

**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: Duval County Health Department

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

Provider Number: 0279269

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	\$17,412,367.00
2. Total Non-Allowable Costs	\$16,669,276.00
3. Total Overhead Costs	\$12,067,407.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$46,149,050.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$13,844,715.00
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$12,067,407.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$17,412,367.00
2. Total Non-Allowable Costs	\$16,669,276.00
3. Sum of Lines B1 and B2	\$34,081,643.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5109
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$6,165,238.24
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$23,577,605.24
2. Total CHD Visits	115,841
3. CHD Rate Per Visit (C1 divided by C2)	\$203.53
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03834
2. CHD Prospective Rate (C3 Multiplied by D1)	211.33
3. Medicaid Trend Adjustment	31.33
4. Final Prospective Rate - Effective Date: 7/1/2014	180.00