

**State of Florida Agency for Health Care Administration**  
**Medicaid Program Finance**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2014 Through 06/30/2015**

Provider Name: Citrus County Health Department

Rate Based On: **Unaudited Costs**  
Audit Status: **Unaudited [1]**

Provider Number: 0279196

Cost Reporting Period: 07/01/2012 Through 06/30/2013

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$4,293,397.00
2. Total Non-Allowable Costs	\$2,816,171.00
3. Total Overhead Costs	\$1,594,189.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$8,703,757.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,611,127.10
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,594,189.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$4,293,397.00
2. Total Non-Allowable Costs	\$2,816,171.00
3. Sum of Lines B1 and B2	\$7,109,568.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.6039
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$962,730.74
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$5,256,127.74
2. Total CHD Visits	30,901
3. CHD Rate Per Visit (C1 divided by C2)	\$170.10
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03834
2. CHD Prospective Rate (C3 Multiplied by D1)	176.62
3. Medicaid Trend Adjustment	70.45
4. Final Prospective Rate - Effective Date: 7/1/2014	106.17