



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]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>188.80</u>	<u>203.56</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

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 (No Change In Rate)



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Provider Number: 0279641-01  
 Date: 7/8/2010  
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<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>188.80</u>	<u>203.56</u>	<u>7/1/2010</u>

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Provider Number: 0279641-02  
 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>188.80</u>	<u>203.56</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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 Palatka, FL 32177

Provider Number: 0279641-03  
 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**

     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: 0279641-04  
 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>188.80</u>	<u>203.56</u>	<u>7/1/2010</u>

**Rate Type**

Interim  
 \_\_\_\_\_ Total Interim  
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X Prospective  
 \_\_\_\_\_ 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]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>188.80</u>	<u>203.56</u>	<u>7/1/2010</u>

**Rate Type**

Interim  
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X Prospective  
 \_\_\_\_\_ X Total Prospective  
 \_\_\_\_\_ Prospective Adjusted For New Costs

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X \_\_\_\_\_ Unaudited Cost  
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Provider Number: 0279641-91  
 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>188.80</u>	<u>203.56</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  
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