



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

August 27, 2018

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

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 101231 HCCCB Number: 100140**

Dear Mr. Hubel:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Edward Hubel
August 27, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Charles Durant
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is written in a cursive style with a large, looped initial "L".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$701,594
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	306
Total Patient Days (TPD) [1]	(F)	1,760
Total Patient Revenue [1]	(G)	\$31,823,116
Other Operating Revenue [1]	(H)	\$970,617
Inpatient Revenue [1]	(I)	\$8,046,250
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.24535938
Adjusted Patient Days	$(F / K) = (L)$	7,173
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$4,571.73
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	153.46
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.26106
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.083 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$378,137
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$135,296
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$217,130
Total RDSH program amount	$(S + V + W) = (X)$	\$352,426
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$93,555
Federal DSH General Limit	(Z)	\$1,673,681
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,673,681
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$258,871
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$35,915
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$294,786
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$8,979
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$64,718

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Vincent A. Sica
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$5,914,240
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	633
Total Patient Days (TPD) [1]	(F)	4,545
Total Patient Revenue [1]	(G)	\$95,262,287
Other Operating Revenue [1]	(H)	\$61,361
Inpatient Revenue [1]	(I)	\$25,157,892
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.26392078
Adjusted Patient Days	$(F / K) = (L)$	17,221
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$5,535.29
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,068.46
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.37436
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.421 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$542,249
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$194,015
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$311,365
Total RDSH program amount	$(S + V + W) = (X)$	\$505,380
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$134,159
Federal DSH General Limit	(Z)	\$3,287,910
Annual payments under Regular DSH program	(AA)	\$187,498
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,100,412
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AD)$	\$371,221
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$51,503
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$422,724
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$12,876
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$92,805

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mrs. JoAnn Baker
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$662,157
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	414
Total Patient Days (TPD) [1]	(F)	2,099
Total Patient Revenue [1]	(G)	\$27,554,883
Other Operating Revenue [1]	(H)	\$961,939
Inpatient Revenue [1]	(I)	\$7,472,878
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.26205157
Adjusted Patient Days	$(F / K) = (L)$	8,010
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,560.21
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	185.99
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.28584
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.375 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$414,039
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$148,142
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$237,745
Total RDSH program amount	$(S + V + W) = (X)$	\$385,887
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$102,438
Federal DSH General Limit	(Z)	\$927,751
Annual payments under Regular DSH program	(AA)	\$187,498
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$740,253
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$283,449
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$39,326
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$322,775
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$9,832
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$70,862

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

August 17, 2018

Mr. Thomas J. Stone
Doctors' Memorial Hospital
333 N. Byron Butler Parkway
Perry, Florida 32347

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 101800 HCCCB Number: 100106**

Dear Mr. Stone:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Thomas J. Stone
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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

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

August 17, 2018

Mr. Dennis Markos
Ed Fraser Memorial Hospital
159 North Third Street
Macclenny, Florida 32063

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 100048 HCCCB Number: 100134**

Dear Mr. Markos:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Dennis Markos
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$3,697,473
Charity Care - Hill-Burton [1]	(B)	\$2,263,050
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	17
Total Patient Days (TPD) [1]	(F)	454
Total Patient Revenue [1]	(G)	\$54,375,818
Other Operating Revenue [1]	(H)	\$896,274
Inpatient Revenue [1]	(I)	\$3,004,208
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.05435307
Adjusted Patient Days	$(F / K) = (L)$	8,353
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$6,617.20
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	900.76
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	2.02150
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	23.871 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$2,792,657
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$1,047,665
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$1,681,340
Total RDSH program amount	$(S + V + W) = (X)$	\$2,729,005
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$724,446
Federal DSH General Limit	(Z)	\$2,708,263
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,708,263
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$2,004,559
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$278,116
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$2,282,675
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$69,529
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$501,140

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 101206 HCCCB Number: 100024**

Dear Mr. Freeburg:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Rick Freeburg
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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

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

August 17, 2018

Mr. Bruce Bergherm
Florida Hospital - Wauchula
4200 Sun N Lake Blvd
PO Box 9400
Sebring, Florida 33871-9400

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 102601 HCCCB Number: 100282**

