

Attachment F



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

MEMORANDUM

Date: July 31, 2012  
To: Lisa Polsen, Alachua County  
From: Tonya Kidd, Deputy Secretary of Operations  
Subject: Medicaid County Billing Invoice 201204 Advanced Refund Request Final Determination Notice

This memorandum provides a determination for each Advanced Refund Request marked on Invoice 201204 for your county. A spreadsheet of each ARR claim and its determination along with backup information to support the determination will be sent via email. The determination on these claims will also be available on the Web Portal. If you cannot access the email or web portal, please contact Jean Lombardi at 850-412-3858 within seven days of this notice.

These claims are marked with one of the following determinations:

**ARR Denied** – Agency research has determined the correct county was initially billed. Documentation will be provided in an email for these claims. These claims will be included on the 201207 invoice with a status of ARR Denied.

**ARR Transfer Out** – Agency research has determined these claims should have been billed to another county, therefore no further action is required. The Agency in consultation with the Department of Children and Families are working to correct the information in the system for future billings.

**Adjusted** – These claims are being adjusted off your invoice and no further action is required.

**Transfer In** – A separate spreadsheet will be sent to show claims that will be transferred to your county. These claims will be on the 201207 invoice with a status of Transfer In.

Invoice 201204  
County Name: Alachua County

Total ARR's: \$ 152,306.21  
Total ARR Denied: \$ 60,381.47  
Total ARR Transfer Out: \$2,912.12  
Total Adjusted: \$ 89,012.62  
Total Transfer In: \$ 220.00

Attached is a Notice of Administrative Hearing and Mediation Rights document explaining your rights associated with this Advance Refund Request Determination.

