



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

Indian River County Health Department
1900 27th Street
Vero Beach, FL 32960

Provider Number 0279412-00
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.91

New Rate

134.82

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

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Indian River County Health Department
1900 27th Street
Vero Beach, FL 32960

Provider Number 0279412-01
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.91

New Rate

134.82

Effective Date

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Rate Type

Interim

____ Total Interim

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Provider Number 0279412-02
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.91

New Rate

134.82

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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Prospective

X

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BASIS

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X ____ Unaudited Cost

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Provider Number 0279412-03
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____ Field Audited Cost

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Provider Number 0279412-04
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Provider Number 0279412-05
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Indian River County Health Department
1900 27th Street
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Provider Number 0279412-91
Date: 7/8/2010
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Provider Number 0279412-92
Date: 7/8/2010
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Audit Status: Unaudited [1]

Provider Type

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7/1/2010

Rate Type

Interim

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Provider Number 0279412-96
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

159.91

New Rate

134.82

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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Prospective

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