



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**

Hendry County Health Department  
 P. O. Box 70  
 LaBelle, FL 33975

Provider Number: 0279366-00  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**183.74**

**New Rate**

**178.33**

**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**

Hendry County Health Department  
 P. O. Box 70  
 LaBelle, FL 33975

Provider Number: 0279366-20  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

183.74

**New Rate**

178.33

**Effective Date**

7/1/2010

**Rate Type**

**Interim**

Total Interim  
 Settlement Based on Cost

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**Medicaid Reimbursement Rate Change Form for CHDs**

Hendry County Health Department  
 P. O. Box 70  
 LaBelle, FL 33975

Provider Number: 0279366-92  
 Date: 7/8/2010  
 Fiscal Year End: 06/30/2009  
 Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

183.74

**New Rate**

178.33

**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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 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

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