



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

Mr. Stephen P. Lee  
President  
Baptist Medical Center - Nassau  
1250 S. 18th St.  
Fernandina Beach, Florida 32034

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101231 HCCCB Number: 100140**

Dear Mr. Lee:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Stephen P. Lee  
July 27, 2017  
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I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101231**      HCCCB Number: **100140**

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

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

Charity Care - Other [1]	(A)	\$13,852,229
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	1,284
Total Patient Days (TPD) [1]	(F)	11,442
Total Patient Revenue [1]	(G)	\$239,251,023
Other Operating Revenue [1]	(H)	\$1,493,363
Inpatient Revenue [1]	(I)	\$83,024,982
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.34486778
Adjusted Patient Days	$(F / K) = (L)$	33,178
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$7,256.16
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,909.03
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.27906
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.041 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$373,513
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$128,652
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$208,046
Total RDSH program amount	$(S + V + W) = (X)$	\$336,698
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$89,689
Federal DSH General Limit	(Z)	\$3,865,293
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,865,293
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$247,836</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$33,954</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$281,790</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$8,489</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$61,959</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 100269 HCCCB Number: 100112**

Dear Mr. Durant:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Charles Durant  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **100269**      HCCCB Number: **100112**

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

(Abbreviated Name derived from Cost Reports): Calhoun Liberty Hospital

Charity Care - Other [1]	(A)	\$581,587
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	295
Total Patient Days (TPD) [1]	(F)	1,894
Total Patient Revenue [1]	(G)	\$30,487,017
Other Operating Revenue [1]	(H)	\$895,604
Inpatient Revenue [1]	(I)	\$8,859,598
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28230905
Adjusted Patient Days	$(F / K) = (L)$	6,709
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$4,677.72
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	124.33
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.22140
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.413 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$296,334
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$102,069
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$165,058
Total RDSH program amount	$(S + V + W) = (X)$	\$267,127
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$71,157
Federal DSH General Limit	(Z)	\$1,520,050
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,520,050
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$196,627</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$26,938</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$223,565</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$6,735</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$49,157</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

Mr. H. D. Cannington  
Asst Administrator  
Campbellton-Graceville Hospital  
5429 College Dr.  
Graceville, Florida 32440

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101940 HCCCB Number: 100138**

Dear Mr. Cannington:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. H. D. Cannington  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101940**      HCCCB Number: **100138**

Hospital Name (Current): **Campbellton-Graceville Hospital**

(Abbreviated Name derived from Cost Reports): Campbellton-Graceville Hospital

Charity Care - Other [1]	(A)	\$154,303
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$281,871
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	8
Total Patient Days (TPD) [1]	(F)	585
Total Patient Revenue [1]	(G)	\$11,588,996
Other Operating Revenue [1]	(H)	\$812,100
Inpatient Revenue [1]	(I)	\$6,422,801
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.51792204
Adjusted Patient Days	$(F / K) = (L)$	1,130
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$10,979.15
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	14.03
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.03766
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.410 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$50,400
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$137,313
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$17,360
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$250,124
Total RDSH program amount	$(S + V + W) = (X)$	\$404,797
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$107,830
Federal DSH General Limit	(Z)	\$392,779
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$267,780
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$267,780</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$52,354</b>
Annual reduction resulting from funding and general limits	(AF)	\$84,663
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$320,134</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$13,089</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$66,945</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 12 13, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101923 HCCCB Number: 100175**

Dear Mr. Sica:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Vincent A. Sica  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101923**      HCCCB Number: **100175**

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

(Abbreviated Name derived from Cost Reports): DeSoto Memorial Hospital

Charity Care - Other [1]	(A)	\$6,270,976
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	1,002
Total Patient Days (TPD) [1]	(F)	5,754
Total Patient Revenue [1]	(G)	\$96,660,449
Other Operating Revenue [1]	(H)	\$92,132
Inpatient Revenue [1]	(I)	\$30,103,916
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.31114329
Adjusted Patient Days	$(F / K) = (L)$	18,493
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$5,231.82
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,198.62
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.38245
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.168 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$511,894
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$176,316
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$285,124
Total RDSH program amount	$(S + V + W) = (X)$	\$461,440
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$122,918
Federal DSH General Limit	(Z)	\$3,304,897
Annual payments under Regular DSH program	(AA)	\$ 979
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,303,918
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$339,657</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$46,533</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$386,190</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$11,633</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$84,914</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101036 HCCCB Number: 100078**

