

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: Clay County Health Department

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

Provider Number: 0279200

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	\$1,909,646.00
2. Total Non-Allowable Costs	\$2,068,721.00
3. Total Overhead Costs	\$1,258,143.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$5,236,510.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,570,953.00
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,258,143.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$1,909,646.00
2. Total Non-Allowable Costs	\$2,068,721.00
3. Sum of Lines B1 and B2	\$3,978,367.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4800
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$603,908.64
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$2,513,554.64
2. Total CHD Visits	11,655
3. CHD Rate Per Visit (C1 divided by C2)	\$215.66
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03834
2. CHD Prospective Rate (C3 Multiplied by D1)	223.93
3. Medicaid Trend Adjustment	44.83
4. Final Prospective Rate - Effective Date: 7/1/2014	179.10