



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Edward Hubel  
Baptist Medical Center - Nassau  
1250 S. 18th St.  
Fernandina Beach, Florida 32034

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101231-00 HCCCB Number: 100140**

Dear Mr. Hubel:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Edward Hubel  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101231-00** HCCCB Number: **100140**

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

(Abbreviated Name derived from Cost Report): Baptist Medical Center - Nassau

Charity Care - Other	(A)	\$16,632,115
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	1,472
Total Patient Days (TPD)	(F)	12,377
Total Patient Revenue	(G)	\$262,162,271
Other Operating Revenue	(H)	\$1,107,902
Inpatient Revenue	(I)	\$97,604,123
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.37073749
Adjusted Patient Days	$(F / K) = (L)$	33,385
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,885.93
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	2,109.09
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.28933
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.417 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$419,093
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$149,950
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$240,647
Total RDSH program amount	$(S + V + W) = (X)$	\$390,597
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$103,688
Federal DSH General Limit	(Z)	\$4,032,925
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$4,032,925
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$286,909</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$39,806</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$326,715
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$9,952</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$71,727</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Baptist Medical Center - Nassau</b>	Medicaid <b>0101231-00</b>	First Quarter Amt <b>\$81,679</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Charles Durant  
CEO  
Calhoun Liberty Hospital  
20370 NE Burns Avenue  
Blountstown, Florida 32424

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0100269-00 HCCCB Number: 100112**

Dear Mr. Durant:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Charles Durant  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0100269-00** HCCCB Number: **100112**

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

(Abbreviated Name derived from Cost Report): 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)	306
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	$(I - J) / (G + H) = (K)$	.24535938
Adjusted Patient Days	$(F / K) = (L)$	7,173
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,571.73
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	153.46
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.26106
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.083 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$378,137
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$135,296
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$217,130
Total RDSH program amount	$(S + V + W) = (X)$	\$352,426
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$93,555
Federal DSH General Limit	(Z)	\$1,673,681
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,673,681
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$258,871</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$35,915</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$294,786
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$8,979</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$64,718</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Calhoun Liberty Hospital</b>	Medicaid <b>0100269-00</b>	First Quarter Amt <b>\$73,697</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Vincent A. Sica  
President / CEO  
DeSoto Memorial Hospital  
900 N. Robert Avenue  
P.O. Box 2180  
Arcadia, Florida 34266

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101923-00 HCCCB Number: 100175**

Dear Mr. Sica:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Vincent A. Sica  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101923-00** HCCCB Number: **100175**

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

(Abbreviated Name derived from Cost Report): 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	$(I - J) / (G + H) = (K)$	.26392078
Adjusted Patient Days	$(F / K) = (L)$	17,221
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,535.29
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,068.46
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.37436
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.421 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$542,249
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$194,015
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$311,365
Total RDSH program amount	$(S + V + W) = (X)$	\$505,380
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$134,159
Federal DSH General Limit	(Z)	\$3,287,910
Annual payments under Regular DSH program	(AA)	\$188,623
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,099,287
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$371,221</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$51,503</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$422,724
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$12,876</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$92,805</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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.
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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>DeSoto Memorial Hospital</b>	<b>Medicaid 0101923-00</b>	<b>First Quarter Amt \$105,681</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mrs. JoAnn Baker  
Administrator  
Doctors Memorial Hospital  
P.O. Box 188  
2600 Hospital Dr  
Bonifay, Florida 32425

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101036-00 HCCCB Number: 100078**

Dear Mrs. Baker:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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Mrs. JoAnn Baker  
October 24, 2018  
Page Two

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If you have any questions regarding the above, please call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101036-00** HCCCB Number: **100078**

