



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**

Clay County Health Department  
 P.O. Box 578  
 Green Cove Springs, FL 32043

Provider Number: 0279200-00  
 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>234.05</u>	<u>129.97</u>	<u>7/1/2010</u>

**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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Clay County Health Department  
 P.O. Box 578  
 Green Cove Springs, FL 32043

Provider Number: 0279200-01  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**234.05**

**New Rate**

**129.97**

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

Clay County Health Department  
 P.O. Box 578  
 Green Cove Springs, FL 32043

Provider Number: 0279200-02  
 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>234.05</u>	<u>129.97</u>	<u>7/1/2010</u>

**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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Clay County Health Department  
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Provider Number: 0279200-03  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**234.05**

**New Rate**

**129.97**

**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

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Provider Number: 0279200-04  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**234.05**

**New Rate**

**129.97**

**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  
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 Field Audited Cost

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Provider Number: 0279200-05  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**234.05**

**New Rate**

**129.97**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

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Clay County Health Department  
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Provider Number: 0279200-09  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

234.05

**New Rate**

129.97

**Effective Date**

7/1/2010

**Rate Type**

Interim

     Total Interim  
     Settlement Based on Cost

X **Prospective**

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  X   Unaudited Cost  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Clay County Health Department  
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Provider Number: 0279200-91  
 Date: 7/8/2010  
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 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>234.05</u>	<u>129.97</u>	<u>7/1/2010</u>

**Rate Type**

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Provider Number: 0279200-92  
 Date: 7/8/2010  
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 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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