

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: Dixie County Health Department

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

Provider Number: 0279251

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	\$1,930,468.00
2. Total Non-Allowable Costs	\$376,297.00
3. Total Overhead Costs	\$408,204.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,714,969.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$814,490.70
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$408,204.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$1,930,468.00
2. Total Non-Allowable Costs	\$376,297.00
3. Sum of Lines B1 and B2	\$2,306,765.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.8369
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$341,625.93
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$2,272,093.93
2. Total CHD Visits	19,612
3. CHD Rate Per Visit (C1 divided by C2)	\$115.85
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03834
2. CHD Prospective Rate (C3 Multiplied by D1)	120.29
3. Medicaid Trend Adjustment	0.00
4. Final Prospective Rate - Effective Date: 7/1/2014	120.29