



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Ronald Jimenez
AdventHealth Palm Coast
60 Memorial Medical Pkwy.
Palm Coast, FL 32164

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010189300 Facility Number: 100118**

Dear Mr. Jimenez:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Ronald Jimenez
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010189300**

Facility Number: **100118**

Hospital Name (Current): **AdventHealth Palm Coast**

| | | |
|--|--|------------------|
| Charity Care - Other | (A) | \$4,634,809 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 2,884 |
| Total Patient Days (TPD) | (F) | 33,460 |
| Total Patient Revenue | (G) | \$565,180,021 |
| Other Operating Revenue | (H) | \$1,366,479 |
| Inpatient Revenue | (I) | \$268,741,519 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.47435033 |
| Adjusted Patient Days | $(F / K) = (L)$ | 70,539 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$8,032 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 577 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.10343881 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 1.301% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$119,366 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$69,501 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$111,112 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$177,266 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$288,378 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$76,348 |
| Federal DSH General Limit | (Z) | \$6,179,597 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$6,179,597 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + \text{adj})$ or $AB) = (AC)$ | \$212,029 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$29,416 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$241,446 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,354 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$53,007 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Randall Surber
AdventHealth Wauchula
735 S 5th Ave.
Wauchula, FL 33873

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010260100 Facility Number: 100282**

Dear Mr. Surber:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Randall Surber
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010260100**

Facility Number: **100282**

Hospital Name (Current): **AdventHealth Wauchula**

| | | |
|--|--|------------------|
| Charity Care - Other | (A) | \$3,743,543 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 124 |
| Total Patient Days (TPD) | (F) | 7,708 |
| Total Patient Revenue | (G) | \$83,795,234 |
| Other Operating Revenue | (H) | \$471,980 |
| Inpatient Revenue | (I) | \$26,787,397 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.31788635 |
| Adjusted Patient Days | $(F / K) = (L)$ | 24,248 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,475 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,077 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.15583734 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 1.959% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$179,833 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$9,034 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$71,724 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$114,427 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$186,151 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$49,284 |
| Federal DSH General Limit | (Z) | \$1,560,834 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,560,834 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + \text{adj})$ or $AB) = (AC)$ | \$136,867 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$18,989 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$155,856 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$4,747 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$34,217 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Adrian Hugh Greene
Baptist Medical Center - Nassau
1250 S 18th St.
Fernandina Beach, FL 32034

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010123100 Facility Number: 100140**

Dear Mr. Greene:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Adrian Hugh Greene
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010123100**

Facility Number: **100140**

Hospital Name (Current): **Baptist Medical Center - Nassau**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$20,136,353 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 1,467 |
| Total Patient Days (TPD) | (F) | 12,871 |
| Total Patient Revenue | (G) | \$283,286,031 |
| Other Operating Revenue | (H) | \$768,039 |
| Inpatient Revenue | (I) | \$113,080,837 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.39809617 |
| Adjusted Patient Days | $(F / K) = (L)$ | 32,331 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$8,786 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 2,292 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.29204759 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 3.672% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$337,016 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$117,484 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$187,432 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$304,916 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$80,727 |
| Federal DSH General Limit | (Z) | \$4,822,908 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$4,822,908 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$224,189 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$31,104 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$255,293 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,776 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$56,047 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Janet D. Kinney
Calhoun-Liberty Hospital
P.O. Box 419
Blountstown, FL 32424

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010026900 Facility Number: 100112**

Dear Ms. Kinney:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Janet D. Kinney
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010026900**

Facility Number: **100112**

Hospital Name (Current): **Calhoun-Liberty Hospital**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$701,594 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 437 |
| Total Patient Days (TPD) | (F) | 1,760 |
| Total Patient Revenue | (G) | \$31,823,116 |
| Other Operating Revenue | (H) | \$970,617 |
| Inpatient Revenue | (I) | \$8,046,250 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.24535938 |
| Adjusted Patient Days | $(F / K) = (L)$ | 7,173 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$4,572 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 153 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.33549061 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 4.218% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$387,149 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$134,960 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$215,313 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$350,273 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$92,736 |
| Federal DSH General Limit | (Z) | \$1,673,681 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,673,681 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$257,538 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$35,731 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$293,268 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$8,933 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$64,384 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Vincent Sica
Desoto Memorial Hospital
900 N Robert Ave.
Arcadia, FL 34266