Dear Mrs. Baker:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mrs. JoAnn Baker  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101036**      HCCCB Number: **100078**

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

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

Charity Care - Other [1]	(A)	\$915,575
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	492
Total Patient Days (TPD) [1]	(F)	2,427
Total Patient Revenue [1]	(G)	\$26,151,889
Other Operating Revenue [1]	(H)	\$876,469
Inpatient Revenue [1]	(I)	\$7,595,170
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28100745
Adjusted Patient Days	$(F / K) = (L)$	8,637
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,129.45
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	292.57
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.32327
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.523 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$432,678
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$149,031
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$241,001
Total RDSH program amount	$(S + V + W) = (X)$	\$390,032
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$103,896
Federal DSH General Limit	(Z)	\$1,046,686
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$921,687
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$287,094</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$39,332</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$326,426</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$9,833</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$71,774</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101800 HCCCB Number: 100106**

Dear Ms. Lescher:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.





Ms. Mary Lescher  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101800**      HCCCB Number: **100106**

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

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

Charity Care - Other [1]	(A)	\$1,933,057
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	528
Total Patient Days (TPD) [1]	(F)	3,453
Total Patient Revenue [1]	(G)	\$55,749,755
Other Operating Revenue [1]	(H)	\$309,733
Inpatient Revenue [1]	(I)	\$11,696,676
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.20864757
Adjusted Patient Days	$(F / K) = (L)$	16,549
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,387.40
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	570.66
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.31818
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.467 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$425,865
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$146,685
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$237,206
Total RDSH program amount	$(S + V + W) = (X)$	\$383,891
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$102,261
Federal DSH General Limit	(Z)	\$2,747,736
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,747,736
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$282,574</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$38,713</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$321,287</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$9,678</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$70,644</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 100048 HCCCB Number: 100134**

Dear Mr. Dudley:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Steve Dudley  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **100048**      HCCCB Number: **100134**

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

(Abbreviated Name derived from Cost Reports): Ed Fraser Memorial Hospital

Charity Care - Other [1]	(A)	\$2,738,218
Charity Care - Hill-Burton [1]	(B)	\$2,263,050
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	11
Total Patient Days (TPD) [1]	(F)	436
Total Patient Revenue [1]	(G)	\$50,676,220
Other Operating Revenue [1]	(H)	\$571,836
Inpatient Revenue [1]	(I)	\$2,523,970
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.04925006
Adjusted Patient Days	$(F / K) = (L)$	8,853
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$5,788.92
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	863.94
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	2.00674
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	21.869 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$2,592,303
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$925,141
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$1,496,060
Total RDSH program amount	$(S + V + W) = (X)$	\$2,421,201
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$644,957
Federal DSH General Limit	(Z)	\$2,534,404
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,534,404
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$1,782,194</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$244,164</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$2,026,358</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$61,041</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$445,549</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

Mr. Hal Leftwich  
CEO  
Fishermen's Community Hospital  
3301 Overseas Highway  
Marathon, Florida 33050

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101206 HCCCB Number: 100024**

Dear Mr. Leftwich:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Hal Leftwich  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101206**      HCCCB Number: **100024**

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

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

Charity Care - Other [1]	(A)	\$524,875
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	64
Total Patient Days (TPD) [1]	(F)	1,925
Total Patient Revenue [1]	(G)	\$74,793,617
Other Operating Revenue [1]	(H)	\$869,777
Inpatient Revenue [1]	(I)	\$14,059,182
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.18581220
Adjusted Patient Days	$(F / K) = (L)$	10,360
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$7,303.47
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	71.87
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.07058
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.769 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$94,468
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$93,245
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$32,539
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$203,407
Total RDSH program amount	$(S + V + W) = (X)$	\$329,191
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$87,690
Federal DSH General Limit	(Z)	\$2,109,525
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,109,525
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$242,310</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$33,197</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$275,507</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$8,299</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$60,578</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

Mr. Dima V Didenko  
CFO  
Florida Hospital - Wauchula  
4200 Sun N Lake Blvd  
PO Box 9400  
Sebring, Florida 33871-9400

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 102601 HCCCB Number: 100282**

Dear Mr. Didenko:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Dima V Didenko  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **102601**      HCCCB Number: **100282**

