



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**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-00  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

192.23

**New Rate**

167.24

**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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Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-01  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

192.23

**New Rate**

167.24

**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

Rydell Samuel, Administrator

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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-02  
 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>192.23</u>	<u>167.24</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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 Punta Gorda, FL 33950

Provider Number: 0520446-03  
 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>192.23</u>	<u>167.24</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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Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-04  
 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>192.23</u>	<u>167.24</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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 \_\_\_\_\_ Desk Audited Costs  
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Charlotte County Health Department  
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 Punta Gorda, FL 33950

Provider Number: 0520446-09  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**192.23**

**New Rate**

**167.24**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**X** **Prospective**

Total Prospective  
 Prospective Adjusted For New Costs

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 Desk Audited Costs  
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 Punta Gorda, FL 33950

Provider Number: 0520446-30  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

192.23

**New Rate**

167.24

**Effective Date**

7/1/2010

**Rate Type**

Interim

\_\_\_\_\_ Total Interim

\_\_\_\_\_ Settlement Based on Cost

X **Prospective**

X Total Prospective

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**BASIS**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Charlotte County Health Department  
 514 East Grace Street  
 Punta Gorda, FL 33950

Provider Number: 0520446-91  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

192.23

**New Rate**

167.24

**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

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**Medicaid Reimbursement Rate Change Form for CHDs**

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Provider Number: 0520446-92  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**192.23**

**New Rate**

**167.24**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**X** **Prospective**

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 Prospective Adjusted For New Costs

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