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010192300 Facility Number: 100175**

Dear Mr. Sica:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Twitter.com/AHCA_FL

Vincent Sica
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010192300**

Facility Number: **100175**

Hospital Name (Current): **Desoto Memorial Hospital**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$5,914,240 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 633 |
| Total Patient Days (TPD) | (F) | 4,545 |
| Total Patient Revenue | (G) | \$95,262,287 |
| Other Operating Revenue | (H) | \$61,361 |
| Inpatient Revenue | (I) | \$25,157,892 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.26392078 |
| Adjusted Patient Days | $(F / K) = (L)$ | 17,221 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$5,535 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,068 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.37435881 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 4.707% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$432,002 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$150,596 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$240,258 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$390,854 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$103,480 |
| Federal DSH General Limit | (Z) | \$3,287,910 |
| Annual Payment under Regular DSH Program | (AA) | \$150,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$3,137,910 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$287,375 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$39,871 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$327,245 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$9,968 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$71,844 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Joann M. Baker
Doctors Memorial Hospital - Bonifay
2600 Hospital Drive
Bonifay, FL 32425-0188

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010103600 Facility Number: 100078**

Dear Ms. Baker:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Joann M. Baker
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010103600**

Facility Number: **100078**

Hospital Name (Current): **Doctors Memorial Hospital - Bonifay**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$662,157 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 414 |
| Total Patient Days (TPD) | (F) | 2,099 |
| Total Patient Revenue | (G) | \$27,554,883 |
| Other Operating Revenue | (H) | \$961,939 |
| Inpatient Revenue | (I) | \$7,472,878 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.26205157 |
| Adjusted Patient Days | $(F / K) = (L)$ | 8,010 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,560 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 186 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.28584481 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 3.594% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$329,858 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$114,989 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$183,451 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$298,440 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$79,013 |
| Federal DSH General Limit | (Z) | \$927,751 |
| Annual Payment under Regular DSH Program | (AA) | \$150,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$777,751 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$219,427 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$30,444 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$249,871 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,611 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$54,857 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Thomas Joseph Stone
Doctors' Memorial Hospital - Perry
333 N Byron Butler Pkwy.
Perry, FL 32348

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010180000 Facility Number: 100106**

Dear Mr. Stone:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Thomas Joseph Stone
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010180000**

Facility Number: **100106**

Hospital Name (Current): **DOCTORS' MEMORIAL HOSPITAL**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$1,610,719 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 404 |
| Total Patient Days (TPD) | (F) | 3,051 |
| Total Patient Revenue | (G) | \$52,207,548 |
| Other Operating Revenue | (H) | \$306,408 |
| Inpatient Revenue | (I) | \$10,650,622 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.20281508 |
| Adjusted Patient Days | $(F / K) = (L)$ | 15,043 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,491 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 461 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.28364799 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 2.678% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$327,323 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$114,105 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$182,041 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$296,146 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$78,406 |
| Federal DSH General Limit | (Z) | \$2,421,483 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$2,421,483 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$217,741 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$30,210 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$247,950 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,552 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$54,435 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Dennis R. Markos
Ed Fraser Memorial Hospital
159 N 3rd St.
Macclenny, FL 32063

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010004800 Facility Number: 100134**

Dear Mr. Markos:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Dennis R. Markos
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010004800**