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

(Abbreviated Name derived from Cost Reports): Florida Hospital - Wauchula

Charity Care - Other [1]	(A)	\$3,539,448
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	74
Total Patient Days (TPD) [1]	(F)	7,698
Total Patient Revenue [1]	(G)	\$78,096,485
Other Operating Revenue [1]	(H)	\$615,270
Inpatient Revenue [1]	(I)	\$25,404,395
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.32275224
Adjusted Patient Days	$(F / K) = (L)$	23,851
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,300.13
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,072.52
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.14894
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.623 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$199,346
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$68,663
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$111,035
Total RDSH program amount	$(S + V + W) = (X)$	\$179,698
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$47,868
Federal DSH General Limit	(Z)	\$1,630,215
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,630,215
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$132,272</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$18,122</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$150,394</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$4,531</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$33,068</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101893 HCCCB Number: 100118**

Dear Mr. Domayer:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Cory Domayer  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101893**      HCCCB Number: **100118**

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

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

Charity Care - Other [1]	(A)	\$4,410,368
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	2,786
Total Patient Days (TPD) [1]	(F)	32,026
Total Patient Revenue [1]	(G)	\$515,488,738
Other Operating Revenue [1]	(H)	\$1,793,213
Inpatient Revenue [1]	(I)	\$247,653,313
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.47875885
Adjusted Patient Days	$(F / K) = (L)$	66,894
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$7,732.88
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	570.34
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.10480
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.142 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$140,271
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$47,443
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$48,315
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$154,851
Total RDSH program amount	$(S + V + W) = (X)$	\$250,609
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$66,757
Federal DSH General Limit	(Z)	\$5,968,377
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$5,968,377
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$184,468</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$25,273</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$209,741</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$6,318</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$46,117</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

Ms. Kim Davis  
CFO  
George E. Weems Memorial Hospital  
135 Avenue G  
Apalachicola, Florida 32329

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 100803 HCCCB Number: 100153**

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Ms. Kim Davis  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **100803**      HCCCB Number: **100153**

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

(Abbreviated Name derived from Cost Reports): George E. Weems Memorial Hospital

Charity Care - Other [1]	(A)	\$1,398,109
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$1,487,166
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	85
Total Patient Days (TPD) [1]	(F)	727
Total Patient Revenue [1]	(G)	\$14,040,405
Other Operating Revenue [1]	(H)	\$653,304
Inpatient Revenue [1]	(I)	\$2,425,457
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.16506772
Adjusted Patient Days	$(F / K) = (L)$	4,404
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,336.25
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	418.62
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.69274
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	7.549 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$927,198
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$319,364
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$516,448
Total RDSH program amount	$(S + V + W) = (X)$	\$835,812
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$222,643
Federal DSH General Limit	(Z)	\$1,565,609
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,440,610
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$615,222</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$84,287</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$699,509</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$21,072</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$153,806</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101885 HCCCB Number: 100081**

Dear Mr. Thompson:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. James H. Thompson  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101885**      HCCCB Number: **100081**

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

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

Charity Care - Other [1]	(A)	\$ 0
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	428
Total Patient Days (TPD) [1]	(F)	3,516
Total Patient Revenue [1]	(G)	\$38,595,286
Other Operating Revenue [1]	(H)	\$153,599
Inpatient Revenue [1]	(I)	\$12,474,698
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.32193695
Adjusted Patient Days	$(F / K) = (L)$	10,921
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,547.98
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	0.00
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.12173
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.327 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$162,929
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$24,784
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$56,119
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$130,831
Total RDSH program amount	$(S + V + W) = (X)$	\$211,735
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$56,402
Federal DSH General Limit	(Z)	\$1,438,392
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,438,392
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$155,854</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$21,352</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$177,206</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$5,338</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$38,964</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

Mr. Lynn W Beasley  
CEO  
Hendry Regional Medical Center  
500 W. Sugarland Highway  
Clewiston, Florida 33440

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 100862 HCCCB Number: 100098**

Dear Mr. Beasley:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Lynn W Beasley  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **100862**      HCCCB Number: **100098**

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

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

Charity Care - Other [1]	(A)	\$3,579,119
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$6,661,733
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	252
Total Patient Days (TPD) [1]	(F)	2,406
Total Patient Revenue [1]	(G)	\$57,358,797
Other Operating Revenue [1]	(H)	\$998,982
Inpatient Revenue [1]	(I)	\$7,513,458
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.12874818
Adjusted Patient Days	$(F / K) = (L)$	18,688
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,122.80
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,143.99
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.58021
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	6.323 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$776,589
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$267,488
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$432,559
Total RDSH program amount	$(S + V + W) = (X)$	\$700,047
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$186,478
Federal DSH General Limit	(Z)	\$4,832,140
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$4,707,141
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$515,289</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$70,596</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$585,885</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$17,649</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$128,822</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101061 HCCCB Number: 100142**

Dear Mr. Rovito:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.





