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. Lucie County Health Department

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

Provider Number: 0279668

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	$3,129,699.00
2. Total Non-Allowable Costs	$8,890,330.00
3. Total Overhead Costs	$2,203,518.00
4. Total Costs (Sum of Lines A1, A2 and A3)	$14,223,547.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	$4,267,064.10
7. Allowable Overhead Cost (Lesser of A3 or A6)	$2,203,518.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	$3,129,699.00
2. Total Non-Allowable Costs	$8,890,330.00
3. Sum of Lines B1 and B2	$12,020,029.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.2604
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	$573,796.09
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	$3,703,495.09
2. Total CHD Visits	22,764
3. CHD Rate Per Visit (C1 divided by C2)	$162.69
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03834
2. CHD Prospective Rate (C3 Multiplied by D1)	168.93
3. Medicaid Trend Adjustment	11.58
4. Final Prospective Rate - Effective Date: 7/1/2014	157.35