Facility Number: **100134**

Hospital Name (Current): **Ed Fraser Memorial Hospital**

| | | |
|--|---|--------------------|
| Charity Care - Other | (A) | \$3,697,473 |
| Charity Care - Hill - Burton | (B) | \$2,263,050 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 17 |
| Total Patient Days (TPD) | (F) | 454 |
| Total Patient Revenue | (G) | \$54,375,818 |
| Other Operating Revenue | (H) | \$896,274 |
| Inpatient Revenue | (I) | \$3,004,208 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.05435307 |
| Adjusted Patient Days | $(F / K) = (L)$ | 8,353 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$6,617 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 901 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 2.02150296 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 25.417% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$2,332,769 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$813,205 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$1,297,371 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$2,110,576 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$558,780 |
| Federal DSH General Limit | (Z) | \$2,708,263 |
| Annual Payment under Regular DSH Program | (AA) | \$150,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$2,558,263 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$1,551,797 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$215,298 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$1,767,094 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$53,824 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$387,949 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Richard L. Freeburg
Fishermen's Community Hospital
3301 Overseas Hwy.
Marathon, FL 33050

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010120600 Facility Number: 100024**

Dear Mr. Freeburg:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Richard L. Freeburg
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the printed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010120600**

Facility Number: **100024**

Hospital Name (Current): **Fishermen's Community Hospital**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$303,464 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 10 |
| Total Patient Days (TPD) | (F) | 1,176 |
| Total Patient Revenue | (G) | \$57,467,483 |
| Other Operating Revenue | (H) | \$560,120 |
| Inpatient Revenue | (I) | \$8,853,289 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.15257030 |
| Adjusted Patient Days | $(F / K) = (L)$ | 7,708 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$7,528 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 40 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.04278038 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 0.538% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$49,368 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$139,499 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$156,709 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$250,010 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$406,719 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$107,680 |
| Federal DSH General Limit | (Z) | \$1,881,819 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,881,819 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$299,039 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$41,489 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$340,528 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$10,372 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$74,760 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Harvey D. Cannington
George E Weems Memorial Hospital
135 Ave. G
Apalachicola, FL 32320

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010080300 Facility Number: 100153**

Dear Mr. Cannington:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Harvey D. Cannington
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the printed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010080300**

Facility Number: **100153**

Hospital Name (Current): **George E Weems Memorial Hospital**

| | | |
|--|--|------------------|
| Charity Care - Other | (A) | \$1,035,008 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$1,680,605 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 81 |
| Total Patient Days (TPD) | (F) | 721 |
| Total Patient Revenue | (G) | \$13,370,720 |
| Other Operating Revenue | (H) | \$1,001,015 |
| Inpatient Revenue | (I) | \$2,252,323 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.15671893 |
| Adjusted Patient Days | $(F / K) = (L)$ | 4,601 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,124 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 331 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.57187308 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 7.190% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$659,929 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$230,052 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$367,020 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$597,072 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$158,076 |
| Federal DSH General Limit | (Z) | \$1,458,844 |
| Annual Payment under Regular DSH Program | (AA) | \$150,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,308,844 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + \text{adj})$ or $AB) = (AC)$ | \$438,996 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$60,907 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$499,903 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$15,227 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$109,749 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

James H. Thompson
Healthmark Regional Medical Center
4413 US Hwy. 331 S
Defuniak Springs, FL 32435

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010188500 Facility Number: 100081**

Dear Mr. Thompson:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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James H. Thompson
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010188500**

Facility Number: **100081**

Hospital Name (Current): **Healthmark Regional Medical Center**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$251,138 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 399 |
| Total Patient Days (TPD) | (F) | 2,916 |
| Total Patient Revenue | (G) | \$37,830,114 |
| Other Operating Revenue | (H) | \$303,631 |
| Inpatient Revenue | (I) | \$9,826,187 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.25767695 |
| Adjusted Patient Days | $(F / K) = (L)$ | 11,316 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,370 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 75 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.16238931 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 2.042% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$187,394 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$1,473 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$66,799 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$106,570 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$173,368 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$45,899 |
| Federal DSH General Limit | (Z) | \$1,212,523 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,212,523 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$127,469 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$17,684 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$145,153 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$4,421 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$31,867 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Raymond D. Williams
Hendry Regional Medical Center
524 W Sagamore Ave.
Clewiston, FL 33440

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010086200 Facility Number: 100098**

Dear Mr. Williams:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Raymond D. Williams
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the printed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010086200**

