



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

Sarasota County Health Department
P. O. Box 2658
Sarasota, FL 34230-2658

Provider Number 0279684-00
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>157.50</u>	<u>167.58</u>	<u>7/1/2010</u>

Rate Type

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

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
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Sarasota County Health Department
P. O. Box 2658
Sarasota, FL 34230-2658

Provider Number 0279684-01
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>157.50</u>	<u>167.58</u>	<u>7/1/2010</u>

Rate Type

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Sarasota County Health Department
P. O. Box 2658
Sarasota, FL 34230-2658

Provider Number 0279684-02
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>157.50</u>	<u>167.58</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<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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Sarasota County Health Department
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Sarasota, FL 34230-2658

Provider Number 0279684-03
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>157.50</u>	<u>167.58</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
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Sarasota County Health Department
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Sarasota, FL 34230-2658

Provider Number 0279684-04
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>157.50</u>	<u>167.58</u>	<u>7/1/2010</u>

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Provider Number 0279684-05
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>
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Sarasota County Health Department
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Sarasota, FL 34230-2658

Provider Number 0279684-11
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>157.50</u>	<u>167.58</u>	<u>7/1/2010</u>

Rate Type

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Sarasota County Health Department
P. O. Box 2658
Sarasota, FL 34230-2658

Provider Number 0279684-21
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>157.50</u>	<u>167.58</u>	<u>7/1/2010</u>

Rate Type

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Sarasota County Health Department
P. O. Box 2658
Sarasota, FL 34230-2658

Provider Number 0279684-32
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

157.50

New Rate

167.58

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

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Medicaid Reimbursement Rate Change Form for CHDs

Sarasota County Health Department
P. O. Box 2658
Sarasota, FL 34230-2658

Provider Number 0279684-91
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

157.50

New Rate

167.58

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 0279684-92
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

157.50

New Rate

167.58

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 0279684-93
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

157.50

New Rate

167.58

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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