"/> <b><u>Interim</u></b>	<input checked="" type="checkbox"/> <b><u>Prospective</u></b>
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Settlement Based on Cost	<input type="checkbox"/> Prospective Adjusted For New Costs

**BASIS**

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

Provider Number 0279170-03  
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>159.16</u>	<u>154.78</u>	<u>7/1/2010</u>

**Rate Type**

<u>Interim</u>	<u>X</u> <u>Prospective</u>
<u>    </u> Total Interim	<u>    X</u> 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

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

Provider Number 0279170-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>159.16</u></b>	<b><u>154.78</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<input type="checkbox"/> <b><u>Interim</u></b>	<input checked="" type="checkbox"/> <b><u>Prospective</u></b>
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Settlement Based on Cost	<input type="checkbox"/> Prospective Adjusted For New Costs

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**Medicaid Reimbursement Rate Change Form for CHDs**

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

Provider Number 0279170-08  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>159.16</u></b>	<b><u>154.78</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<input type="checkbox"/> <b><u>Interim</u></b>	<input checked="" type="checkbox"/> <b><u>Prospective</u></b>
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
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Calhoun County Health Department  
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Blountstown, FL 32424

Provider Number 0279170-10  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

159.16

**New Rate**

154.78

**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**

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

Provider Number 0279170-11  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>159.16</u></b>	<b><u>154.78</u></b>	<b><u>7/1/2010</u></b>

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**Medicaid Reimbursement Rate Change Form for CHDs**

Calhoun County Health Department  
19611 S.R. 20 West  
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Provider Number 0279170-91  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>159.16</u></b>	<b><u>154.78</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

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

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