



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**

Leon County Health Department  
2965 Municipal Way  
Tallahassee, FL 32304

Provider Number 0279471-00  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

135.56

**New Rate**

126.39

**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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Leon County Health Department  
2965 Municipal Way  
Tallahassee, FL 32304

Provider Number 0279471-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

135.56

**New Rate**

126.39

**Effective Date**

7/1/2010

**Rate Type**

Interim

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X

**Prospective**

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Leon County Health Department  
2965 Municipal Way  
Tallahassee, FL 32304

Provider Number 0279471-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**135.56**

**New Rate**

**126.39**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

\_\_\_\_ Total Interim

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

**X**

**Prospective**

**X**

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**BASIS**

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**X** \_\_\_\_ Unaudited Cost

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Provider Number 0279471-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

135.56

**New Rate**

126.39

**Effective Date**

7/1/2010

**Rate Type**

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Provider Number 0279471-04  
Date: 7/8/2010  
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**Provider Type**

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Provider Number 0279471-05  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

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Provider Number 0279471-09  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
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Provider Number 0279471-12  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
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**Provider Type**

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Provider Number 0279471-13  
Date: 7/8/2010  
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**Provider Type**

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Provider Number 0279471-14  
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Provider Number 0279471-15  
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Provider Number 0279471-91  
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