

**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: Indian River County Health Department

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

Provider Number: 0279412

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	\$4,196,493.00
2. Total Non-Allowable Costs	\$3,190,903.00
3. Total Overhead Costs	\$2,264,068.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$9,651,464.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,895,439.20
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,264,068.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$4,196,493.00
2. Total Non-Allowable Costs	\$3,190,903.00
3. Sum of Lines B1 and B2	\$7,387,396.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5681
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,286,217.03
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$5,482,710.03
2. Total CHD Visits	32,960
3. CHD Rate Per Visit (C1 divided by C2)	\$166.34
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03834
2. CHD Prospective Rate (C3 Multiplied by D1)	172.72
3. Medicaid Trend Adjustment	19.96
4. Final Prospective Rate - Effective Date: 7/1/2014	152.76