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

(Abbreviated Name derived from Cost Report): Doctors Memorial Hospital

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	$(I - J) / (G + H) = (K)$	.26205157
Adjusted Patient Days	$(F / K) = (L)$	8,010
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,560.21
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	185.99
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.28584
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.375 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$414,039
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$148,142
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$237,745
Total RDSH program amount	$(S + V + W) = (X)$	\$385,887
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$102,438
Federal DSH General Limit	(Z)	\$927,751
Annual payments under Regular DSH program	(AA)	\$187,500
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$740,251
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$283,449</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$39,326</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$322,775
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$9,832</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$70,862</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Doctors Memorial Hospital</b>	<b>Medicaid 0101036-00</b>	<b>First Quarter Amt \$80,694</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Ms. Mary Lescher  
Interim CEO  
Doctors' Memorial Hospital  
333 N. Byron Butler Parkway  
Perry, Florida 32347

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101800-00 HCCCB Number: 100106**

Dear Ms. Lescher:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Ms. Mary Lescher  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101800-00** HCCCB Number: **100106**

Hospital Name (Current): **Doctors' Memorial Hospital**

(Abbreviated Name derived from Cost Report): **Doctors' Memorial Hospital**

Charity Care - Other	(A)	\$1,792,267
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	458
Total Patient Days (TPD)	(F)	3,447
Total Patient Revenue	(G)	\$54,439,154
Other Operating Revenue	(H)	\$299,168
Inpatient Revenue	(I)	\$11,791,322
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.21541256
Adjusted Patient Days	$(F / K) = (L)$	16,002
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,420.75
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	523.94
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.28487
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.364 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$412,624
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$147,636
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$236,933
Total RDSH program amount	$(S + V + W) = (X)$	\$384,569
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$102,088
Federal DSH General Limit	(Z)	\$2,597,083
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,597,083
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$282,481</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$39,192</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$321,673
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$9,798</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$70,620</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Doctors' Memorial Hospital</b>	<b>Medicaid 0101800-00</b>	<b>First Quarter Amt \$80,418</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Steve Dudley  
CFO  
Ed Fraser Memorial Hospital  
159 North Third Street  
Macclenny, Florida 32063

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0100048-00 HCCCB Number: 100134**

Dear Mr. Dudley:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Steve Dudley  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0100048-00** HCCCB Number: **100134**

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

(Abbreviated Name derived from Cost Report): 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	$(I - J) / (G + H) = (K)$	.05435307
Adjusted Patient Days	$(F / K) = (L)$	8,353
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$6,617.20
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	900.76
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	2.02150
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	23.871 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$2,792,657
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$1,047,665
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$1,681,340
Total RDSH program amount	$(S + V + W) = (X)$	\$2,729,005
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$724,446
Federal DSH General Limit	(Z)	\$2,708,263
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,708,263
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$2,004,559</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$278,116</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$2,282,675
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$69,529</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$501,140</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Ed Fraser Memorial Hospital</b>	Medicaid <b>0100048-00</b>	First Quarter Amt <b>\$570,669</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Rick Freeburg  
CEO  
Fishermen's Community Hospital  
3301 Overseas Highway  
Marathon, Florida 33050

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101206-00 HCCCB Number: 100024**

Dear Mr. Freeburg:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Rick Freeburg  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form ***must*** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101206-00** HCCCB Number: **100024**

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

(Abbreviated Name derived from Cost Report): Fishermen's Community Hospital

Charity Care - Other	(A)	\$503,025
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	33
Total Patient Days (TPD)	(F)	1,819
Total Patient Revenue	(G)	\$78,648,057
Other Operating Revenue	(H)	\$892,261
Inpatient Revenue	(I)	\$13,570,211
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.17060796
Adjusted Patient Days	$(F / K) = (L)$	10,662
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,460.26
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	67.43
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.05521
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.652 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$79,971
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$108,392
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$28,613
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$219,872
Total RDSH program amount	$(S + V + W) = (X)$	\$356,877
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$94,737
Federal DSH General Limit	(Z)	\$2,082,783
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,082,783
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$262,140</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$36,369</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$298,509
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$9,092</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$65,535</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM  
STATE FISCAL YEAR 2018 - 2019

