



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

Monroe County Health Department
 5100 College Road
 Key West, FL 33040

Provider Number: 0279544-00
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.98

New Rate

200.00

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

____ For Information Only
 (No Change In Rate)



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Monroe County Health Department
 5100 College Road
 Key West, FL 33040

Provider Number: 0279544-01
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.98

New Rate

200.00

Effective Date

7/1/2010

Rate Type

Interim

 Total Interim
 Settlement Based on Cost

X **Prospective**

 Total Prospective
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 5100 College Road
 Key West, FL 33040

Provider Number: 0279544-03
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.98

New Rate

200.00

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

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Provider Number: 0279544-04
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.98

New Rate

200.00

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

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 Key West, FL 33040

Provider Number: 0279544-08
 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>219.98</u> | <u>200.00</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

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DISTRIBUTION:

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Monroe County Health Department
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Provider Number: 0279544-13
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.98

New Rate

200.00

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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Monroe County Health Department
 5100 College Road
 Key West, FL 33040

Provider Number: 0279544-91
 Date: 7/8/2010
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 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.98

New Rate

200.00

Effective Date

7/1/2010

Rate Type

Interim

- Total Interim
- Settlement Based on Cost

Prospective

- Total Prospective
- Prospective Adjusted For New Costs

BASIS

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

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Provider Number: 0279544-92
 Date: 7/8/2010
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 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.98

New Rate

200.00

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

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Provider Number: 0279544-93
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 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

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New Rate

200.00

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X Unaudited Cost

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