



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

Columbia County Health Department
 217 North East Franklin Street
 Lake City, FL 32055

Provider Number: 0279226-00
 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>144.54</u>	<u>125.44</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

Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

DISTRIBUTION:
 Fiscal Agent
 Contract Management
 Cost Reimbursement
 State Health Office

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Columbia County Health Department
 217 North East Franklin Street
 Lake City, FL 32055

Provider Number: 0279226-01
 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>144.54</u>	<u>125.44</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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Columbia County Health Department
 217 North East Franklin Street
 Lake City, FL 32055

Provider Number: 0279226-02
 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>144.54</u>	<u>125.44</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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Columbia County Health Department
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 Lake City, FL 32055

Provider Number: 0279226-03
 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>144.54</u>	<u>125.44</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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Columbia County Health Department
 217 North East Franklin Street
 Lake City, FL 32055

Provider Number: 0279226-04
 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>144.54</u>	<u>125.44</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
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Columbia County Health Department
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 Lake City, FL 32055

Provider Number: 0279226-07
 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>144.54</u>	<u>125.44</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
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 _____ Field Audited Cost

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Columbia County Health Department
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 Lake City, FL 32055

Provider Number: 0279226-91
 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>144.54</u>	<u>125.44</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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 _____ Field Audited Cost

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Columbia County Health Department
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Provider Number: 0279226-92
 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>144.54</u>	<u>125.44</u>	<u>7/1/2010</u>

Rate Type

Interim
 _____ Total Interim
 _____ Settlement Based on Cost

X Prospective
 _____ X Total Prospective
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BASIS

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