



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

Manatee County Health Department
 410 Six Avenue East
 Bradenton, FL 34208

Provider Number: 0279510-00
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.41

New Rate

216.16

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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Medicaid Reimbursement Rate Change Form for CHDs

Manatee County Health Department
 410 Six Avenue East
 Bradenton, FL 34208

Provider Number: 0279510-01
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.41

New Rate

216.16

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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Medicaid Reimbursement Rate Change Form for CHDs

Manatee County Health Department
 410 Six Avenue East
 Bradenton, FL 34208

Provider Number: 0279510-03
 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>219.41</u> | <u>216.16</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:
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 Cost Reimbursement
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Medicaid Reimbursement Rate Change Form for CHDs

Manatee County Health Department
 410 Six Avenue East
 Bradenton, FL 34208

Provider Number: 0279510-04
 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>219.41</u> | <u>216.16</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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DISTRIBUTION:
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 Cost Reimbursement
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Medicaid Reimbursement Rate Change Form for CHDs

Manatee County Health Department
 410 Six Avenue East
 Bradenton, FL 34208

Provider Number: 0279510-10
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

219.41

New Rate

216.16

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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