



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

Martin County Health Department
3441 SE Willoughby Blvd.
Stuart, FL 34994-5060

Provider Number 0279536-00
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

184.71

New Rate

169.91

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

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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Martin County Health Department
3441 SE Willoughby Blvd.
Stuart, FL 34994-5060

Provider Number 0279536-01
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

184.71

New Rate

169.91

Effective Date

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Martin County Health Department
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Stuart, FL 34994-5060

Provider Number 0279536-02
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

184.71

New Rate

169.91

Effective Date

7/1/2010

Rate Type

Interim

 Total Interim
 Settlement Based on Cost

X **Prospective**

 Total Prospective
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 Field Audited Cost

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Stuart, FL 34994-5060

Provider Number 0279536-03
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

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Rate Type

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Stuart, FL 34994-5060

Provider Number 0279536-04
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

184.71

New Rate

169.91

Effective Date

7/1/2010

Rate Type

Interim

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 Settlement Based on Cost

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Martin County Health Department
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Stuart, FL 34994-5060

Provider Number 0279536-11
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

184.71

New Rate

169.91

Effective Date

7/1/2010

Rate Type

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 Field Audited Cost

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Medicaid Reimbursement Rate Change Form for CHDs

Martin County Health Department
3441 SE Willoughby Blvd.
Stuart, FL 34994-5060

Provider Number 0279536-91
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

184.71

New Rate

169.91

Effective Date

7/1/2010

Rate Type

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Martin County Health Department
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Stuart, FL 34994-5060

Provider Number 0279536-92
 Date: 7/8/2010
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 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

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