



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

**Provider Type**

**CHD**

**Current Rate**

**220.92**

**New Rate**

**129.97**

**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

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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St. Johns County Health Department  
1955 US 1 South  
St. Augustine, FL 32086

Provider Number 0279650-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**220.92**

**New Rate**

**129.97**

**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

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1955 US 1 South  
St. Augustine, FL 32086

Provider Number 0279650-02  
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>220.92</u></b>	<b><u>129.97</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

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Provider Number 0279650-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**220.92**

**New Rate**

**129.97**

**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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Provider Number 0279650-04  
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>220.92</u></b>	<b><u>129.97</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

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St. Augustine, FL 32086

Provider Number 0279650-05  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**220.92**

**New Rate**

**129.97**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

\_\_\_\_ Total Interim

\_\_\_\_ Settlement Based on Cost

**X**

**Prospective**

**X** Total Prospective

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**BASIS**

\_\_\_\_ Budget

**X** Unaudited Cost

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

**Provider Type**

CHD

**Current Rate**

220.92

**New Rate**

129.97

**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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