**Hospital Classification**

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

**Uses of Funds**

<b>Fishermen's Community Hospital</b>	<b>Medicaid 0101206-00</b>	<b>First Quarter Amt \$74,627</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

**Certification**

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Ms. Rosalie Oliver  
CFO  
Florida Hospital - Wauchula  
4200 Sun N Lake Blvd  
PO Box 9400  
Sebring, Florida 33871-9400

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0102601-00 HCCCB Number: 100282**

Dear Ms. Oliver:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Ms. Rosalie Oliver  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0102601-00** HCCCB Number: **100282**

Hospital Name (Current): **Florida Hospital - Wauchula**

(Abbreviated Name derived from Cost Report): Florida Hospital - 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	$(I - J) / (G + H) = (K)$	.31788635
Adjusted Patient Days	$(F / K) = (L)$	24,248
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,475.27
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,077.19
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.15584
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.840 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$225,726
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$80,764
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$129,614
Total RDSH program amount	$(S + V + W) = (X)$	\$210,378
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$55,847
Federal DSH General Limit	(Z)	\$1,560,834
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,560,834
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$154,531</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$21,440</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$175,971
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$5,360</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$38,633</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Florida Hospital - Wauchula</b>	<b>Medicaid 0102601-00</b>	<b>First Quarter Amt \$43,993</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Cory Domayer  
CFO  
Florida Hospital Flagler  
60 Memorial Medical Parkway  
Palm Coast, Florida 32164

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101893-00 HCCCB Number: 100118**

Dear Mr. Domayer:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Cory Domayer  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101893-00** HCCCB Number: **100118**

Hospital Name (Current): **Florida Hospital Flagler**

(Abbreviated Name derived from Cost Report): Florida Hospital Flagler

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	$(I - J) / (G + H) = (K)$	.47435033
Adjusted Patient Days	$(F / K) = (L)$	70,539
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$8,031.73
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	577.06
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.10344
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.221 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$149,829
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$38,534
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$53,608
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$147,874
Total RDSH program amount	$(S + V + W) = (X)$	\$240,016
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$63,715
Federal DSH General Limit	(Z)	\$6,179,597
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$6,179,597
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$176,301</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$24,460</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$200,761
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$6,115</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$44,075</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Florida Hospital Flagler</b>	<b>Medicaid 0101893-00</b>	<b>First Quarter Amt \$50,190</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. H.D. Cannington  
George E. Weems Memorial Hospital  
135 Avenue G  
Apalachicola, Florida 32329

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0100803-00 HCCCB Number: 100153**

Dear Mr. Cannington:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. H.D. Cannington  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0100803-00** HCCCB Number: **100153**

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

(Abbreviated Name derived from Cost Report): 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)	78
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	$(I - J) / (G + H) = (K)$	.15671893
Adjusted Patient Days	$(F / K) = (L)$	4,601
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,123.89
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	330.78
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.56697
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	6.695 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$821,236
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$293,836
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$471,561
Total RDSH program amount	$(S + V + W) = (X)$	\$765,397
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$203,184
Federal DSH General Limit	(Z)	\$1,458,844
Annual payments under Regular DSH program	(AA)	\$187,500
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,271,344
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$562,213</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$78,002</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$640,215
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$19,501</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$140,553</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>George E. Weems Memorial Hospital</b>	<b>Medicaid 0100803-00</b>	<b>First Quarter Amt \$160,054</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. James H. Thompson  
Hospital Administrator  
Healthmark Regional Medical Center  
4413 US Highway 331 S  
DeFuniak Springs, Florida 32435

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101885-00 HCCCB Number: 100081**

Dear Mr. Thompson:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. James H. Thompson  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101885-00** HCCCB Number: **100081**

