



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**

St. Johns County Health Department  
 1955 US 1 South  
 St. Augustine, FL 32086

Provider Number: 0279650-00  
 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>220.92</u>	<u>129.97</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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St. Johns County Health Department  
 1955 US 1 South  
 St. Augustine, FL 32086

Provider Number: 0279650-01  
 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>220.92</u>	<u>129.97</u>	<u>7/1/2010</u>

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 Desk Reviewed Cost  
 Desk Audited Costs  
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 St. Augustine, FL 32086

Provider Number: 0279650-02  
 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>220.92</u>	<u>129.97</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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Provider Number: 0279650-03  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**220.92**

**New Rate**

**129.97**

**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  
 Unaudited Cost  
 Desk Reviewed Cost  
 Desk Audited Costs  
 Field Audited Cost

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Provider Number: 0279650-04  
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 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>220.92</u>	<u>129.97</u>	<u>7/1/2010</u>

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Interim  
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X Prospective  
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**BASIS**

\_\_\_\_\_ Budget  
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Provider Number: 0279650-05  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
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<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
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St. Johns County Health Department  
 1955 US 1 South  
 St. Augustine, FL 32086

Provider Number: 0279650-91  
 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>220.92</u>	<u>129.97</u>	<u>7/1/2010</u>

**Rate Type**

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

**BASIS**

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