

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: Duval County Health Department

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

Provider Number: 0279269

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 | \$17,934,475.00 |
| 2. Total Non-Allowable Costs | \$25,371,413.00 |
| 3. Total Overhead Costs | \$16,726,877.00 |
| 4. Total Costs (Sum of Lines A1, A2 and A3) | \$60,032,765.00 |
| 5. Screening Guideline for CHD Overhead Cost | 30% |
| 6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5) | \$18,009,829.50 |
| 7. Allowable Overhead Cost (Lesser of A3 or A6) | \$16,726,877.00 |
| | |
| PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES | |
| 1. Total Allowable Costs of CHD Services | \$17,934,475.00 |
| 2. Total Non-Allowable Costs | \$25,371,413.00 |
| 3. Sum of Lines B1 and B2 | \$43,305,888.00 |
| 4. Direct Cost Ratio (Line B1 Divided By B3) | 0.4141 |
| 5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4) | \$6,926,599.77 |
| | |
| PART C - DETERMINATION OF CHD RATE | |
| 1. Total CHD Cost (B1 plus B5) | \$24,861,074.77 |
| 2. Total CHD Visits | 140,958 |
| 3. CHD Rate Per Visit (C1 divided by C2) | \$176.37 |
| | |
| PART D - DETERMINATION OF PROSPECTIVE RATE | |
| 1. Inflation Factor | 1.03581 |
| 2. CHD Prospective Rate (C3 Multiplied by D1) | 182.69 |
| 3. Medicaid Trend Adjustment | 26.57 |
| 4. Final Prospective Rate - Effective Date: 7/1/2010 | 156.12 |