



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

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-00
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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)



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

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-01
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-02
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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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 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-03
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
 Contract Management
 Cost Reimbursement
 State Health Office

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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-04
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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

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Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-05
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Fiscal Agent
 Contract Management
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-09
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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
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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-11
 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>158.77</u>	<u>156.12</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

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-42
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

Effective Date

7/1/2010

Rate Type

Interim

- Total Interim
- Settlement Based on Cost

Prospective

- Total Prospective
- Prospective Adjusted For New Costs

BASIS

- Budget
- 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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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-43
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-45
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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
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 (No Change In Rate)



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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-46
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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
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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-52
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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

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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-53
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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)



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

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-89
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

Effective Date

7/1/2010

Rate Type

Interim

- Total Interim
- Settlement Based on Cost

Prospective

- Total Prospective
- Prospective Adjusted For New Costs

BASIS

- Budget
- Unaudited Cost
- Desk Reviewed Cost
- Desk Audited Costs
- Field Audited Cost

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Fiscal Agent
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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-91
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

Effective Date

7/1/2010

Rate Type

Interim

- Total Interim
- Settlement Based on Cost

Prospective

- Total Prospective
- Prospective Adjusted For New Costs

BASIS

- Budget
- 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)



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

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-93
 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>158.77</u>	<u>156.12</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)



Florida Agency For Health Care Administration
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Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-94
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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
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 (No Change In Rate)



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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
 515 West Sixth Street
 Jacksonville, FL 32206

Provider Number: 0279269-95
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-96
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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
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 2727 Mahan Drive - Mail Stop 21 - Tallahassee Florida 32308

Medicaid Reimbursement Rate Change Form for CHDs

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-97
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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
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 (No Change In Rate)



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

Duval County Health Department
515 West Sixth Street
Jacksonville, FL 32206

Provider Number 0279269-98
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

158.77

New Rate

156.12

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
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