



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**

Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-00  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.18

**New Rate**

180.18

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

Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-01  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.18

**New Rate**

180.18

**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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       Desk Audited Costs

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**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-02  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.18

**New Rate**

180.18

**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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Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-03  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.18

**New Rate**

180.18

**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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Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-04  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

CHD

**Current Rate**

180.18

**New Rate**

180.18

**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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Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-14  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.18**

**New Rate**

**180.18**

**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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Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-22  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.18**

**New Rate**

**180.18**

**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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Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-90  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.18**

**New Rate**

**180.18**

**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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\_\_\_\_ Field Audited Cost

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Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-92  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.18**

**New Rate**

**180.18**

**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 Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-93  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.18**

**New Rate**

**180.18**

**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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Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
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Provider Number 0557269-94  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.18**

**New Rate**

**180.18**

**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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Provider Number 0557269-95  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.18**

**New Rate**

**180.18**

**Effective Date**

**7/1/2010**

**Rate Type**

**Interim**

\_\_\_\_ Total Interim

\_\_\_\_ Settlement Based on Cost

**X**

**Prospective**

**X**

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**BASIS**

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Hillsborough County Health Department  
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Provider Number 0557269-96  
Date: 7/8/2010  
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Audit Status: Unaudited [1]

**Provider Type**

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**Medicaid Reimbursement Rate Change Form for CHDs**

Hillsborough County Health Department  
1105 E. Kennedy Boulevard  
Tampa, FL 33602

Provider Number 0557269-97  
Date: 7/8/2010  
Fiscal Year End: 06/30/2009  
Audit Status: Unaudited [1]

**Provider Type**

**CHD**

**Current Rate**

**180.18**

**New Rate**

**180.18**

**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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