



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

Leon County Health Department
 2965 Municipal Way
 Tallahassee, FL 32304

Provider Number: 0279471-00
 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>135.56</u>	<u>126.39</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:

- Fiscal Agent
- Contract Management
- Cost Reimbursement
- State Health Office

_____ For Information Only
 (No Change In Rate)



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Leon County Health Department
 2965 Municipal Way
 Tallahassee, FL 32304

Provider Number: 0279471-01
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

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
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DISTRIBUTION:

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Leon County Health Department
 2965 Municipal Way
 Tallahassee, FL 32304

Provider Number: 0279471-02
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

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

DISTRIBUTION:

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- Contract Management
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- State Health Office

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Leon County Health Department
 2965 Municipal Way
 Tallahassee, FL 32304

Provider Number: 0279471-03
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

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

DISTRIBUTION:

Fiscal Agent
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Leon County Health Department
 2965 Municipal Way
 Tallahassee, FL 32304

Provider Number: 0279471-04
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

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
 Unaudited Cost
 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

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DISTRIBUTION:

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Leon County Health Department
 2965 Municipal Way
 Tallahassee, FL 32304

Provider Number: 0279471-05
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

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
 Unaudited Cost
 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

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Leon County Health Department
 2965 Municipal Way
 Tallahassee, FL 32304

Provider Number: 0279471-09
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim
 ____ Settlement Based on Cost

X **Prospective**

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Leon County Health Department
 2965 Municipal Way
 Tallahassee, FL 32304

Provider Number: 0279471-12
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

Effective Date

7/1/2010

Rate Type

Interim

_____ Total Interim
 _____ Settlement Based on Cost

X **Prospective**

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BASIS

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Leon County Health Department
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 Tallahassee, FL 32304

Provider Number: 0279471-13
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

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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Leon County Health Department
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 Tallahassee, FL 32304

Provider Number: 0279471-14
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

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
 Unaudited Cost
 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

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Leon County Health Department
 2965 Municipal Way
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Provider Number: 0279471-15
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

135.56

New Rate

126.39

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

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Leon County Health Department
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 Tallahassee, FL 32304

Provider Number: 0279471-91
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

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New Rate

126.39

Effective Date

7/1/2010

Rate Type

Interim

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 Settlement Based on Cost

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BASIS

Budget
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 Field Audited Cost

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