



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**

Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-00  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**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

\_\_\_\_ For Information Only  
(No Change In Rate)



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Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

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

Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**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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Medicaid Cost Reimbursement Analysis

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Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**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**

Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-05  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

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

Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-51  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

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

Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-53  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**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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Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-54  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**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

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         Desk Audited Costs

         Field Audited Cost

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Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-61  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**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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Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-63  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**Effective Date**

**7/1/2010**

**Rate Type**

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**X**

**Prospective**

**X**

Total Prospective

         Prospective Adjusted For New Costs

**BASIS**

         Budget

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         Desk Reviewed Cost

         Desk Audited Costs

         Field Audited Cost

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Provider Number 0279552-64  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

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\_\_\_\_ Total Interim

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**X**

**Prospective**

**X**

\_\_\_\_ Total Prospective

\_\_\_\_ Prospective Adjusted For New Costs

**BASIS**

\_\_\_\_ Budget

**X** \_\_\_\_ Unaudited Cost

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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-71  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**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

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         Desk Audited Costs

         Field Audited Cost

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Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-73  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

200.68

**New Rate**

121.60

**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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Nassau County Health Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517

Provider Number 0279552-74  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Nassau County Health Department  
P. O. Box 517  
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Provider Number 0279552-95  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**200.68**

**New Rate**

**121.60**

**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

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\_\_\_\_ Field Audited Cost

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