

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: Pinellas County Health Department

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

Provider Number: 0279625

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 | \$15,665,851.00 |
| 2. Total Non-Allowable Costs | \$19,340,620.00 |
| 3. Total Overhead Costs | \$9,878,633.00 |
| 4. Total Costs (Sum of Lines A1, A2 and A3) | \$44,885,104.00 |
| 5. Screening Guideline for CHD Overhead Cost | 30% |
| 6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5) | \$13,465,531.20 |
| 7. Allowable Overhead Cost (Lesser of A3 or A6) | \$9,878,633.00 |
| | |
| PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES | |
| 1. Total Allowable Costs of CHD Services | \$15,665,851.00 |
| 2. Total Non-Allowable Costs | \$19,340,620.00 |
| 3. Sum of Lines B1 and B2 | \$35,006,471.00 |
| 4. Direct Cost Ratio (Line B1 Divided By B3) | 0.4475 |
| 5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4) | \$4,420,688.27 |
| | |
| PART C - DETERMINATION OF CHD RATE | |
| 1. Total CHD Cost (B1 plus B5) | \$20,086,539.27 |
| 2. Total CHD Visits | 116,673 |
| 3. CHD Rate Per Visit (C1 divided by C2) | \$172.16 |
| | |
| PART D - DETERMINATION OF PROSPECTIVE RATE | |
| 1. Inflation Factor | 1.03834 |
| 2. CHD Prospective Rate (C3 Multiplied by D1) | 178.76 |
| 3. Medicaid Trend Adjustment | 25.50 |
| 4. Final Prospective Rate - Effective Date: 7/1/2014 | 153.26 |