



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**

Franklin County Health Department  
 139 12th Street  
 Apalachicola, FL 32320

Provider Number: 0279293-00  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

166.12

**New Rate**

121.19

**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

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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**Medicaid Reimbursement Rate Change Form for CHDs**

Franklin County Health Department  
 139 12th Street  
 Apalachicola, FL 32320

Provider Number: 0279293-01  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

166.12

**New Rate**

121.19

**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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Franklin County Health Department  
 139 12th Street  
 Apalachicola, FL 32320

Provider Number: 0279293-02  
 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>166.12</u>	<u>121.19</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

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Provider Number: 0279293-03  
 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>166.12</u>	<u>121.19</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  
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Provider Number: 0279293-04  
 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>166.12</u>	<u>121.19</u>	<u>7/1/2010</u>

**Rate Type**

Interim  
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X Prospective  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Franklin County Health Department  
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 Apalachicola, FL 32320

Provider Number: 0279293-92  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

166.12

**New Rate**

121.19

**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: 0279293-93  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

166.12

**New Rate**

121.19

**Effective Date**

7/1/2010

**Rate Type**

Interim

         Total Interim  
         Settlement Based on Cost

X **Prospective**

         Total Prospective  
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**BASIS**

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