Mr. Kevin Rovito  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101061**      HCCCB Number: **100142**

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

(Abbreviated Name derived from Cost Reports): Jackson Hospital

Charity Care - Other [1]	(A)	\$6,393,711
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	1,993
Total Patient Days (TPD) [1]	(F)	13,279
Total Patient Revenue [1]	(G)	\$129,404,030
Other Operating Revenue [1]	(H)	\$1,591,461
Inpatient Revenue [1]	(I)	\$37,963,344
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28980649
Adjusted Patient Days	$(F / K) = (L)$	45,820
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$2,858.90
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	2,236.42
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.31850
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.471 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$426,305
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$146,836
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$237,451
Total RDSH program amount	$(S + V + W) = (X)$	\$384,287
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$102,366
Federal DSH General Limit	(Z)	\$3,939,919
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,814,920
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$282,866</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$38,753</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$321,619</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$9,688</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$70,717</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101737 HCCCB Number: 100048**

Dear Mr. Hutchins:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Mike T. Hutchins  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101737**      HCCCB Number: **100048**

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

(Abbreviated Name derived from Cost Reports): Jay Hospital

Charity Care - Other [1]	(A)	\$1,617,704
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	181
Total Patient Days (TPD) [1]	(F)	2,086
Total Patient Revenue [1]	(G)	\$46,318,420
Other Operating Revenue [1]	(H)	\$1,801,020
Inpatient Revenue [1]	(I)	\$11,326,510
Sub-Acute Revenue [1]	(J)	\$155,405
Adjustment Factor	$(I - J) / (G + H) = (K)$	.23215368
Adjusted Patient Days	$(F / K) = (L)$	8,985
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$5,355.28
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	302.08
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.23158
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.524 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$309,960
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$106,763
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$172,647
Total RDSH program amount	$(S + V + W) = (X)$	\$279,410
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$74,429
Federal DSH General Limit	(Z)	\$1,288,549
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,288,549
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$205,667</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$28,178</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$233,845</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$7,045</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$51,417</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 108227 HCCCB Number: 100241**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Ms. Pamela B. Howard  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive style with a large, prominent "T" and "W".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **108227**      HCCCB Number: **100241**

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

(Abbreviated Name derived from Cost Reports): Lake Butler Hospital

Charity Care - Other [1]	(A)	\$2,946,820
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	33
Total Patient Days (TPD) [1]	(F)	203
Total Patient Revenue [1]	(G)	\$21,502,304
Other Operating Revenue [1]	(H)	\$118,530
Inpatient Revenue [1]	(I)	\$5,931,551
Sub-Acute Revenue [1]	(J)	\$3,457,360
Adjustment Factor	$(I - J) / (G + H) = (K)$	.11443550
Adjusted Patient Days	$(F / K) = (L)$	1,774
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$12,188.13
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	241.78
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	1.35359
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	14.751 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$1,696,446
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$624,026
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$1,009,122
Total RDSH program amount	$(S + V + W) = (X)$	\$1,633,148
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$435,037
Federal DSH General Limit	(Z)	\$1,625,165
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,625,165
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$1,202,124</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$164,694</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$1,366,818</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$41,174</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$300,531</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101443 HCCCB Number: 100130**

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Ms. Darcy J. Davis  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101443**      HCCCB Number: **100130**

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

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

Charity Care - Other [1]	(A)	\$1,525,812
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$7,969,419
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	3,890
Total Patient Days (TPD) [1]	(F)	10,296
Total Patient Revenue [1]	(G)	\$121,130,335
Other Operating Revenue [1]	(H)	\$2,280,433
Inpatient Revenue [1]	(I)	\$63,922,890
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.51796850
Adjusted Patient Days	$(F / K) = (L)$	19,878
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$6,208.52
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	244.48
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.40156
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.376 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$537,473
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$185,127
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$299,371
Total RDSH program amount	$(S + V + W) = (X)$	\$484,498
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$129,060
Federal DSH General Limit	(Z)	\$6,048,216
Annual payments under Regular DSH program	(AA)	\$410,939
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$5,637,277
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$356,628</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$48,858</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$405,486</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$12,215</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$89,157</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101150 HCCCB Number: 100004**

Dear Mr. McGee:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Patrick McGee  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101150**      HCCCB Number: **100004**

