



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**

Union County Health Department  
495 East Main Street  
Lake Butler, FL 32054

Provider Number 0279731-00  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

142.42

**New Rate**

131.59

**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

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**

Union County Health Department  
495 East Main Street  
Lake Butler, FL 32054

Provider Number 0279731-01  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

142.42

**New Rate**

131.59

**Effective Date**

7/1/2010

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**Medicaid Reimbursement Rate Change Form for CHDs**

Union County Health Department  
495 East Main Street  
Lake Butler, FL 32054

Provider Number 0279731-03  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

142.42

**New Rate**

131.59

**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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**Medicaid Reimbursement Rate Change Form for CHDs**

Union County Health Department  
495 East Main Street  
Lake Butler, FL 32054

Provider Number 0279731-04  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

142.42

**New Rate**

131.59

**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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**Medicaid Reimbursement Rate Change Form for CHDs**

Union County Health Department  
495 East Main Street  
Lake Butler, FL 32054

Provider Number 0279731-91  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

142.42

**New Rate**

131.59

**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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