



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

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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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

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X

Prospective

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Polk County Health Department
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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

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Polk County Health Department
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Provider Number 0279633-03
Date: 7/8/2010
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Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

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Rate Type

Interim

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 Settlement Based on Cost

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BASIS

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 Desk Reviewed Cost

 Desk Audited Costs

 Field Audited Cost

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Provider Number 0279633-04
Date: 7/8/2010
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Audit Status: Unaudited [1]

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Provider Number 0279633-05
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Provider Type

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Provider Number 0279633-90
Date: 7/8/2010
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Provider Number 0279633-91
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Audit Status: Unaudited [1]

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

Provider Type

CHD

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Rate Type

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Provider Number 0279633-94
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Provider Type

CHD

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Rate Type

Interim

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Provider Number 0279633-95
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Provider Type

CHD

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Rate Type

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