



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

Marion County Health Department
1801 S.E. 32nd Avenue
Ocala, FL 34478-2408

Provider Number 0279528-00
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

177.16

New Rate

189.75

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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Marion County Health Department
1801 S.E. 32nd Avenue
Ocala, FL 34478-2408

Provider Number 0279528-01
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>177.16</u>	<u>189.75</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim	<u> </u>	<u> </u> Total Prospective
<u> </u> Settlement Based on Cost	<u> </u>	<u> </u> Prospective Adjusted For New Costs

BASIS

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

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Marion County Health Department
1801 S.E. 32nd Avenue
Ocala, FL 34478-2408

Provider Number 0279528-02
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>177.16</u>	<u>189.75</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim	<u> </u>	<u> </u> Total Prospective
<u> </u> Settlement Based on Cost	<u> </u>	<u> </u> Prospective Adjusted For New Costs

BASIS

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

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Ocala, FL 34478-2408

Provider Number 0279528-03
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>177.16</u>	<u>189.75</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim	<u> </u>	<u> </u> Total Prospective
<u> </u> Settlement Based on Cost	<u> </u>	<u> </u> Prospective Adjusted For New Costs

BASIS

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

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Ocala, FL 34478-2408

Provider Number 0279528-04
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>177.16</u>	<u>189.75</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u> </u> Total Interim	<u> </u>	<u> </u> Total Prospective
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BASIS

 Budget
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Provider Number 0279528-05
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

177.16

New Rate

189.75

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

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Marion County Health Department
1801 S.E. 32nd Avenue
Ocala, FL 34478-2408

Provider Number 0279528-91
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>177.16</u>	<u>189.75</u>	<u>7/1/2010</u>

Rate Type

<input type="checkbox"/> <u>Interim</u>	<input checked="" type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Settlement Based on Cost	<input type="checkbox"/> Prospective Adjusted For New Costs

BASIS

☐ Budget
☒ Unaudited Cost
☐ Desk Reviewed Cost
☐ Desk Audited Costs
☐ Field Audited Cost

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Provider Number 0279528-92
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>177.16</u>	<u>189.75</u>	<u>7/1/2010</u>

Rate Type

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
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Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

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New Rate

189.75

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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Prospective

X

____ Total Prospective

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Provider Number 0279528-94
Date: 7/8/2010
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Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

177.16

New Rate

189.75

Effective Date

7/1/2010

Rate Type

Interim

 Total Interim

 Settlement Based on Cost

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Provider Number 0279528-95
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>
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