

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: St. Johns County Health Department

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

Provider Number: 0279650

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 | \$1,600,447.00 |
| 2. Total Non-Allowable Costs | \$2,587,068.00 |
| 3. Total Overhead Costs | \$1,191,238.00 |
| 4. Total Costs (Sum of Lines A1, A2 and A3) | \$5,378,753.00 |
| 5. Screening Guideline for CHD Overhead Cost | 30% |
| 6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5) | \$1,613,625.90 |
| 7. Allowable Overhead Cost (Lesser of A3 or A6) | \$1,191,238.00 |
| | |
| PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES | |
| 1. Total Allowable Costs of CHD Services | \$1,600,447.00 |
| 2. Total Non-Allowable Costs | \$2,587,068.00 |
| 3. Sum of Lines B1 and B2 | \$4,187,515.00 |
| 4. Direct Cost Ratio (Line B1 Divided By B3) | 0.3822 |
| 5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4) | \$455,291.16 |
| | |
| PART C - DETERMINATION OF CHD RATE | |
| 1. Total CHD Cost (B1 plus B5) | \$2,055,738.16 |
| 2. Total CHD Visits | 10,810 |
| 3. CHD Rate Per Visit (C1 divided by C2) | \$190.17 |
| | |
| PART D - DETERMINATION OF PROSPECTIVE RATE | |
| 1. Inflation Factor | 1.03834 |
| 2. CHD Prospective Rate (C3 Multiplied by D1) | 197.46 |
| 3. Medicaid Trend Adjustment | 17.46 |
| 4. Final Prospective Rate - Effective Date: 7/1/2014 | 180.00 |