



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**

Citrus County Health Department  
3700 Sovereign Path  
Lecanto, FL 34461-8071

Provider Number 0279196-00  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**154.64**

**New Rate**

**131.33**

**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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Citrus County Health Department  
3700 Sovereign Path  
Lecanto, FL 34461-8071

Provider Number 0279196-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**154.64**

**New Rate**

**131.33**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

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Lecanto, FL 34461-8071

Provider Number 0279196-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**154.64**

**New Rate**

**131.33**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

\_\_\_\_ Total Interim

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Provider Number 0279196-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

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131.33

**Effective Date**

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**Rate Type**

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Provider Number 0279196-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

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Provider Number 0279196-05  
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Audit Status: Unaudited [1]

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Provider Number 0279196-30  
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Provider Number 0279196-91  
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Audit Status: Unaudited [1]

**Provider Type**

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Provider Number 0279196-92  
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Provider Number 0279196-93  
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