



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$286,909
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$39,806
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)	\$9,952
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$71,727
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$19,903
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$143,455

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Baptist Medical Center - Nassau	Medicaid 0101231-00	Second Payment Amt \$163,358
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$371,221
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$51,503
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)	\$12,876
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$92,805
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$25,751
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$185,611

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

DeSoto Memorial Hospital	Medicaid 0101923-00	Second Payment Amt \$211,362
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$282,481
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$39,192
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)	\$9,798
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$70,620
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$19,596
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$141,241

- [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.
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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Doctors' Memorial Hospital	Medicaid 0101800-00	Second Payment Amt \$160,837
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

Mr. Edward Anderson
CEO
Ed Fraser Memorial Hospital
159 North Third Street
Macclenny, Florida 32063

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

Dear Mr. Anderson:

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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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.

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Mr. Edward Anderson
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$2,004,559
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$278,116
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)	\$69,529
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$501,140
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$139,058
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$1,002,279

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Ed Fraser Memorial Hospital	Medicaid 0100048-00	Second Payment Amt \$1,141,337
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$262,140
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$36,369
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)	\$9,092
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$65,535
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$18,185
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$131,070

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Fishermen's Community Hospital	Medicaid 0101206-00	Second Payment Amt \$149,255
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$154,531
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$21,440
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)	\$5,360
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$38,633
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$10,720
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$77,265

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Florida Hospital - Wauchula	Medicaid 0102601-00	Second Payment Amt \$87,985
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$176,301
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$24,460
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)	\$6,115
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$44,075
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$12,230
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$88,151

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Florida Hospital Flagler	Medicaid 0101893-00	Second Payment Amt \$100,381
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$562,213
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$78,002
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)	\$19,501
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$140,553
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$39,001
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$281,107

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

George E. Weems Memorial Hospital	Medicaid 0100803-00	Second Payment Amt \$320,108
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$148,330
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$20,579
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)	\$5,145
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$37,083
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$10,289
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$74,165

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Healthmark Regional Medical Center	Medicaid 0101885-00	Second Payment Amt \$84,454
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

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 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$588,030
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$81,583
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)	\$20,396
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$147,008
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$40,791
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$294,015

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Hendry Regional Medical Center	Medicaid 0100862-00	Second Payment Amt \$334,806
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$319,836
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$44,375
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)	\$11,094
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$79,959
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$22,187
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$159,918

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Jackson Hospital	Medicaid 0101061-00	Second Payment Amt \$182,105
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$243,431
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$33,774
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)	\$8,444
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$60,858
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$16,887
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$121,715

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Jay Hospital	Medicaid 0101737-00	Second Payment Amt \$138,602
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$889,032
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$123,345
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)	\$30,836
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$222,258
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$61,673
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$444,516

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Lake Butler Hospital	Medicaid 0108227-00	Second Payment Amt \$506,189
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$422,835
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$58,665
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)	\$14,666
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$105,709
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$29,333
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$211,417

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Lakeside Medical Center	Medicaid 0101443-00	Second Payment Amt \$240,750
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$267,724
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$37,145
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)	\$9,286
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$66,931
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$18,573
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$133,862

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Madison County Memorial Hospital	Medicaid 0101150-00	Second Payment Amt \$152,435
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$555,848
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$77,119
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)	\$19,280
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$138,962
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$38,559
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$277,924

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Mariners Hospital	Medicaid 0101214-00	Second Payment Amt \$316,483
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$159,110
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$22,075
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)	\$5,519
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$39,778
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$11,037
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$79,555

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Northwest Florida Community Hospital	Medicaid 0101907-00	Second Payment Amt \$90,592
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$156,221
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$21,675
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)	\$5,419
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$39,055
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$10,837
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$78,111

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Regional General Hospital - Williston	Medicaid 0101141-00	Second Payment Amt \$88,948
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $(X - Y + adj)$ or AB = (AC)	\$285,020
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$39,544
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)	\$9,886
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$71,255
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$19,772
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$142,510

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Shands Lake Shore Medical Center	Medicaid 0100331-00	Second Payment Amt \$162,282
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

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 Second 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
Annual RDSH program amount [6]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$156,373
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$21,695
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)	\$5,424
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$39,093
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$10,847
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$78,187

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Shands Live Oak Regional Medical Center	Medicaid 0101796-00	Second Payment Amt \$89,034
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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.





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 15, 2019

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

**RE: State Fiscal Year 2018 - 2019
Second 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.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
January 15, 2019
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 third 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2018 - 2019 Second 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
Annual RDSH program amount [6]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$175,655
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3839) = (AD)$	\$24,370
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)	\$6,093
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$43,914
Second UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$12,185
Second RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$87,827

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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

Shands Starke Regional Medical Center	Medicaid 0100072-00	Second Payment Amt \$100,012
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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.

