



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**

Hamilton County Health Department  
P. O. Box 267  
Jasper, FL 32052

Provider Number 0279340-00  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**120.98**

**New Rate**

**146.11**

**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

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(No Change In Rate)



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Hamilton County Health Department  
P. O. Box 267  
Jasper, FL 32052

Provider Number 0279340-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**120.98**

**New Rate**

**146.11**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

\_\_\_\_ Total Interim

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**X**

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Hamilton County Health Department  
P. O. Box 267  
Jasper, FL 32052

Provider Number 0279340-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**120.98**

**New Rate**

**146.11**

**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 0279340-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**120.98**

**New Rate**

**146.11**

**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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Hamilton County Health Department  
P. O. Box 267  
Jasper, FL 32052

Provider Number 0279340-30  
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>120.98</u>	<u>146.11</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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**Medicaid Reimbursement Rate Change Form for CHDs**

Hamilton County Health Department  
P. O. Box 267  
Jasper, FL 32052

Provider Number 0279340-91  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**120.98**

**New Rate**

**146.11**

**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 0279340-92  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**120.98**

**New Rate**

**146.11**

**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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