



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

Polk County Health Department
 1290 Golfview Avenue, 4th Floor
 Bartow, FL 33830-6740

Provider Number: 0279633-00
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

194.72

New Rate

212.51

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
 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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Polk County Health Department
 1290 Golfview Avenue, 4th Floor
 Bartow, FL 33830-6740

Provider Number: 0279633-01
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

194.72

New Rate

212.51

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
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Polk County Health Department
 1290 Golfview Avenue, 4th Floor
 Bartow, FL 33830-6740

Provider Number: 0279633-02
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

194.72

New Rate

212.51

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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Polk County Health Department
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Provider Number: 0279633-03
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

194.72

New Rate

212.51

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
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Provider Number: 0279633-04
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 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

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New Rate

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Effective Date

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Rate Type

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X **Prospective**

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Provider Number: 0279633-05
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Provider Type

CHD

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Provider Number: 0279633-90
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Polk County Health Department
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Provider Number: 0279633-91
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Provider Type

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Rate Type

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 Field Audited Cost

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Provider Number: 0279633-92
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 Audit Status: Unaudited [1]

Provider Type

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Rate Type

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X **Prospective**

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Polk County Health Department
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Provider Number: 0279633-94
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

194.72

New Rate

212.51

Effective Date

7/1/2010

Rate Type

Interim

Total Interim
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X **Prospective**

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Provider Number: 0279633-95
 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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