



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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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

Prospective

- Total Prospective
- Prospective Adjusted For New Costs

BASIS

- Budget
- Unaudited Cost
- Desk Reviewed Cost
- Desk Audited Costs
- Field Audited Cost

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DISTRIBUTION:

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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

Prospective

- Total Prospective
- Prospective Adjusted For New Costs

BASIS

- Budget
- Unaudited Cost
- Desk Reviewed Cost
- Desk Audited Costs
- Field Audited Cost

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DISTRIBUTION:

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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

Prospective

- Total Prospective
- Prospective Adjusted For New Costs

BASIS

- Budget
- Unaudited Cost
- Desk Reviewed Cost
- Desk Audited Costs
- Field Audited Cost

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 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
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Hillsborough County Health Department
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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

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Effective Date

7/1/2010

Rate Type

Interim

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Prospective

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Hillsborough County Health Department
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 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
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X **Prospective**

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

Provider Type

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7/1/2010

Rate Type

Interim

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Prospective

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BASIS

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- Desk Reviewed Cost
- Desk Audited Costs
- Field Audited Cost

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Hillsborough County Health Department
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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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Provider Number: 0557269-93
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 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

CHD

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New Rate

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Effective Date

7/1/2010

Rate Type

Interim

____ Total Interim
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X **Prospective**

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BASIS

____ Budget
X Unaudited Cost
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Provider Number: 0557269-94
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 Fiscal Year End: 06/30/2009
 Audit Status: Unaudited [1]

Provider Type

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180.18

Effective Date

7/1/2010

Rate Type

Interim

Total Interim
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X **Prospective**

Total Prospective
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BASIS

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