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

(Abbreviated Name derived from Cost Report): Healthmark Regional Medical Center

Charity Care - Other	(A)	\$101,127
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	449
Total Patient Days (TPD)	(F)	3,190
Total Patient Revenue	(G)	\$39,251,770
Other Operating Revenue	(H)	\$265,318
Inpatient Revenue	(I)	\$11,451,502
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28978608
Adjusted Patient Days	$(F / K) = (L)$	11,008
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,589.81
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	28.17
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.14958
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.766 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$216,668
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$77,523
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$124,413
Total RDSH program amount	$(S + V + W) = (X)$	\$201,936
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$53,606
Federal DSH General Limit	(Z)	\$1,357,902
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,357,902
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$148,330</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$20,579</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$168,909
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$5,145</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$37,083</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Healthmark Regional Medical Center</b>	<b>Medicaid 0101885-00</b>	<b>First Quarter Amt \$42,228</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. R.D. W Williams  
CEO  
Hendry Regional Medical Center  
500 W. Sugarland Highway  
Clewiston, Florida 33440

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0100862-00 HCCCB Number: 100098**

Dear Mr. Williams:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. R.D. W Williams  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0100862-00** HCCCB Number: **100098**

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

(Abbreviated Name derived from Cost Report): Hendry Regional Medical Center

Charity Care - Other	(A)	\$3,627,840
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$6,765,810
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	144
Total Patient Days (TPD)	(F)	2,264
Total Patient Revenue	(G)	\$60,428,183
Other Operating Revenue	(H)	\$982,797
Inpatient Revenue	(I)	\$6,840,012
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.11138093
Adjusted Patient Days	$(F / K) = (L)$	20,327
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,021.21
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,198.55
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.59300
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	7.002 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$858,946
Annual State Minimum (supplemental) amount [2]	$($188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$($4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$307,328
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$493,215
Total RDSH program amount	$(S + V + W) = (X)$	\$800,543
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$212,513
Federal DSH General Limit	(Z)	\$4,795,298
Annual payments under Regular DSH program	(AA)	\$187,500
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$4,607,798
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$588,030</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$81,583</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$669,613
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$20,396</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$147,008</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Hendry Regional Medical Center</b>	<b>Medicaid 0100862-00</b>	<b>First Quarter Amt \$167,404</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Kevin Rovito  
CFO  
Jackson Hospital  
4250 Hospital Drive  
Marianna, Florida 32447

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101061-00 HCCCB Number: 100142**

Dear Mr. Rovito:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Kevin Rovito  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101061-00** HCCCB Number: **100142**

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

(Abbreviated Name derived from Cost Report): 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	$(I - J) / (G + H) = (K)$	.28881458
Adjusted Patient Days	$(F / K) = (L)$	45,971
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,866.29
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	2,250.36
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.32254
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.809 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$467,191
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$167,160
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$268,265
Total RDSH program amount	$(S + V + W) = (X)$	\$435,425
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$115,589
Federal DSH General Limit	(Z)	\$3,848,700
Annual payments under Regular DSH program	(AA)	\$340,621
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,508,079
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$319,836</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$44,375</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$364,211
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$11,094</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$79,959</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Jackson Hospital</b>	Medicaid <b>0101061-00</b>	First Quarter Amt <b>\$91,053</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Mike T. Hutchins  
Hospital Administrator  
Jay Hospital  
14114 Alabama Street  
Jay, Florida 32565

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101737-00 HCCCB Number: 100048**

Dear Mr. Hutchins:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Mike T. Hutchins  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101737-00** HCCCB Number: **100048**

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

(Abbreviated Name derived from Cost Report): Jay Hospital

Charity Care - Other	(A)	\$1,815,112
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	188
Total Patient Days (TPD)	(F)	2,123
Total Patient Revenue	(G)	\$48,928,791
Other Operating Revenue	(H)	\$1,344,702
Inpatient Revenue	(I)	\$11,737,640
Sub-Acute Revenue	(J)	\$171,598
Adjustment Factor	$(I - J) / (G + H) = (K)$	.23006243
Adjusted Patient Days	$(F / K) = (L)$	9,228
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,447.97
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	333.17
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.24549
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.899 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$355,584
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$127,227
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$204,180
Total RDSH program amount	$(S + V + W) = (X)$	\$331,407
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$87,976
Federal DSH General Limit	(Z)	\$1,248,443
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,248,443
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$243,431</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$33,774</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$277,205
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$8,444</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$60,858</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM  
STATE FISCAL YEAR 2018 - 2019

