



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

Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-00
 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>200.68</u>	<u>121.60</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

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

Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-01
 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>200.68</u>	<u>121.60</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

Rydell Samuel, Administrator
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DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-03
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

200.68

New Rate

121.60

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
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Medicaid Reimbursement Rate Change Form for CHDs

Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-04
 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>200.68</u>	<u>121.60</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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form for CHDs

Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-05
 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>200.68</u>	<u>121.60</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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 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-51
 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>200.68</u>	<u>121.60</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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:
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Medicaid Reimbursement Rate Change Form for CHDs

Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-53
 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>200.68</u>	<u>121.60</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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Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-54
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

200.68

New Rate

121.60

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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DISTRIBUTION:

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Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-61
 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>200.68</u>	<u>121.60</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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Nassau County Health Department
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 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-63
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

200.68

New Rate

121.60

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

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Provider Number: 0279552-64
 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>200.68</u>	<u>121.60</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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Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-71
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

200.68

New Rate

121.60

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

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Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-73
 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>200.68</u>	<u>121.60</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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Nassau County Health Department
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 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-74
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

200.68

New Rate

121.60

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

Nassau County Health Department
 P. O. Box 517
 Fernandina Beach, FL 32035-0517

Provider Number: 0279552-95
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

200.68

New Rate

121.60

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
- X Unaudited Cost
- Desk Reviewed Cost
- Desk Audited Costs
- Field Audited Cost

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