



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

Clay County Health Department
P.O. Box 578
Green Cove Springs, FL 32043

Provider Number 0279200-00
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

234.05

New Rate

129.97

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

 For Information Only
(No Change In Rate)



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P.O. Box 578
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Provider Number 0279200-01
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Clay County Health Department
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Provider Number 0279200-02
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

234.05

New Rate

129.97

Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim

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X

Prospective

X

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Provider Number 0279200-03
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Provider Number 0279200-04
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Provider Number 0279200-09
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Provider Number 0279200-91
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CHD

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