

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: Hillsborough County Health Department

Rate Based On:

Unaudited Costs

Audit Status:

Unaudited [1]

Provider Number: 0557269

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 | \$15,068,386.00 |
| 2. Total Non-Allowable Costs | \$22,467,497.00 |
| 3. Total Overhead Costs | \$8,586,803.00 |
| 4. Total Costs (Sum of Lines A1, A2 and A3) | \$46,122,686.00 |
| 5. Screening Guideline for CHD Overhead Cost | 30% |
| 6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5) | \$13,836,805.80 |
| 7. Allowable Overhead Cost (Lesser of A3 or A6) | \$8,586,803.00 |
| | |
| PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES | |
| 1. Total Allowable Costs of CHD Services | \$15,068,386.00 |
| 2. Total Non-Allowable Costs | \$22,467,497.00 |
| 3. Sum of Lines B1 and B2 | \$37,535,883.00 |
| 4. Direct Cost Ratio (Line B1 Divided By B3) | 0.4014 |
| 5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4) | \$3,446,742.72 |
| | |
| PART C - DETERMINATION OF CHD RATE | |
| 1. Total CHD Cost (B1 plus B5) | \$18,515,128.72 |
| 2. Total CHD Visits | 91,098 |
| 3. CHD Rate Per Visit (C1 divided by C2) | \$203.24 |
| | |
| PART D - DETERMINATION OF PROSPECTIVE RATE | |
| 1. Inflation Factor | 1.03581 |
| 2. CHD Prospective Rate (C3 Multiplied by D1) | 210.52 |
| 3. Medicaid Trend Adjustment | 30.34 |
| 4. Final Prospective Rate - Effective Date: 7/1/2010 | 180.18 |