



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 3, 2021

Ronald Jimenez
Adventhealth Palm Coast
60 Memorial Medical Pkwy
Palm Coast, FL 32164

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010189300**

Dear Mr. Jimenez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$230,058 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010189300**

Facility Name (current) : **Adventhealth Palm Coast**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$202,027	\$28,031
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$202,027	\$28,031
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$94,283	\$13,082
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$107,744	\$14,949

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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

Adventhealth Palm Coast	Medicaid 010189300	Second Payment Amount \$122,693
-------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

Randall Surber
Adventhealth Wauchula
735 S 5th Ave
Wauchula, FL 33873

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010260100**

Dear Mr. Surber:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$177,108 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010260100**

Facility Name (current) : **Adventhealth Wauchula**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$155,530	\$21,578
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$155,530	\$21,578
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$72,584	\$10,070
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$82,946	\$11,508

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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

Adventhealth Wauchula	Medicaid 010260100	Second Payment Amount \$94,454
-----------------------	--------------------	--------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

Ed Huble
Baptist Medical Center - Nassau
1250 S 18th St.
Fernandina Beach, FL 32034

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010123100**

Dear Mr. Huble:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$308,550 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010123100**

Facility Name (current) : **Baptist Medical Center - Nassau**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$270,958	\$37,592
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$270,958	\$37,592
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$126,452	\$17,544
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$144,506	\$20,048

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010123100	Second Payment Amount \$164,554
--	---------------------------	--

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

Brenda Potter
Calhoun-Liberty Hospital
20370 NE Burns Ave
Blountstown, FL 32424

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010026900**

Dear Ms. Potter:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$212,553 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010026900**

Facility Name (current) : **Calhoun-Liberty Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$186,655	\$25,898
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$186,655	\$25,898
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$87,109	\$12,086
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$99,546	\$13,812

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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

Calhoun-Liberty Hospital	Medicaid 010026900	Second Payment Amount \$113,358
--------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010192300**

Dear Mr. Sica:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$438,613 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010192300**

Facility Name (current) : **Desoto Memorial Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$385,174	\$53,439
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$385,174	\$53,439
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$179,755	\$24,939
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$205,419	\$28,500

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010192300	Second Payment Amount \$233,919
--------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

Jo Ann M. Baker
Doctors Memorial Hospital
2600 Hospital Drive
Bonifay, FL 32425

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010103600**

Dear Ms. Baker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$289,691 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010103600**

Facility Name (current) : **Doctors Memorial Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$254,396	\$35,295
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$254,396	\$35,295
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$118,723	\$16,472
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$135,673	\$18,823

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010103600	Second Payment Amount \$154,496
----------------------------------	---------------------------	--

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010180000**

Dear Mr. Stone:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$318,940 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010180000**

Facility Name (current) : **Doctors' Memorial Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$280,081	\$38,859
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$280,081	\$38,859
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$130,710	\$18,135
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$149,371	\$20,724

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010180000	Second Payment Amount \$170,095
-----------------------------------	---------------------------	--

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010004800**

Dear Mr. Markos:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,243,574 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010004800**

Facility Name (current) : **Ed Fraser Memorial Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$1,092,062	\$151,512
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$1,092,062	\$151,512
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$509,651	\$70,710
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$582,411	\$80,802

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010004800	Second Payment Amount \$663,213
-----------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010120600**

Dear Mr. Freeburg:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$273,176 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010120600**

Facility Name (current) : **Fishermen's Community Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$239,892	\$33,284
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$239,892	\$33,284
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$111,954	\$15,533
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$127,938	\$17,751

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010120600	Second Payment Amount \$145,689
--------------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

David Walker
George E. Weems Memorial Hospital
135 Ave G
Apalachicola, FL 32320

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010080300**

Dear Mr. Walker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$643,906 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010080300**

