



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**

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

Provider Number: 0279587-00  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**263.50**

**New Rate**

**197.51**

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

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

Provider Number: 0279587-01  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>263.50</u>	<u>197.51</u>	<u>7/1/2010</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 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: 0279587-02  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

263.50

**New Rate**

197.51

**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  
  X   Unaudited Cost  
     Desk Reviewed Cost  
     Desk Audited Costs  
     Field Audited Cost

Rydell Samuel, Administrator  
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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

Provider Number: 0279587-03  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>263.50</u>	<u>197.51</u>	<u>7/1/2010</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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Orange County Health Department  
 6101 Lake Ellenor Drive  
 Orlando, FL 32804

Provider Number: 0279587-04  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

263.50

**New Rate**

197.51

**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
- X Unaudited Cost
- Desk Reviewed Cost
- Desk Audited Costs
- Field Audited Cost

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

Provider Number: 0279587-05  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

263.50

**New Rate**

197.51

**Effective Date**

7/1/2010

**Rate Type**

Interim

- Total Interim
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X **Prospective**

- Total Prospective
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**BASIS**

- Budget
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- Desk Reviewed Cost
- Desk Audited Costs
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Provider Number: 0279587-09  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**263.50**

**New Rate**

**197.51**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

\_\_\_\_ Total Interim  
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**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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Orange County Health Department  
 6101 Lake Ellenor Drive  
 Orlando, FL 32804

Provider Number: 0279587-14  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>263.50</u>	<u>197.51</u>	<u>7/1/2010</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 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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Orange County Health Department  
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Provider Number: 0279587-90  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**263.50**

**New Rate**

**197.51**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

Total Interim  
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**X** **Prospective**

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**BASIS**

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

Orange County Health Department  
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Provider Number: 0279587-91  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>263.50</u>	<u>197.51</u>	<u>7/1/2010</u>

**Rate Type**

Interim  
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 Prospective Adjusted For New Costs

**BASIS**

Budget  
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 Desk Audited Costs  
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Orange County Health Department  
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Provider Number: 0279587-92  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**263.50**

**New Rate**

**197.51**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

**X **Prospective****

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

Orange County Health Department  
 6101 Lake Ellenor Drive  
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Provider Number: 0279587-93  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>263.50</u>	<u>197.51</u>	<u>7/1/2010</u>

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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: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

<u>Provider Type</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>CHD</u>	<u>263.50</u>	<u>197.51</u>	<u>7/1/2010</u>

**Rate Type**

Interim  
 Total Interim  
 Settlement Based on Cost

X Prospective  
 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: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**263.50**

**New Rate**

**197.51**

**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

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**DISTRIBUTION:**

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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: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**263.50**

**New Rate**

**197.51**

**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

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**DISTRIBUTION:**

Fiscal Agent  
 Contract Management  
 Cost Reimbursement  
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For Information Only  
 (No Change In Rate)