



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**

Okeechobee County Health Department  
P.O. Box 1879  
Okeechobee, FL 34973-1879

Provider Number 0279579-00  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**186.99**

**New Rate**

**185.97**

**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:**

Fiscal Agent  
Contract Management  
Cost Reimbursement  
State Health Office

\_\_\_\_ For Information Only  
(No Change In Rate)



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P.O. Box 1879  
Okeechobee, FL 34973-1879

Provider Number 0279579-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**186.99**

**New Rate**

**185.97**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

         Total Interim

         Settlement Based on Cost

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**BASIS**

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         **X** Unaudited Cost

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         Desk Audited Costs

         Field Audited Cost

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**Medicaid Reimbursement Rate Change Form for CHDs**

Okeechobee County Health Department  
P.O. Box 1879  
Okeechobee, FL 34973-1879

Provider Number 0279579-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**186.99**

**New Rate**

**185.97**

**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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Okeechobee County Health Department  
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Okeechobee, FL 34973-1879

Provider Number 0279579-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**186.99**

**New Rate**

**185.97**

**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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Provider Number 0279579-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**186.99**

**New Rate**

**185.97**

**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**

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