



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

Palm Beach County Health Department
P. O. Box 29
West Palm Beach, FL 33402

Provider Number 0520331-10
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

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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Palm Beach County Health Department
P. O. Box 29
West Palm Beach, FL 33402

Provider Number 0520331-15
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

____ Settlement Based on Cost

X

Prospective

X

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____ Desk Reviewed Cost

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Palm Beach County Health Department
P. O. Box 29
West Palm Beach, FL 33402

Provider Number 0520331-20
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

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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Palm Beach County Health Department
P. O. Box 29
West Palm Beach, FL 33402

Provider Number 0520331-25
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

____ Settlement Based on Cost

X

Prospective

X

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X ____ Unaudited Cost

____ Desk Reviewed Cost

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Palm Beach County Health Department
P. O. Box 29
West Palm Beach, FL 33402

Provider Number 0520331-30
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X

Prospective

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____ Desk Reviewed Cost

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Palm Beach County Health Department
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Provider Number 0520331-40
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X

Prospective

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Palm Beach County Health Department
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Provider Number 0520331-45
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

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Effective Date

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Rate Type

Interim

____ Total Interim

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Prospective

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Palm Beach County Health Department
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Provider Number 0520331-50
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X

Prospective

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Provider Number 0520331-55
Date: 7/8/2010
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Audit Status: Unaudited [1]

Provider Type

CHD

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202.78

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Effective Date

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Rate Type

Interim

____ Total Interim

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Provider Number 0520331-60
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

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Effective Date

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Rate Type

Interim

____ Total Interim

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Provider Number 0520331-65
Date: 7/8/2010
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Provider Type

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New Rate

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Effective Date

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Rate Type

Interim

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Provider Number 0520331-70
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Audit Status: Unaudited [1]

Provider Type

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Rate Type

Interim

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Provider Number 0520331-75
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Provider Type

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New Rate

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Rate Type

Interim

____ Total Interim

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Provider Number 0520331-80
Date: 7/8/2010
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Provider Type

CHD

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Rate Type

Interim

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Provider Number 0520331-89
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

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New Rate

190.61

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Rate Type

Interim

 Total Interim

 Settlement Based on Cost

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 Desk Reviewed Cost

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Palm Beach County Health Department
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Provider Number 0520331-91
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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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

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Palm Beach County Health Department
P. O. Box 29
West Palm Beach, FL 33402

Provider Number 0520331-92
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

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

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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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Provider Number 0520331-93
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

____ Settlement Based on Cost

X

Prospective

X Total Prospective

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X Unaudited Cost

____ Desk Reviewed Cost

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Palm Beach County Health Department
P. O. Box 29
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Provider Number 0520331-94
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

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

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X Unaudited Cost

____ Desk Reviewed Cost

____ Desk Audited Costs

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Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

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Palm Beach County Health Department
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Provider Number 0520331-95
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

202.78

New Rate

190.61

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X

Prospective

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____ Budget

X ____ Unaudited Cost

____ Desk Reviewed Cost

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Provider Number 0520331-96
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

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New Rate

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Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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Provider Number 0520331-97
Date: 7/8/2010
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Provider Type

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