Facility Number: **100098**

Hospital Name (Current): **Hendry Regional Medical Center**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$3,534,027 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$6,922,475 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 74 |
| Total Patient Days (TPD) | (F) | 1,977 |
| Total Patient Revenue | (G) | \$63,248,436 |
| Other Operating Revenue | (H) | \$1,493,591 |
| Inpatient Revenue | (I) | \$6,262,254 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.09672626 |
| Adjusted Patient Days | $(F / K) = (L)$ | 20,439 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,168 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,116 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.60176831 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 7.566% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$694,427 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$242,078 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$386,206 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$628,284 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$166,340 |
| Federal DSH General Limit | (Z) | \$4,847,378 |
| Annual Payment under Regular DSH Program | (AA) | \$150,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$4,697,378 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$461,944 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$64,091 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$526,035 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$16,023 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$115,486 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Carrol James Platt
Jackson Hospital
4250 Hospital Dr.
Marianna, FL 32446

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010106100 Facility Number: 100142**

Dear Ms. Platt:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Carrol James Platt
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010106100**

Facility Number: **100142**

Hospital Name (Current): **Jackson Hospital**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$6,450,190 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 2,032 |
| Total Patient Days (TPD) | (F) | 13,277 |
| Total Patient Revenue | (G) | \$130,692,186 |
| Other Operating Revenue | (H) | \$1,073,088 |
| Inpatient Revenue | (I) | \$38,055,732 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.28881458 |
| Adjusted Patient Days | $(F / K) = (L)$ | 45,971 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$2,866 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 2,250 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.32253988 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 4.055% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$372,204 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$129,751 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$207,001 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$336,752 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$89,156 |
| Federal DSH General Limit | (Z) | \$3,848,700 |
| Annual Payment under Regular DSH Program | (AA) | \$501,687 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$3,347,013 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$247,596 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$34,352 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$281,948 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$8,588 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$61,899 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Michael T. Hutchins
Jay Hospital
14114 Alabama St.
Jay, FL 32565

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010173700 Facility Number: 100048**

Dear Mr. Hutchins:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Michael T. Hutchins
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is written in a cursive, flowing style.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010173700**

Facility Number: **100048**

Hospital Name (Current): **Jay Hospital**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$2,519,164 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 184 |
| Total Patient Days (TPD) | (F) | 2,233 |
| Total Patient Revenue | (G) | \$51,347,862 |
| Other Operating Revenue | (H) | \$730,424 |
| Inpatient Revenue | (I) | \$12,677,577 |
| Sub-Acute Revenue | (J) | \$191,053 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.23976450 |
| Adjusted Patient Days | $(F / K) = (L)$ | 9,313 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$5,592 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 451 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.28415098 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 3.573% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$327,904 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$114,308 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$182,364 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$296,672 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$78,544 |
| Federal DSH General Limit | (Z) | \$1,265,995 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,265,995 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$218,127 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$30,263 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$248,391 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,566 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$54,532 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Pamela B. Howard
Lake Butler Hospital
850 E Main St.
Lake Butler, FL 32054

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010822700 Facility Number: 100241**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Pamela B. Howard
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010822700**

Facility Number: **100241**

Hospital Name (Current): **Lake Butler Hospital**

| | | |
|--|--|------------------|
| Charity Care - Other | (A) | \$2,484,613 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 26 |
| Total Patient Days (TPD) | (F) | 137 |
| Total Patient Revenue | (G) | \$19,959,547 |
| Other Operating Revenue | (H) | \$92,371 |
| Inpatient Revenue | (I) | \$5,803,133 |
| Sub-Acute Revenue | (J) | \$2,393,311 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.17004967 |
| Adjusted Patient Days | $(F / K) = (L)$ | 806 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$24,889 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 100 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.91844457 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 11.548% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$1,059,864 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$369,470 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$589,444 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$958,914 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$253,875 |
| Federal DSH General Limit | (Z) | \$1,424,334 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,424,334 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + \text{adj})$ or $AB) = (AC)$ | \$705,039 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$97,818 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$802,857 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$24,455 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$176,260 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Darcy Davis
Lakeside Medical Center
39200 Hooker Hwy.
Belle Glade, FL 33430

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010144300 Facility Number: 100130**

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Darcy Davis
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010144300**