**Hospital Classification**

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

**Uses of Funds**

<b>Jay Hospital</b>	Medicaid <b>0101737-00</b>	First Quarter Amt <b>\$69,302</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

**Certification**

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Ms. Pamela B. Howard  
Hospital Administrator  
Lake Butler Hospital  
850 East Main St.  
P.O.Box 748  
Lake Butler, Florida 32054

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0108227-00 HCCCB Number: 100241**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Ms. Pamela B. Howard  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0108227-00** HCCCB Number: **100241**

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

(Abbreviated Name derived from Cost Report): 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)	23
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	$(I - J) / (G + H) = (K)$	.17004967
Adjusted Patient Days	$(F / K) = (L)$	806
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$24,889.21
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	99.83
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.89655
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	10.587 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,298,626
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$464,645
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$745,683
Total RDSH program amount	$(S + V + W) = (X)$	\$1,210,328
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$321,296
Federal DSH General Limit	(Z)	\$1,424,334
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,424,334
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$889,032</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$123,345</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$1,012,377
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$30,836</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$222,258</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Lake Butler Hospital</b>	Medicaid <b>0108227-00</b>	First Quarter Amt <b>\$253,094</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Ms. Darcy J. Davis  
CEO  
Lakeside Medical Center  
2601 10th Ave North, Ste 100  
Palm Springs, Florida 33462

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101443-00 HCCCB Number: 100130**

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Ms. Darcy J. Davis  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101443-00** HCCCB Number: **100130**

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

(Abbreviated Name derived from Cost Report): Lakeside Medical Center

Charity Care - Other	(A)	\$2,029,258
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$9,801,619
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	3,588
Total Patient Days (TPD)	(F)	9,101
Total Patient Revenue	(G)	\$123,353,857
Other Operating Revenue	(H)	\$4,228,771
Inpatient Revenue	(I)	\$62,782,010
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.49208902
Adjusted Patient Days	$(F / K) = (L)$	18,495
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$6,898.36
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	292.74
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.42641
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	5.035 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$617,642
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$220,991
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$354,656
Total RDSH program amount	$(S + V + W) = (X)$	\$575,647
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$152,812
Federal DSH General Limit	(Z)	\$5,407,102
Annual payments under Regular DSH program	(AA)	\$1,890
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$5,405,212
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$422,835</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$58,665</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$481,500
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$14,666</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$105,709</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Lakeside Medical Center</b>	Medicaid <b>0101443-00</b>	First Quarter Amt <b>\$120,375</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Patrick McGee  
CFO  
Madison County Memorial Hospital  
224 NW Crane Avenue  
Madison, Florida 32340

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101150-00 HCCCB Number: 100004**

Dear Mr. McGee:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Patrick McGee  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101150-00** HCCCB Number: **100004**

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

(Abbreviated Name derived from Cost Report): Madison County Memorial Hospital

Charity Care - Other	(A)	\$239,908
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$397,456
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	132
Total Patient Days (TPD)	(F)	5,225
Total Patient Revenue	(G)	\$22,200,530
Other Operating Revenue	(H)	\$591,264
Inpatient Revenue	(I)	\$8,933,821
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.39197533
Adjusted Patient Days	$(F / K) = (L)$	13,330
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$1,709.82
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	140.08
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.05207
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.615 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$75,426
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$112,936
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$26,987
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$224,556
Total RDSH program amount	$(S + V + W) = (X)$	\$364,480
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$96,756
Federal DSH General Limit	(Z)	\$1,136,254
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,136,254
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$267,724</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$37,145</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$304,869
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$9,286</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$66,931</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Madison County Memorial Hospital</b>	<b>Medicaid 0101150-00</b>	<b>First Quarter Amt \$76,217</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Rick Freeburg  
CEO  
Mariners Hospital  
91500 Overseas Hwy.  
Tavernier, Florida 33070

