



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

Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number 0279722-00
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

126.62

New Rate

135.66

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

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(No Change In Rate)



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Taylor County Health Department
1215 Peacock Street
Perry, FL 32347

Provider Number 0279722-01
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

126.62

New Rate

135.66

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X

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Provider Number 0279722-02
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

126.62

New Rate

135.66

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 0279722-03
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

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Effective Date

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Rate Type

Interim

____ Total Interim

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Prospective

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____ Desk Audited Costs

____ Field Audited Cost

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Provider Number 0279722-04
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

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Effective Date

7/1/2010

Rate Type

Interim

 Total Interim

 Settlement Based on Cost

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Prospective

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 Desk Reviewed Cost

 Desk Audited Costs

 Field Audited Cost

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Provider Number 0279722-08
Date: 7/8/2010
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Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

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New Rate

135.66

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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Provider Number 0279722-10
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

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Current Rate

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New Rate

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Rate Type

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Provider Number 0279722-11
Date: 7/8/2010
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Provider Type

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Rate Type

Interim

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Provider Number 0279722-12
Date: 7/8/2010
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Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

126.62

New Rate

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Rate Type

Interim

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Provider Number 0279722-91
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

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Rate Type

Interim

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