Dear Mr. Bergherm:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Bruce Bergherm
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$3,743,543
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	124
Total Patient Days (TPD) [1]	(F)	7,708
Total Patient Revenue [1]	(G)	\$83,795,234
Other Operating Revenue [1]	(H)	\$471,980
Inpatient Revenue [1]	(I)	\$26,787,397
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.31788635
Adjusted Patient Days	$(F / K) = (L)$	24,248
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,475.27
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,077.19
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.15584
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.840 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$225,726
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$80,764
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$129,614
Total RDSH program amount	$(S + V + W) = (X)$	\$210,378
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$55,847
Federal DSH General Limit	(Z)	\$1,560,834
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,560,834
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$154,531
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$21,440
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$175,971
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$5,360
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$38,633

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

August 17, 2018

Mr. Ron Jimenez
Florida Hospital Flagler
60 Memorial Medical Parkway
Palm Coast, Florida 32164

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 101893 HCCCB Number: 100118**

Dear Mr. Jimenez:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Ron Jimenez
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$4,634,809
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	2,884
Total Patient Days (TPD) [1]	(F)	33,460
Total Patient Revenue [1]	(G)	\$565,180,021
Other Operating Revenue [1]	(H)	\$1,366,479
Inpatient Revenue [1]	(I)	\$268,741,519
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.47435033
Adjusted Patient Days	$(F / K) = (L)$	70,539
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$8,031.73
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	577.06
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.10344
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.221 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$149,829
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$38,534
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$53,608
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$147,874
Total RDSH program amount	$(S + V + W) = (X)$	\$240,016
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$63,715
Federal DSH General Limit	(Z)	\$6,179,597
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$6,179,597
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$176,301
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$24,460
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$200,761
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$6,115
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$44,075

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

August 17, 2018

Mr. Michael Cooper
George E. Weems Memorial Hospital
P.O. Box 580
Apalachicola, Florida 32329

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 100803 HCCCB Number: 100153**

Dear Mr. Cooper:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Michael Cooper
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$1,035,008
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$1,680,605
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	78
Total Patient Days (TPD) [1]	(F)	721
Total Patient Revenue [1]	(G)	\$13,370,720
Other Operating Revenue [1]	(H)	\$1,001,015
Inpatient Revenue [1]	(I)	\$2,252,323
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.15671893
Adjusted Patient Days	$(F / K) = (L)$	4,601
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,123.89
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	330.78
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.56697
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	6.695 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$821,236
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$293,836
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839 = (W)$	\$471,561
Total RDSH program amount	$(S + V + W) = (X)$	\$765,397
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$203,184
Federal DSH General Limit	(Z)	\$1,458,844
Annual payments under Regular DSH program	(AA)	\$187,498
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,271,346
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$562,213
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$78,002
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$640,215
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$19,501
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$140,553

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. James H. Thompson
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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

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

August 17, 2018

Mr. Raymond D. Williams
Hendry Regional Medical Center
524 West Sagamore Avenue
Clewiston, Florida 33440

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 100862 HCCCB Number: 100098**

Dear Mr. Williams:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Raymond D. Williams
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$3,627,840
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$6,765,810
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	144
Total Patient Days (TPD) [1]	(F)	2,264
Total Patient Revenue [1]	(G)	\$60,428,183
Other Operating Revenue [1]	(H)	\$982,797
Inpatient Revenue [1]	(I)	\$6,840,012
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.11138093
Adjusted Patient Days	$(F / K) = (L)$	20,327
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,021.21
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,198.55
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.59300
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	7.002 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$858,946
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$307,328
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839 = (W)$	\$493,215
Total RDSH program amount	$(S + V + W) = (X)$	\$800,543
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$212,513
Federal DSH General Limit	(Z)	\$4,795,298
Annual payments under Regular DSH program	(AA)	\$187,498
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$4,607,800
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$588,030
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$81,583
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$669,613
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$20,396
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$147,008

