

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: Putnam County Health Department

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

Provider Number: 0279641

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 | \$1,662,205.00 |
| 2. Total Non-Allowable Costs | \$1,736,267.00 |
| 3. Total Overhead Costs | \$1,125,629.00 |
| 4. Total Costs (Sum of Lines A1, A2 and A3) | \$4,524,101.00 |
| 5. Screening Guideline for CHD Overhead Cost | 30% |
| 6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5) | \$1,357,230.30 |
| 7. Allowable Overhead Cost (Lesser of A3 or A6) | \$1,125,629.00 |
| | |
| PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES | |
| 1. Total Allowable Costs of CHD Services | \$1,662,205.00 |
| 2. Total Non-Allowable Costs | \$1,736,267.00 |
| 3. Sum of Lines B1 and B2 | \$3,398,472.00 |
| 4. Direct Cost Ratio (Line B1 Divided By B3) | 0.4891 |
| 5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4) | \$550,545.14 |
| | |
| PART C - DETERMINATION OF CHD RATE | |
| 1. Total CHD Cost (B1 plus B5) | \$2,212,750.14 |
| 2. Total CHD Visits | 8,925 |
| 3. CHD Rate Per Visit (C1 divided by C2) | \$247.93 |
| | |
| PART D - DETERMINATION OF PROSPECTIVE RATE | |
| 1. Inflation Factor | 1.03581 |
| 2. CHD Prospective Rate (C3 Multiplied by D1) | 256.81 |
| 3. Medicaid Trend Adjustment | 53.25 |
| 4. Final Prospective Rate - Effective Date: 7/1/2010 | 203.56 |