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

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

Charity Care - Other [1]	(A)	\$242,680
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$204,740
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	162
Total Patient Days (TPD) [1]	(F)	5,277
Total Patient Revenue [1]	(G)	\$21,062,172
Other Operating Revenue [1]	(H)	\$577,186
Inpatient Revenue [1]	(I)	\$8,590,324
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.39697684
Adjusted Patient Days	$(F / K) = (L)$	13,293
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$1,627.88
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	148.95
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.05893
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.642 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$78,870
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$108,844
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$27,166
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$219,944
Total RDSH program amount	$(S + V + W) = (X)$	\$355,954
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$94,819
Federal DSH General Limit	(Z)	\$975,934
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$975,934
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$262,011</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$35,895</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$297,906</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$8,974</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$65,503</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101214 HCCCB Number: 100160**

Dear Mr. Freeburg:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Rick Freeburg  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101214**      HCCCB Number: **100160**

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

(Abbreviated Name derived from Cost Reports): Mariners Hospital

Charity Care - Other [1]	(A)	\$12,241,170
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	75
Total Patient Days (TPD) [1]	(F)	2,295
Total Patient Revenue [1]	(G)	\$143,990,432
Other Operating Revenue [1]	(H)	\$978,021
Inpatient Revenue [1]	(I)	\$22,621,215
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.15604233
Adjusted Patient Days	$(F / K) = (L)$	14,708
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$9,856.74
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,241.91
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.57382
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	6.253 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$768,028
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$264,539
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$427,791
Total RDSH program amount	$(S + V + W) = (X)$	\$692,330
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$184,422
Federal DSH General Limit	(Z)	\$6,835,426
Annual payments under Regular DSH program	(AA)	\$ 27
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$6,835,399
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$509,609</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$69,817</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$579,426</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$17,454</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$127,402</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101907 HCCCB Number: 100147**

Dear Mr. Kozar:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Michael Kozar  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101907**      HCCCB Number: **100147**

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

(Abbreviated Name derived from Cost Reports): Northwest Florida Community Hospital

Charity Care - Other [1]	(A)	\$1,872,052
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	275
Total Patient Days (TPD) [1]	(F)	3,947
Total Patient Revenue [1]	(G)	\$80,947,007
Other Operating Revenue [1]	(H)	\$383,645
Inpatient Revenue [1]	(I)	\$15,742,512
Sub-Acute Revenue [1]	(J)	\$2,359,715
Adjustment Factor	$(I - J) / (G + H) = (K)$	.16454801
Adjusted Patient Days	$(F / K) = (L)$	23,987
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,390.63
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	552.13
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.20956
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.284 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$280,484
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$96,610
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$156,229
Total RDSH program amount	$(S + V + W) = (X)$	\$252,839
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$67,351
Federal DSH General Limit	(Z)	\$2,323,682
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,198,683
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$186,109</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$25,498</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$211,607</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$6,375</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$46,527</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101141 HCCCB Number: 100139**

Dear Mr. Kugaraj:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Jai Kugaraj  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101141**      HCCCB Number: **100139**

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

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

Charity Care - Other [1]	(A)	\$15,113
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	172
Total Patient Days (TPD) [1]	(F)	1,009
Total Patient Revenue [1]	(G)	\$13,062,521
Other Operating Revenue [1]	(H)	\$250,200
Inpatient Revenue [1]	(I)	\$3,696,287
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.27765075
Adjusted Patient Days	$(F / K) = (L)$	3,634
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,663.32
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	4.13
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.17455
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.902 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$233,634
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$80,473
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$130,134
Total RDSH program amount	$(S + V + W) = (X)$	\$210,607
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$56,101
Federal DSH General Limit	(Z)	\$1,484,256
Annual payments under Regular DSH program	(AA)	\$ 178
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,484,078
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$155,023</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$21,239</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$176,262</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$5,310</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$38,756</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 100331 HCCCB Number: 100102**

Dear Ms. Sherrod:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.