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101214-00 HCCCB Number: 100160**

Dear Mr. Freeburg:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Rick Freeburg  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101214-00** HCCCB Number: **100160**

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

(Abbreviated Name derived from Cost Report): Mariners Hospital

Charity Care - Other	(A)	\$11,204,060
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	71
Total Patient Days (TPD)	(F)	2,198
Total Patient Revenue	(G)	\$150,664,440
Other Operating Revenue	(H)	\$888,981
Inpatient Revenue	(I)	\$21,209,980
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.13995052
Adjusted Patient Days	$(F / K) = (L)$	15,706
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$9,649.67
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,161.08
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.56055
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	6.619 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$811,938
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$290,509
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$466,222
Total RDSH program amount	$(S + V + W) = (X)$	\$756,731
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$200,883
Federal DSH General Limit	(Z)	\$6,871,351
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$6,871,351
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$555,848</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$77,119</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$632,967
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$19,280</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$138,962</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Mariners Hospital</b>	Medicaid <b>0101214-00</b>	First Quarter Amt <b>\$158,242</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Michael Kozar  
CEO  
Northwest Florida Community Hospital  
P.O. Box 889  
Chipley, Florida 32428

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101907-00 HCCCB Number: 100147**

Dear Mr. Kozar:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Michael Kozar  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101907-00** HCCCB Number: **100147**

Hospital Name (Current): **Northwest Florida Community Hospital**

(Abbreviated Name derived from Cost Report): 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)	241
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	$(I - J) / (G + H) = (K)$	.16519849
Adjusted Patient Days	$(F / K) = (L)$	24,001
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,317.09
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	395.20
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.16045
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.895 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$232,415
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$83,157
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$133,455
Total RDSH program amount	$(S + V + W) = (X)$	\$216,612
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$57,502
Federal DSH General Limit	(Z)	\$2,148,825
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,148,825
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$159,110</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$22,075</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$181,185
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$5,519</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$39,778</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM  
STATE FISCAL YEAR 2018 - 2019

**Hospital Classification**

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

**Uses of Funds**

<b>Northwest Florida Community Hospital</b>	Medicaid <b>0101907-00</b>	First Quarter Amt <b>\$45,297</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

**Certification**

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. Jai Kugaraj  
Finance  
Regional General Hospital - Williston  
P.O. Drawer 550  
125 SW 7th Street  
Williston, Florida 32696

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101141-00 HCCCB Number: 100139**

Dear Mr. Kugaraj:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. Jai Kugaraj  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101141-00** HCCCB Number: **100139**

Hospital Name (Current): **Regional General Hospital - Williston**

(Abbreviated Name derived from Cost Report): Regional General Hospital - Williston

Charity Care - Other	(A)	\$35,486
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	133
Total Patient Days (TPD)	(F)	927
Total Patient Revenue	(G)	\$21,162,850
Other Operating Revenue	(H)	\$962,554
Inpatient Revenue	(I)	\$2,522,370
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.11400334
Adjusted Patient Days	$(F / K) = (L)$	8,131
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,721.00
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	13.04
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.15754
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.860 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$228,196
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$81,648
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$131,032
Total RDSH program amount	$(S + V + W) = (X)$	\$212,680
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$56,459
Federal DSH General Limit	(Z)	\$1,549,983
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,549,983
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$156,221</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$21,675</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$177,896
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$5,419</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$39,055</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Regional General Hospital - Williston</b>	<b>Medicaid 0101141-00</b>	<b>First Quarter Amt \$44,474</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Ms. Rhonda Kay Sherrod  
Market CEO  
Shands Lake Shore Medical Center  
368 N.E. Franklin St.  
Lake City, Florida 32055

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0100331-00 HCCCB Number: 100102**