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Kevin Rovito
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$6,450,190
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	2,032
Total Patient Days (TPD) [1]	(F)	13,277
Total Patient Revenue [1]	(G)	\$130,692,186
Other Operating Revenue [1]	(H)	\$1,073,088
Inpatient Revenue [1]	(I)	\$38,055,732
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28881458
Adjusted Patient Days	$(F / K) = (L)$	45,971
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$2,866.29
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	2,250.36
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.32254
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.809 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$467,191
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$167,160
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$268,265
Total RDSH program amount	$(S + V + W) = (X)$	\$435,425
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$115,589
Federal DSH General Limit	(Z)	\$3,848,700
Annual payments under Regular DSH program	(AA)	\$469,245
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,379,455
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$319,836
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$44,375
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$364,211
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$11,094
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$79,959

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Mike T. Hutchins
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Ms. Pamela B. Howard
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$2,484,613
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	23
Total Patient Days (TPD) [1]	(F)	137
Total Patient Revenue [1]	(G)	\$19,959,547
Other Operating Revenue [1]	(H)	\$92,371
Inpatient Revenue [1]	(I)	\$5,803,133
Sub-Acute Revenue [1]	(J)	\$2,393,311
Adjustment Factor	$(I - J) / (G + H) = (K)$	.17004967
Adjusted Patient Days	$(F / K) = (L)$	806
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$24,889.21
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	99.83
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.89655
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	10.587 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$1,298,626
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$464,645
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$745,683
Total RDSH program amount	$(S + V + W) = (X)$	\$1,210,328
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$321,296
Federal DSH General Limit	(Z)	\$1,424,334
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,424,334
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AD)$	\$889,032
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$123,345
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$1,012,377
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$30,836
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$222,258

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

August 17, 2018

Ms. Darcy J. Davis
CEO
Lakeside Medical Center
39200 Hooker Highway
Belle Glade, Florida 33430

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Ms. Darcy J. Davis
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$2,029,258
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$9,801,619
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	3,588
Total Patient Days (TPD) [1]	(F)	9,101
Total Patient Revenue [1]	(G)	\$123,353,857
Other Operating Revenue [1]	(H)	\$4,228,771
Inpatient Revenue [1]	(I)	\$62,782,010
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.49208902
Adjusted Patient Days	$(F / K) = (L)$	18,495
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$6,898.36
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	292.74
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.42641
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	5.035 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$617,642
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$220,991
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$354,656
Total RDSH program amount	$(S + V + W) = (X)$	\$575,647
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$152,812
Federal DSH General Limit	(Z)	\$5,407,102
Annual payments under Regular DSH program	(AA)	\$353,829
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$5,053,273
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AD)$	\$422,835
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$58,665
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$481,500
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$14,666
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$105,709

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Patrick McGee
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink that reads "Lisa Smith". The signature is written in a cursive, flowing style.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Rick Freeburg
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Michael Kozar
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$1,310,925
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	241
Total Patient Days (TPD) [1]	(F)	3,965
Total Patient Revenue [1]	(G)	\$79,354,747
Other Operating Revenue [1]	(H)	\$260,193
Inpatient Revenue [1]	(I)	\$15,494,111
Sub-Acute Revenue [1]	(J)	\$2,341,843
Adjustment Factor	$(I - J) / (G + H) = (K)$	.16519849
Adjusted Patient Days	$(F / K) = (L)$	24,001
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$3,317.09
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	395.20
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.16045
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.895 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$232,415
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$83,157
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$133,455
Total RDSH program amount	$(S + V + W) = (X)$	\$216,612
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$57,502
Federal DSH General Limit	(Z)	\$2,148,825
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,148,825
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$159,110
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$22,075
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$181,185
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$5,519
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$39,778

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

August 17, 2018

Dr. Devaiah Pagidipati
MD
Regional General Hospital - Williston
P.O. Drawer 550
125 SW 7th Street
Williston, Florida 32696

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 101141 HCCCB Number: 100139**

Dear Dr. Pagidipati:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Dr. Devaiah Pagidipati
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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

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

August 17, 2018

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

**RE: State Fiscal Year 2018 - 2019
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 Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Ms. Rhonda Kay Sherrod
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$4,554,780
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	3,366
Total Patient Days (TPD) [1]	(F)	13,655
Total Patient Revenue [1]	(G)	\$231,147,976
Other Operating Revenue [1]	(H)	\$3,649,089
Inpatient Revenue [1]	(I)	\$111,293,300
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.47399783
Adjusted Patient Days	$(F / K) = (L)$	28,808
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$8,150.37
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	558.84
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.28743
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.394 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$416,334
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$148,963
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839 = (W)$	\$239,063
Total RDSH program amount	$(S + V + W) = (X)$	\$388,026
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$103,006
Federal DSH General Limit	(Z)	\$2,615,512
Annual payments under Regular DSH program	(AA)	\$285,020
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,330,492
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$285,020
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$39,544
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$324,564
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$9,886
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$71,255

