



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

Jefferson County Health Department
1255 W. Washington Street
Monticello, FL 32344

Provider Number 0279439-00
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

229.33

New Rate

199.71

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

 For Information Only
(No Change In Rate)



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Medicaid Reimbursement Rate Change Form for CHDs

Jefferson County Health Department
1255 W. Washington Street
Monticello, FL 32344

Provider Number 0279439-01
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

229.33

New Rate

199.71

Effective Date

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Jefferson County Health Department
1255 W. Washington Street
Monticello, FL 32344

Provider Number 0279439-04
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

229.33

New Rate

199.71

Effective Date

7/1/2010

Rate Type

Interim

 Total Interim

 Settlement Based on Cost

X

Prospective

X Total Prospective

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 Desk Reviewed Cost

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Jefferson County Health Department
1255 W. Washington Street
Monticello, FL 32344

Provider Number 0279439-09
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

229.33

New Rate

199.71

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

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Medicaid Reimbursement Rate Change Form for CHDs

Jefferson County Health Department
1255 W. Washington Street
Monticello, FL 32344

Provider Number 0279439-10
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

229.33

New Rate

199.71

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

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Medicaid Reimbursement Rate Change Form for CHDs

Jefferson County Health Department
1255 W. Washington Street
Monticello, FL 32344

Provider Number 0279439-12
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

229.33

New Rate

199.71

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

____ Settlement Based on Cost

X

Prospective

X

____ Total Prospective

____ Prospective Adjusted For New Costs

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____ Budget

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____ Desk Reviewed Cost

____ Desk Audited Costs

____ Field Audited Cost

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