Facility Number: **100130**

Hospital Name (Current): **Lakeside Medical Center**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$1,861,158 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$12,651,523 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 3,299 |
| Total Patient Days (TPD) | (F) | 8,667 |
| Total Patient Revenue | (G) | \$127,186,588 |
| Other Operating Revenue | (H) | \$4,529,939 |
| Inpatient Revenue | (I) | \$62,162,887 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.47194447 |
| Adjusted Patient Days | $(F / K) = (L)$ | 18,364 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$7,172 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 259 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.41057922 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 5.162% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$473,799 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$165,167 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$263,504 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$428,671 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$113,491 |
| Federal DSH General Limit | (Z) | \$5,206,890 |
| Annual Payment under Regular DSH Program | (AA) | \$353,865 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$4,853,025 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$315,179 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$43,728 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$358,908 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$10,932 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$78,795 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Patrick McGee
Madison County Memorial Hospital
224 NW Crane Ave.
Madison, FL 32340

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010115000 Facility Number: 100004**

Dear Mr. McGee:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Patrick McGee
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010115000**

Facility Number: **100004**

Hospital Name (Current): **Madison County Memorial Hospital**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$523,656 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$611,380 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 97 |
| Total Patient Days (TPD) | (F) | 5,141 |
| Total Patient Revenue | (G) | \$24,212,702 |
| Other Operating Revenue | (H) | \$562,710 |
| Inpatient Revenue | (I) | \$9,663,630 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.39004921 |
| Adjusted Patient Days | $(F / K) = (L)$ | 13,180 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$1,880 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 279 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.07305626 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 0.919% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$84,305 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$104,562 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$133,950 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$213,702 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$347,652 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$92,042 |
| Federal DSH General Limit | (Z) | \$1,499,110 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,499,110 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$255,611 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$35,464 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$291,074 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$8,866 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$63,903 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Richard L. Freeburg
Mariners Hospital
91500 Overseas Hwy.
Tavernier, FL 33070

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010121400 Facility Number: 100160**

Dear Mr. Freeburg:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Youtube.com/AHCAFlorida
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Richard L. Freeburg
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010121400**

Facility Number: **100160**

Hospital Name (Current): **Mariners Hospital**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$9,754,915 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 75 |
| Total Patient Days (TPD) | (F) | 2,194 |
| Total Patient Revenue | (G) | \$154,818,902 |
| Other Operating Revenue | (H) | \$2,222,611 |
| Inpatient Revenue | (I) | \$20,370,276 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.12971268 |
| Adjusted Patient Days | $(F / K) = (L)$ | 16,914 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$9,285 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,051 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.51306400 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 6.451% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$592,064 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$206,394 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$329,277 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$535,671 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$141,820 |
| Federal DSH General Limit | (Z) | \$6,876,932 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$6,876,932 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$393,851 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$54,643 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$448,494 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$13,661 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$98,463 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Michael A. Kozar
Northwest Florida Community Hospital
1360 Brickyard Rd.
Chipley, FL 32428

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010190700 Facility Number: 100147**

Dear Mr. Kozar:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Michael A. Kozar
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010190700**

Facility Number: **100147**

Hospital Name (Current): **NORTHWEST FLORIDA COMMUNITY HOSPITAL**

| | | |
|--|--|--------------------|
| Charity Care - Other | (A) | \$1,310,925 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 8,965 |
| Total Patient Days (TPD) | (F) | 3,965 |
| Total Patient Revenue | (G) | \$79,354,747 |
| Other Operating Revenue | (H) | \$260,193 |
| Inpatient Revenue | (I) | \$15,494,111 |
| Sub-Acute Revenue | (J) | \$2,341,843 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.16519849 |
| Adjusted Patient Days | $(F / K) = (L)$ | 24,001 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,317 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 395 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 2.36070697 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 22.291% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$2,724,203 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$949,659 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$1,515,068 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$2,464,727 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$652,541 |
| Federal DSH General Limit | (Z) | \$2,148,825 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$2,148,825 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + \text{adj})$ or $AB) = (AC)$ | \$1,812,186 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$251,424 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$64,478 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$2,063,610 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$62,856 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$453,046 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Rhonda Sherrod
Shands Lake Shore Regional Medical Center
368 NE Franklin St.
Lake City, FL 32055

