

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: Bay County Health Department

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

Provider Number: 0290068

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	\$1,738,818.00
2. Total Non-Allowable Costs	\$4,847,834.00
3. Total Overhead Costs	\$2,865,077.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$9,451,729.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,835,518.70
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,835,518.70
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$1,738,818.00
2. Total Non-Allowable Costs	\$4,847,834.00
3. Sum of Lines B1 and B2	\$6,586,652.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.2640
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$748,576.94
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$2,487,394.94
2. Total CHD Visits	18,520
3. CHD Rate Per Visit (C1 divided by C2)	\$134.31
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03581
2. CHD Prospective Rate (C3 Multiplied by D1)	139.12
3. Medicaid Trend Adjustment	13.11
4. Final Prospective Rate - Effective Date: 7/1/2010	126.01