



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

Gadsden County Health Department
P. O. Box 1000
Quincy, FL 32353-1000

Provider Number 0279307-00
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>229.88</u>	<u>177.83</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim	<u> </u>	<u> </u> Total Prospective
<u> </u> Settlement Based on Cost	<u> </u>	<u> </u> 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
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Gadsden County Health Department
P. O. Box 1000
Quincy, FL 32353-1000

Provider Number 0279307-01
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>229.88</u>	<u>177.83</u>	<u>7/1/2010</u>

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Gadsden County Health Department
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Provider Number 0279307-02
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>229.88</u>	<u>177.83</u>	<u>7/1/2010</u>

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Provider Number 0279307-03
Date: 7/8/2010
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Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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Provider Number 0279307-04
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Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

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Provider Number 0279307-18
Date: 7/8/2010
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Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

229.88

New Rate

177.83

Effective Date

7/1/2010

Rate Type

Interim

 Total Interim

 Settlement Based on Cost

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Prospective

X Total Prospective

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Provider Number 0279307-91
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Provider Number 0279307-92
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Provider Number 0279307-94
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New Rate

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7/1/2010

Rate Type

Interim

 Total Interim

 Settlement Based on Cost

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