



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**

Madison County Health Department  
 801 S.W. Smith Street  
 Madison, FL 32340

Provider Number: 0290408-00  
 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>143.60</u>	<u>144.15</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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**Medicaid Reimbursement Rate Change Form for CHDs**

Madison County Health Department  
 801 S.W. Smith Street  
 Madison, FL 32340

Provider Number: 0290408-01  
 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>143.60</u>	<u>144.15</u>	<u>7/1/2010</u>

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**Medicaid Reimbursement Rate Change Form for CHDs**

Madison County Health Department  
 801 S.W. Smith Street  
 Madison, FL 32340

Provider Number: 0290408-04  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

143.60

**New Rate**

144.15

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

Madison County Health Department  
 801 S.W. Smith Street  
 Madison, FL 32340

Provider Number: 0290408-10  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

143.60

**New Rate**

144.15

**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**

Madison County Health Department  
 801 S.W. Smith Street  
 Madison, FL 32340

Provider Number: 0290408-11  
 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>143.60</u>	<u>144.15</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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