



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

Marion County Health Department
 1801 S.E. 32nd Avenue
 Ocala, FL 34478-2408

Provider Number: 0279528-00
 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>177.16</u>	<u>189.75</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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Marion County Health Department
 1801 S.E. 32nd Avenue
 Ocala, FL 34478-2408

Provider Number: 0279528-01
 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>177.16</u>	<u>189.75</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
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Marion County Health Department
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 Ocala, FL 34478-2408

Provider Number: 0279528-02
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

177.16

New Rate

189.75

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

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Marion County Health Department
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Provider Number: 0279528-03
 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>177.16</u>	<u>189.75</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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Provider Number: 0279528-04
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

177.16

New Rate

189.75

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: 0279528-05
 Date: 7/8/2010
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 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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Rate Type

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Marion County Health Department
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Provider Number: 0279528-91
 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>177.16</u>	<u>189.75</u>	<u>7/1/2010</u>

Rate Type

Interim
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BASIS

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Provider Number: 0279528-92
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Provider Number: 0279528-94
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