

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2010 Through 06/30/2011**

Provider Name: Indian River County Health Department

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

Provider Number: 0279412

Cost Reporting Period: 07/01/2008 Through 06/30/2009

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$4,250,322.00
2. Total Non-Allowable Costs	\$3,222,877.00
3. Total Overhead Costs	\$2,478,393.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$9,951,592.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,985,477.60
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,478,393.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$4,250,322.00
2. Total Non-Allowable Costs	\$3,222,877.00
3. Sum of Lines B1 and B2	\$7,473,199.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5687
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,409,462.10
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$5,659,784.10
2. Total CHD Visits	36,393
3. CHD Rate Per Visit (C1 divided by C2)	\$155.52
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03581
2. CHD Prospective Rate (C3 Multiplied by D1)	161.09
3. Medicaid Trend Adjustment	26.27
4. Final Prospective Rate - Effective Date: 7/1/2010	134.82