



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**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-00  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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

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       Desk Audited Costs

       Field Audited Cost

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

       Settlement Based on Cost

X

**Prospective**

X Total Prospective

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       Desk Audited Costs

       Field Audited Cost

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Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-05  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

       Settlement Based on Cost

X

**Prospective**

X Total Prospective

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Duval County Health Department  
515 West Sixth Street  
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Provider Number 0279269-09  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

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X

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Duval County Health Department  
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Provider Number 0279269-11  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**Effective Date**

7/1/2010

**Rate Type**

Interim

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X

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-42  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

       Settlement Based on Cost

X

**Prospective**

X Total Prospective

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       Desk Audited Costs

       Field Audited Cost

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-43  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**158.77**

**New Rate**

**156.12**

**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**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-45  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

       Settlement Based on Cost

X **Prospective**

X Total Prospective

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       Desk Audited Costs

       Field Audited Cost

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-46  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**158.77**

**New Rate**

**156.12**

**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**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-52  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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

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       Desk Audited Costs

       Field Audited Cost

Rydell Samuel, Administrator

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-53  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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

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       Desk Audited Costs

       Field Audited Cost

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Medicaid Cost Reimbursement Analysis

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-89  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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**

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X Unaudited Cost

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       Desk Audited Costs

       Field Audited Cost

Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent  
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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-91  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**158.77**

**New Rate**

**156.12**

**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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-93  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-94  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**Effective Date**

7/1/2010

**Rate Type**

Interim

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X

**Prospective**

X Total Prospective

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Duval County Health Department  
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Jacksonville, FL 32206

Provider Number 0279269-95  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**Effective Date**

7/1/2010

**Rate Type**

Interim

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X

**Prospective**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
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Provider Number 0279269-96  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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

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\_\_\_\_ Field Audited Cost

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-97  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**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

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**Medicaid Reimbursement Rate Change Form for CHDs**

Duval County Health Department  
515 West Sixth Street  
Jacksonville, FL 32206

Provider Number 0279269-98  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

158.77

**New Rate**

156.12

**Effective Date**

7/1/2010

**Rate Type**

Interim

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X

**Prospective**

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