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

August 17, 2018

Mr. Richard Huth
Shands Live Oak Regional Medical Center
1100 SW 11th Street
Live Oak, Florida 32064

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 101796 HCCCB Number: 100146**

Dear Mr. Huth:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Mr. Richard Huth
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith". The signature is fluid and cursive, with the first name "Lisa" being more prominent than the last name "Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$415,117
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	399
Total Patient Days (TPD) [1]	(F)	4,119
Total Patient Revenue [1]	(G)	\$91,718,595
Other Operating Revenue [1]	(H)	\$274,625
Inpatient Revenue [1]	(I)	\$23,364,482
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.25398048
Adjusted Patient Days	$(F / K) = (L)$	16,218
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$5,672.37
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	73.18
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.11464
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.354 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$166,046
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$22,316
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$59,411
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$131,159
Total RDSH program amount	$(S + V + W) = (X)$	\$212,886
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$56,513
Federal DSH General Limit	(Z)	\$1,157,158
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,157,158
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$156,373
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$21,695
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$178,068
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$5,424
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$39,093

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

August 17, 2018

Ms. Holly Edwards
Shands Starke Regional Medical Center
922 E. Call Street
Starke, Florida 32091

**RE: State Fiscal Year 2018 - 2019
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 100072 HCCCB Number: 100103**

Dear Ms. Edwards:

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2018-19 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2018-19. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.



Ms. Holly Edwards
August 17, 2018
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 contact Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Preliminary Rural Disproportionate Share Calculations
State Fiscal Year 2018 - 2019

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)	\$308,277
Charity Care - Hill-Burton [1]	(B)	\$ 0
Unrestricted Funds [1]	(C)	\$ 0
Restricted Funds [1]	(D)	\$ 0
Medicaid Days (MDD) [1]	(E)	465
Total Patient Days (TPD) [1]	(F)	5,008
Total Patient Revenue [1]	(G)	\$97,352,367
Other Operating Revenue [1]	(H)	\$289,166
Inpatient Revenue [1]	(I)	\$28,151,803
Sub-Acute Revenue [1]	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28831791
Adjusted Patient Days	$(F / K) = (L)$	17,370
Gross revenue Per Adjusted Patient Days	$(G + H) / L = (M)$	\$5,621.37
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	54.84
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.10380
Sum of (O) for all rural hospitals	(P)	8.46847
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.226 %
Preliminary Annual Total (see AG, using Zero for S and T)	Method in (U) through (AG) = (R)	\$150,355
Annual State Minimum (supplemental) amount [2]	$(\$188,362 - R) = (S)$	\$38,008
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$320,186
Rural FAP funds Remaining for RDSH distribution	$(\$4,709,058 - T) = (U)$	\$4,388,872
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$53,796
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3839) - (S + V) = (W)$	\$147,332
Total RDSH program amount	$(S + V + W) = (X)$	\$239,136
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$63,481
Federal DSH General Limit	(Z)	\$1,140,602
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,140,602
Estimated annual RFAP program amount [3]	$(S + V) = (AC)$	\$ 0
Estimated annual RDSH program amount [5]	Lesser of $(X - Y + adj)$ or $AB = (AD)$	\$175,655
Estimated annual unmatched state funds amount	$((X - AD) \times 0.3839) = (AE)$	\$24,370
Annual reduction resulting from funding and general limits	(AF)	\$ 0
Estimated total of annual amounts [4]	$(AC + AD + AE) = (AG)$	\$200,025
Estimated quarterly RFAP payment [3]	$(AC \times .25) = (AH)$	\$ 0
Estimated quarterly unmatched state funds amount	$(AE \times .25) = (AI)$	\$6,093
Estimated quarterly RDSH payment	$(AD \times .25) = (AJ)$	\$43,914

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