



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

Lake County Health Department
 P. O. Box 1305
 Tavares, FL 32778-1305

Provider Number: 0563234-00
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.90

New Rate

168.17

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:

Fiscal Agent
 Contract Management
 Cost Reimbursement
 State Health Office

 For Information Only
 (No Change In Rate)



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Lake County Health Department
 P. O. Box 1305
 Tavares, FL 32778-1305

Provider Number: 0563234-01
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.90

New Rate

168.17

Effective Date

7/1/2010

Rate Type

Interim

Total Interim
 Settlement Based on Cost

X **Prospective**

Total Prospective
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BASIS

Budget
 Unaudited Cost
 Desk Reviewed Cost
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 Field Audited Cost

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Lake County Health Department
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Provider Number: 0563234-02
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.90

New Rate

168.17

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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Lake County Health Department
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Provider Number: 0563234-03
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.90

New Rate

168.17

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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Provider Number: 0563234-04
 Date: 7/8/2010
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 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.90

New Rate

168.17

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
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 ____ Desk Audited Costs
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Lake County Health Department
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Provider Number: 0563234-14
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.90

New Rate

168.17

Effective Date

7/1/2010

Rate Type

Interim

Total Interim
 Settlement Based on Cost

X **Prospective**

Total Prospective
 Prospective Adjusted For New Costs

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Budget
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 Desk Reviewed Cost
 Desk Audited Costs
 Field Audited Cost

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Lake County Health Department
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Provider Number: 0563234-91
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.90

New Rate

168.17

Effective Date

7/1/2010

Rate Type

Interim

_____ Total Interim

_____ Settlement Based on Cost

X **Prospective**

X Total Prospective

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BASIS

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_____ Desk Reviewed Cost

_____ Desk Audited Costs

_____ Field Audited Cost

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Lake County Health Department
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Provider Number: 0563234-92
 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>188.90</u>	<u>168.17</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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Provider Number: 0563234-93
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

Current Rate

188.90

New Rate

168.17

Effective Date

7/1/2010

Rate Type

Interim

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X **Prospective**

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Provider Number: 0563234-94
 Date: 7/8/2010
 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

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CHD

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