



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

Putnam County Health Department
2801 Kennedy Street
Palatka, FL 32177

Provider Number 0279641-00
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.80

New Rate

203.56

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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Putnam County Health Department
2801 Kennedy Street
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Provider Number 0279641-01
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

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Provider Number 0279641-02
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.80

New Rate

203.56

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

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____ Field Audited Cost

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Provider Number 0279641-03
Date: 7/8/2010
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Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.80

New Rate

203.56

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X

Prospective

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____ 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 0279641-04
Date: 7/8/2010
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Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.80

New Rate

203.56

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X

Prospective

X Total Prospective

____ Prospective Adjusted For New Costs

BASIS

____ Budget

X Unaudited Cost

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Provider Number 0279641-13
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.80

New Rate

203.56

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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Medicaid Reimbursement Rate Change Form for CHDs

Putnam County Health Department
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Provider Number 0279641-91
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.80

New Rate

203.56

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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