



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**

Columbia County Health Department  
217 North East Franklin Street  
Lake City, FL 32055

Provider Number 0279226-00  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

144.54

**New Rate**

125.44

**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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(No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
217 North East Franklin Street  
Lake City, FL 32055

Provider Number 0279226-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

144.54

**New Rate**

125.44

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

       Settlement Based on Cost

X

**Prospective**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Columbia County Health Department  
217 North East Franklin Street  
Lake City, FL 32055

Provider Number 0279226-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

144.54

**New Rate**

125.44

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

       Settlement Based on Cost

X

**Prospective**

X Total Prospective

       Prospective Adjusted For New Costs

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Provider Number 0279226-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

144.54

**New Rate**

125.44

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

       Settlement Based on Cost

X

**Prospective**

X Total Prospective

       Prospective Adjusted For New Costs

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Provider Number 0279226-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

144.54

**New Rate**

125.44

**Effective Date**

7/1/2010

**Rate Type**

Interim

       Total Interim

       Settlement Based on Cost

X

**Prospective**

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Provider Number 0279226-07  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

144.54

**New Rate**

125.44

**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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\_\_\_\_ Field Audited Cost

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Provider Number 0279226-91  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

144.54

**New Rate**

125.44

**Effective Date**

7/1/2010

**Rate Type**

Interim

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X

**Prospective**

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Provider Number 0279226-92  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**144.54**

**New Rate**

**125.44**

**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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