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010033100 Facility Number: 100102**

Dear Ms. Sherrod:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Rhonda Sherrod
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010033100**

Facility Number: **100102**

Hospital Name (Current): **Shands Lake Shore Regional Medical Center**

| | | |
|--|--|------------------|
| Charity Care - Other | (A) | \$4,554,780 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 3,366 |
| Total Patient Days (TPD) | (F) | 13,655 |
| Total Patient Revenue | (G) | \$231,147,976 |
| Other Operating Revenue | (H) | \$3,649,089 |
| Inpatient Revenue | (I) | \$111,293,300 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.47399783 |
| Adjusted Patient Days | $(F / K) = (L)$ | 28,808 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$8,150 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 559 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.28742903 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 3.614% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$331,687 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$115,626 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$184,468 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$300,094 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$79,450 |
| Federal DSH General Limit | (Z) | \$2,615,512 |
| Annual Payment under Regular DSH Program | (AA) | \$2,549 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$2,612,963 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + \text{adj})$ or $AB) = (AC)$ | \$220,644 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$30,612 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$251,256 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,653 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$55,161 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Rhonda Sherrod
Shands Live Oak Regional Medical Center
1100 SW 11th St.
Live Oak, FL 32060

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010179600 Facility Number: 100146**

Dear Ms. Sherrod:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Rhonda Sherrod
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the typed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010179600**

Facility Number: **100146**

Hospital Name (Current): **Shands Live Oak Regional Medical Center**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$415,117 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 399 |
| Total Patient Days (TPD) | (F) | 4,119 |
| Total Patient Revenue | (G) | \$91,718,595 |
| Other Operating Revenue | (H) | \$274,625 |
| Inpatient Revenue | (I) | \$23,364,482 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.25398048 |
| Adjusted Patient Days | $(F / K) = (L)$ | 16,218 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$5,672 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 73 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.11463518 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 1.441% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$132,286 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$56,580 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$102,696 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$163,839 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$266,534 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$70,565 |
| Federal DSH General Limit | (Z) | \$1,157,158 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,157,158 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$195,969 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$27,188 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$223,157 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$6,797 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$48,992 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 19, 2019

Rhonda Sherrod
Shands Starke Regional Medical Center
922 E Call St.
Starke, FL 32091

**RE: State Fiscal Year 2019-2020
Rural Disproportionate Share and Rural Financial Assistance
Programs Medicaid Number: 010007200 Facility Number: 100103**

Dear Ms. Sherrod:

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2019-2020 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2019-2020. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Twitter.com/AHCA_FL

Rhonda Sherrod
August 19, 2019

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Smith". The signature is written in black ink and is positioned above the printed name and title.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

**State of Florida
Agency for Health Care Administration
Medicaid Program Finance**

**Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2019-2020**

Medicaid Number: **010007200**

Facility Number: **100103**

Hospital Name (Current): **Shands Starke Regional Medical Center**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$308,277 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 465 |
| Total Patient Days (TPD) | (F) | 5,008 |
| Total Patient Revenue | (G) | \$97,352,367 |
| Other Operating Revenue | (H) | \$289,166 |
| Inpatient Revenue | (I) | \$28,151,803 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.28831791 |
| Adjusted Patient Days | $(F / K) = (L)$ | 17,370 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$5,621 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 55 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.10380196 |
| Sum of (O) for All Rural Hospitals | (P) | 10.61938805 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 1.305% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$119,785 |
| Annual State Minimum (supplemental) Amount [2] | $(\$188,867 - R) = (S)$ | \$69,082 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$449,731 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,721,672 - T) = (U)$ | \$4,271,941 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$110,839 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.385300 - (S + V) = (W)$ | \$176,830 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$287,669 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$76,161 |
| Federal DSH General Limit | (Z) | \$1,140,602 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,140,602 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$211,508 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.385300) = (AD)$ | \$29,345 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$240,853 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,336 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$52,877 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2015 2016 2017, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.