

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: Clay County Health Department

Rate Based On:

Unaudited Costs

Audit Status:

Unaudited [1]

Provider Number: 0279200

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 | \$1,862,068.00 |
| 2. Total Non-Allowable Costs | \$2,622,480.00 |
| 3. Total Overhead Costs | \$1,733,043.00 |
| 4. Total Costs (Sum of Lines A1, A2 and A3) | \$6,217,591.00 |
| 5. Screening Guideline for CHD Overhead Cost | 30% |
| 6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5) | \$1,865,277.30 |
| 7. Allowable Overhead Cost (Lesser of A3 or A6) | \$1,733,043.00 |
| | |
| PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES | |
| 1. Total Allowable Costs of CHD Services | \$1,862,068.00 |
| 2. Total Non-Allowable Costs | \$2,622,480.00 |
| 3. Sum of Lines B1 and B2 | \$4,484,548.00 |
| 4. Direct Cost Ratio (Line B1 Divided By B3) | 0.4152 |
| 5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4) | \$719,559.45 |
| | |
| PART C - DETERMINATION OF CHD RATE | |
| 1. Total CHD Cost (B1 plus B5) | \$2,581,627.45 |
| 2. Total CHD Visits | 9,446 |
| 3. CHD Rate Per Visit (C1 divided by C2) | \$273.30 |
| | |
| PART D - DETERMINATION OF PROSPECTIVE RATE | |
| 1. Inflation Factor | 1.03581 |
| 2. CHD Prospective Rate (C3 Multiplied by D1) | 283.09 |
| 3. Medicaid Trend Adjustment | 153.12 |
| 4. Final Prospective Rate - Effective Date: 7/1/2010 | 129.97 |