Facility Name (current) : **George E. Weems Memorial Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$565,455	\$78,451
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$565,455	\$78,451
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$263,890	\$36,612
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$301,565	\$41,839

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010080300	Second Payment Amount \$343,404
-----------------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

Gerald Beard
Healthmark Regional Medical Center
4413 US Hwy 331 S
DeFuniak Springs, FL 32435

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010188500**

Dear Mr. Beard:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$208,762 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010188500**

Facility Name (current) : **Healthmark Regional Medical Center**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$183,327	\$25,435
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$183,327	\$25,435
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$85,556	\$11,870
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$97,771	\$13,565

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010188500	Second Payment Amount \$111,336
------------------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010086200**

Dear Mr. Williams:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$796,323 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010086200**

Facility Name (current) : **Hendry Regional Medical Center**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$699,301	\$97,022
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$699,301	\$97,022
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$326,354	\$45,279
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$372,947	\$51,743

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010086200	Second Payment Amount \$424,690
--------------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010106100**

Dear Mr. Platt:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$354,258 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010106100**

Facility Name (current) : **Jackson Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$311,096	\$43,162
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$311,096	\$43,162
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$145,184	\$20,143
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$165,912	\$23,019

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010106100	Second Payment Amount \$188,931
------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010173700**

Dear Mr. Hutchins:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$330,148 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010173700**

Facility Name (current) : **Jay Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$289,923	\$40,225
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$289,923	\$40,225
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$135,303	\$18,773
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$154,620	\$21,452

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010173700	Second Payment Amount \$176,072
--------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

Paula Webb
Lake Butler Hospital
850 E Main St.
Lake Butler, FL 32054

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010822700**

Dear Ms. Webb:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$906,101 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010822700**

Facility Name (current) : **Lake Butler Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$795,704	\$110,397
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$795,704	\$110,397
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$371,344	\$51,521
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$424,360	\$58,876

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010822700	Second Payment Amount \$483,236
----------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010144300**

Dear Ms. Davis:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$464,737 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010144300**

Facility Name (current) : **Lakeside Medical Center**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$408,114	\$56,623
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$408,114	\$56,623
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$190,461	\$26,425
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$217,653	\$30,198

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010144300	Second Payment Amount \$247,851
-------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

Tammy Wells Stevens
Madison County Memorial Hospital
224 NW Crane Ave
Madison, FL 32340

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010115000**

Dear Ms. Wells Stevens:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$269,424 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010115000**

Facility Name (current) : **Madison County Memorial Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$236,599	\$32,825
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$236,599	\$32,825
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$110,418	\$15,319
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$126,181	\$17,506

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010115000	Second Payment Amount \$143,687
----------------------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010121400**

Dear Mr. Freeburg:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$660,580 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010121400**

Facility Name (current) : **Mariners Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$580,097	\$80,483
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$580,097	\$80,483
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$270,723	\$37,560
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$309,374	\$42,923

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010121400	Second Payment Amount \$352,297
-------------------	--------------------	---------------------------------

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

SIMONE MARSTILLER
SECRETARY

June 3, 2021

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

**RE: State Fiscal Year 2020 - 2021
Second Rural Disproportionate Share Hospital Payments
Medicaid Number: 010190700**

Dear Mr. Kozar:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,133,691 for state fiscal year 2020 - 2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2020 - 2021 Second Payment

Medicaid Number : **010190700**

Facility Name (current) : **Northwest Florida Community Hospital**

		Rural Payment	Rural St. Only Payment
Annual Rural DSH distribution to your facility	(A)	\$1,873,729	\$259,962
Amount being withheld from distribution in anticipation of funding reductions	(B)		
Total of your facility's scheduled Rural DSH Distribution	(C)	\$1,873,729	\$259,962
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	\$874,443	\$121,321
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$999,286	\$138,641

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2020 - 2021

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 010190700	Second Payment Amount \$1,137,927
--------------------------------------	--------------------	-----------------------------------

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.