Dear Ms. Sherrod:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Ms. Rhonda Kay Sherrod  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0100331-00** HCCCB Number: **100102**

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

(Abbreviated Name derived from Cost Report): Shands Lake Shore 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	$(I - J) / (G + H) = (K)$	.47399783
Adjusted Patient Days	$(F / K) = (L)$	28,808
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$8,150.37
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	558.84
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.28743
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.394 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$416,334
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$148,963
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$239,063
Total RDSH program amount	$(S + V + W) = (X)$	\$388,026
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$103,006
Federal DSH General Limit	(Z)	\$2,615,512
Annual payments under Regular DSH program	(AA)	\$634,237
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,981,275
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$285,020</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$39,544</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$324,564
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$9,886</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$71,255</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Shands Lake Shore Medical Center</b>	<b>Medicaid 0100331-00</b>	<b>First Quarter Amt \$81,141</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Ms. Jennifer Grafton  
Shands Live Oak Regional Medical Center  
1100 SW 11th Street  
Live Oak, Florida 32064

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0101796-00 HCCCB Number: 100146**

Dear Ms. Grafton:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Ms. Jennifer Grafton  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0101796-00** HCCCB Number: **100146**

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

(Abbreviated Name derived from Cost Report): 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	$(I - J) / (G + H) = (K)$	.25398048
Adjusted Patient Days	$(F / K) = (L)$	16,218
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,672.37
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	73.18
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.11464
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.354 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$166,046
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$22,316
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$59,411
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$131,159
Total RDSH program amount	$(S + V + W) = (X)$	\$212,886
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$56,513
Federal DSH General Limit	(Z)	\$1,157,158
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,157,158
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$156,373</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$21,695</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$178,068
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$5,424</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$39,093</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Shands Live Oak Regional Medical Center</b>	Medicaid <b>0101796-00</b>	First Quarter Amt <b>\$44,517</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.







RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

October 24, 2018

Mr. John Emery  
CEO  
Shands Starke Regional Medical Center  
922 E. Call Street  
Starke, Florida 32091

**RE: State Fiscal Year 2018 - 2019  
First Rural Disproportionate Share Payment  
Medicaid Number: 0100072-00 HCCCB Number: 100103**

Dear Mr. Emery:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Disproportionate Share (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the RDSH or RFAP programs for state fiscal year 2018-19. The data used to determine the distribution of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

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 calculate the annual amounts for the RDSH or RFAP programs as well as any unmatched state funds payable to you for SFY 2018-19.



Mr. John Emery  
October 24, 2018  
Page Two

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed first quarter RDSH payment for state fiscal year 2018-19. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 call T.K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "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  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2018 - 2019 First Payment

Medicaid Number: **0100072-00** HCCCB Number: **100103**

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

(Abbreviated Name derived from Cost Report): 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	$(I - J) / (G + H) = (K)$	.28831791
Adjusted Patient Days	$(F / K) = (L)$	17,370
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,621.37
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	54.84
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.10380
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.226 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$150,355
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$38,008
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$53,796
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$147,332
Total RDSH program amount	$(S + V + W) = (X)$	\$239,136
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$63,481
Federal DSH General Limit	(Z)	\$1,140,602
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,140,602
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB</math> = (AC)</b>	<b>\$175,655</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3839) = (AD)</math></b>	<b>\$24,370</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$200,025
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$ 0
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$ 0
<b>First UMSF Payment [5]</b>	<b><math>((AD \times .25) - AG) = (AI)</math></b>	<b>\$6,093</b>
<b>First RDSH Payment [5]</b>	<b><math>((AC \times .25) - AH) = (AJ)</math></b>	<b>\$43,914</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 14 15 16, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2018 - 2019

### Hospital Classification

Please check one

True	False	Hospital Description
		Owned by a county government and leased to a management company

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Shands Starke Regional Medical Center</b>	Medicaid <b>0100072-00</b>	First Quarter Amt <b>\$50,007</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

### Certification

I certify that the above information is true and correct to the best of my knowledge.

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.