Ms. Rhonda Kay Sherrod  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **100331**      HCCCB Number: **100102**

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

(Abbreviated Name derived from Cost Reports): Shands Lake Shore Medical Center

Charity Care - Other [1]	(A)	\$6,459,541
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	4,224
Total Patient Days (TPD) [1]	(F)	15,602
Total Patient Revenue [1]	(G)	\$234,060,879
Other Operating Revenue [1]	(H)	\$4,101,188
Inpatient Revenue [1]	(I)	\$121,880,086
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.51175272
Adjusted Patient Days	$(F / K) = (L)$	30,487
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$7,811.82
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	826.89
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.32373
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.528 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$433,303
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$149,247
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$241,349
Total RDSH program amount	$(S + V + W) = (X)$	\$390,596
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$104,047
Federal DSH General Limit	(Z)	\$2,996,159
Annual payments under Regular DSH program	(AA)	\$2,286
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,993,873
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$287,509</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$39,390</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$326,899</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$9,848</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$71,877</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

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

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 101796 HCCCB Number: 100146**

Dear Ms. Grafton:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Ms. Jennifer Grafton  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **101796**      HCCCB Number: **100146**

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

(Abbreviated Name derived from Cost Reports): Shands Live Oak Regional Medical Center

Charity Care - Other [1]	(A)	\$575,492
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	481
Total Patient Days (TPD) [1]	(F)	4,405
Total Patient Revenue [1]	(G)	\$90,443,355
Other Operating Revenue [1]	(H)	\$1,015,881
Inpatient Revenue [1]	(I)	\$23,365,062
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.25546968
Adjusted Patient Days	$(F / K) = (L)$	17,243
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$5,304.21
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	108.50
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.13382
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.458 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$179,118
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$8,595
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$61,695
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$113,668
Total RDSH program amount	$(S + V + W) = (X)$	\$183,959
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$49,003
Federal DSH General Limit	(Z)	\$1,253,178
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,253,178
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AD)</math></b>	<b>\$135,410</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$18,552</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$153,962</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$4,638</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$33,853</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

July 27, 2017

Mr. Brent Burish  
Administrator  
Shands Starke Regional Medical Center  
922 E. Call Street  
Starke, Florida 32091

**RE: State Fiscal Year 2017 - 2018  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 100072 HCCCB Number: 100103**

Dear Mr. Burish:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. In addition, your hospital has met federal requirements mentioned above and is eligible for the RDSH. Your hospital's state fiscal year 2017-2018 distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature for the RFAP and the RDSH.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RFAP and RDSH programs as well as any unmatched state funds payable to you for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the three most recent years' data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Brent Burish  
July 27, 2017  
Page Two

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

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

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations  
State Fiscal Year 2017 - 2018

Estimated Payments, with Calculations using an  
Average of the Three Most Recent Data Elements [1]

Medicaid Number: **100072**      HCCCB Number: **100103**

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

(Abbreviated Name derived from Cost Reports): Shands Starke Regional Medical Center

Charity Care - Other [1]	(A)	\$556,445
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	444
Total Patient Days (TPD) [1]	(F)	4,999
Total Patient Revenue [1]	(G)	\$98,157,659
Other Operating Revenue [1]	(H)	\$872,636
Inpatient Revenue [1]	(I)	\$28,079,152
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28354103
Adjusted Patient Days	$(F / K) = (L)$	17,631
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$5,616.95
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	99.07
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.10863
Sum of (O) for all rural hospitals	(P)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.184 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$145,403
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$42,311
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$50,083
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$149,411
Total RDSH program amount	$(S + V + W) = (X)$	\$241,804
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$64,411
Federal DSH General Limit	(Z)	\$1,394,007
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,394,007
<b>Estimated annual RFAP program amount [3]</b>	$(S + V) = (AC)$	<b>\$ 0</b>
<b>Estimated annual RDSH program amount [5]</b>	<b>Lesser of <math>(X - Y + adj)</math> or <math>AB = (AD)</math></b>	<b>\$177,987</b>
<b>Estimated annual unmatched state funds amount</b>	$((X - AD) \times 0.3821) = (AE)$	<b>\$24,384</b>
Annual reduction resulting from funding and general limits	(AF)	\$ 0
<b>Estimated total of annual amounts [4]</b>	$(AC + AD + AE) = (AG)$	<b>\$202,371</b>
<b>Estimated quarterly RFAP payment [3]</b>	$(AC \times .25) = (AH)$	<b>\$ 0</b>
<b>Estimated quarterly unmatched state funds amount</b>	$(AE \times .25) = (AI)$	<b>\$6,096</b>
<b>Estimated quarterly RDSH payment</b>	$(AD \times .25) = (AJ)$	<b>\$44,497</b>

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which is the most recent actual data available reported in accordance with 408.061 (4).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal Disproportionate Share OB requirements - RFAP is set to zero (0).
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This amount includes any additional funds resulting of Federal Funds Redistributions due to capping.