



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

Dade County Health Department
1350 N.W. 14th Street
Miami, FL 33125

Provider Number 0279234-00
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

197.68

New Rate

150.28

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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Dade County Health Department
1350 N.W. 14th Street
Miami, FL 33125

Provider Number 0279234-01
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

197.68

New Rate

150.28

Effective Date

7/1/2010

Rate Type

Interim

 Total Interim

 Settlement Based on Cost

 X

Prospective

 X Total Prospective

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BASIS

 Budget

 X Unaudited Cost

 Desk Reviewed Cost

 Desk Audited Costs

 Field Audited Cost

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Dade County Health Department
1350 N.W. 14th Street
Miami, FL 33125

Provider Number 0279234-02
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

197.68

New Rate

150.28

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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Dade County Health Department
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Miami, FL 33125

Provider Number 0279234-03
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

197.68

New Rate

150.28

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X

Prospective

X

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BASIS

____ Budget

X ____ Unaudited Cost

____ Desk Reviewed Cost

____ Desk Audited Costs

____ Field Audited Cost

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Miami, FL 33125

Provider Number 0279234-04
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

197.68

New Rate

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Effective Date

7/1/2010

Rate Type

Interim

 Total Interim

 Settlement Based on Cost

X

Prospective

X Total Prospective

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BASIS

 Budget

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 Desk Reviewed Cost

 Desk Audited Costs

 Field Audited Cost

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Provider Number 0279234-05
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

197.68

New Rate

150.28

Effective Date

7/1/2010

Rate Type

Interim

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Dade County Health Department
1350 N.W. 14th Street
Miami, FL 33125

Provider Number 0279234-13
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

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197.68

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Rate Type

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Miami, FL 33125

Provider Number 0279234-14
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

197.68

New Rate

150.28

Effective Date

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Rate Type

Interim

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Dade County Health Department
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Provider Number 0279234-15
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

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Rate Type

Interim

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Provider Number 0279234-16
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

197.68

New Rate

150.28

Effective Date

7/1/2010

Rate Type

Interim

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Provider Number 0279234-17
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Provider Number 0279234-31
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

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197.68

New Rate

150.28

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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Prospective

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Provider Number 0279234-91
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

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Rate Type

Interim

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