



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

Jackson County Health Department
 P. O. Box 310
 Marianna, FL 32447

Provider Number: 0279421-00
 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>119.99</u>	<u>103.81</u>	<u>7/1/2010</u>

Rate Type

Interim
 Total Interim
 Settlement Based on Cost

Prospective
 Total Prospective
 Prospective Adjusted For New Costs

BASIS

Budget
 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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Jackson County Health Department
 P. O. Box 310
 Marianna, FL 32447

Provider Number: 0279421-01
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

119.99

New Rate

103.81

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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Jackson County Health Department
 P. O. Box 310
 Marianna, FL 32447

Provider Number: 0279421-02
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

119.99

New Rate

103.81

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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DISTRIBUTION:

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Jackson County Health Department
 P. O. Box 310
 Marianna, FL 32447

Provider Number: 0279421-03
 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>119.99</u>	<u>103.81</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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DISTRIBUTION:

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Jackson County Health Department
 P. O. Box 310
 Marianna, FL 32447

Provider Number: 0279421-04
 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>119.99</u>	<u>103.81</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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DISTRIBUTION:
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Jackson County Health Department
 P. O. Box 310
 Marianna, FL 32447

Provider Number: 0279421-13
 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>119.99</u>	<u>103.81</u>	<u>7/1/2010</u>

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:
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 Cost Reimbursement
 State Health Office

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Jackson County Health Department
 P. O. Box 310
 Marianna, FL 32447

Provider Number: 0279421-14
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

119.99

New Rate

103.81

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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Jackson County Health Department
 P. O. Box 310
 Marianna, FL 32447

Provider Number: 0279421-91
 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>119.99</u>	<u>103.81</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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DISTRIBUTION:
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