



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**

Seminole County Health Department  
400 West Airport Boulevard  
Sanford, FL 32773

Provider Number 0279692-00  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

174.49

**New Rate**

197.44

**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:**

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Cost Reimbursement  
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(No Change In Rate)



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**Medicaid Reimbursement Rate Change Form for CHDs**

Seminole County Health Department  
400 West Airport Boulevard  
Sanford, FL 32773

Provider Number 0279692-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>174.49</u></b>	<b><u>197.44</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<b><u>Interim</u></b>	<b><u>X</u></b>	<b><u>Prospective</u></b>
<u>      </u> Total Interim	<u>      </u>	<u>      </u> Total Prospective
<u>      </u> Settlement Based on Cost	<u>      </u>	<u>      </u> 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**

Seminole County Health Department  
400 West Airport Boulevard  
Sanford, FL 32773

Provider Number 0279692-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

174.49

**New Rate**

197.44

**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

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Seminole County Health Department  
400 West Airport Boulevard  
Sanford, FL 32773

Provider Number 0279692-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**174.49**

**New Rate**

**197.44**

**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

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Sanford, FL 32773

Provider Number 0279692-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

174.49

**New Rate**

197.44

**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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       Budget

X Unaudited Cost

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       Desk Audited Costs

       Field Audited Cost

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Sanford, FL 32773

Provider Number 0279692-05  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>174.49</u></b>	<b><u>197.44</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<b><u>Interim</u></b>	<b><u>X</u></b>	<b><u>Prospective</u></b>
<u>        </u> Total Interim	<u>        </u>	<u>        </u> Total Prospective
<u>        </u> Settlement Based on Cost	<u>        </u>	<u>        </u> Prospective Adjusted For New Costs

**BASIS**

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

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Sanford, FL 32773

Provider Number 0279692-08  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**174.49**

**New Rate**

**197.44**

**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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Sanford, FL 32773

Provider Number 0279692-09  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>174.49</u></b>	<b><u>197.44</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<input type="checkbox"/> <b><u>Interim</u></b>	<input checked="" type="checkbox"/> <b><u>Prospective</u></b>
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Settlement Based on Cost	<input type="checkbox"/> Prospective Adjusted For New Costs

**BASIS**

☐ Budget  
☒ Unaudited Cost  
☐ Desk Reviewed Cost  
☐ Desk Audited Costs  
☐ Field Audited Cost

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Provider Number 0279692-91  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

<b><u>Provider Type</u></b>	<b><u>Current Rate</u></b>	<b><u>New Rate</u></b>	<b><u>Effective Date</u></b>
<b><u>CHD</u></b>	<b><u>174.49</u></b>	<b><u>197.44</u></b>	<b><u>7/1/2010</u></b>

**Rate Type**

<b><u>Interim</u></b>	<b><u>X</u></b>	<b><u>Prospective</u></b>
<u>      </u> Total Interim	<u>      </u>	<u>      </u> Total Prospective
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