

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: Santa Rosa County Health Department

Rate Based On:

Unaudited Costs

Audit Status:

Unaudited [1]

Provider Number: 0279676

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	\$1,439,485.00
2. Total Non-Allowable Costs	\$3,041,895.00
3. Total Overhead Costs	\$1,212,459.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$5,693,839.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,708,151.70
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,212,459.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$1,439,485.00
2. Total Non-Allowable Costs	\$3,041,895.00
3. Sum of Lines B1 and B2	\$4,481,380.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3212
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$389,441.83
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$1,828,926.83
2. Total CHD Visits	9,567
3. CHD Rate Per Visit (C1 divided by C2)	\$191.17
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03581
2. CHD Prospective Rate (C3 Multiplied by D1)	198.02
3. Medicaid Trend Adjustment	53.44
4. Final Prospective Rate - Effective Date: 7/1/2010	144.58