



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

Gulf County Health Department
2475 Garrison Avenue
Port St. Joe, FL 32456-5265

Provider Number 0279331-00
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

138.74

New Rate

115.00

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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Gulf County Health Department
2475 Garrison Avenue
Port St. Joe, FL 32456-5265

Provider Number 0279331-01
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

138.74

New Rate

115.00

Effective Date

7/1/2010

Rate Type

Interim

 Total Interim

 Settlement Based on Cost

 X

Prospective

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 Desk Reviewed Cost

 Desk Audited Costs

 Field Audited Cost

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Gulf County Health Department
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Port St. Joe, FL 32456-5265

Provider Number 0279331-02
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

138.74

New Rate

115.00

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:

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Gulf County Health Department
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Port St. Joe, FL 32456-5265

Provider Number 0279331-03
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

138.74

New Rate

115.00

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

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Gulf County Health Department
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Provider Number 0279331-04
Date: 7/8/2010
Fiscal Year End: 06/30/2009
Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

138.74

New Rate

115.00

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

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Provider Number 0279331-05
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Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

138.74

New Rate

115.00

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

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X Unaudited Cost

____ Desk Reviewed Cost

____ Desk Audited Costs

____ Field Audited Cost

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Provider Number 0279331-07
Date: 7/8/2010
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Provider Type

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Rate Type

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Provider Number 0279331-10
Date: 7/8/2010
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Provider Type

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Rate Type

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Provider Number 0279331-11
Date: 7/8/2010
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Provider Type

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Provider Number 0279331-12
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Provider Number 0279331-13
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Provider Number 0279331-14
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Provider Number 0279331-15
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Provider Number 0279331-16
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Provider Number 0279331-17
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Provider Number 0279331-21
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Provider Type

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138.74

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7/1/2010

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 Settlement Based on Cost

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