



# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-00

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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 Program Finance

### DISTRIBUTION:

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(No Change In Rate)



# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-01

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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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Office of Medicaid Program Finance  
2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number 0279587-02  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>150.00</u>	<u>180.00</u>	<u>7/1/2014</u>

**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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# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-04

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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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# Florida Agency For Health Care Administration

Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-09

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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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Office of Medicaid Program Finance

2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-18

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number 0279587-30  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>150.00</u>	<u>180.00</u>	<u>7/1/2014</u>

**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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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-90

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-91

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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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2727 Mahan Drive - Mail Stop 23 - Tallahassee Florida 32308

## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-92

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number 0279587-93  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>150.00</u>	<u>180.00</u>	<u>7/1/2014</u>

**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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**Medicaid Reimbursement Rate Change Form for CHDs**

Orange County Health Department  
6101 Lake Ellenor Drive  
Orlando, FL 32804

Provider Number 0279587-94  
Date: 8/8/2014  
Fiscal Year End: 06/30/2013  
Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>150.00</u>	<u>180.00</u>	<u>7/1/2014</u>

**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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## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-95

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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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## Medicaid Reimbursement Rate Change Form for CHDs

Orange County Health Department

6101 Lake Ellenor Drive

Orlando, FL 32804

Provider Number 0279587-96

Date: 8/8/2014

Fiscal Year End: 06/30/2013

Audit Status: Unaudited [1]

### Provider Type

CHD

Current Rate

150.00

New Rate

180.00

Effective Date

7/1/2014

### 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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