



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

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

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010189300 Facility 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) 2020-2021 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 2020-2021. 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.

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Ronald Jimenez  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010189300**

Facility Number: **100118**

Hospital Name (Current): **ADVENTHEALTH PALM COAST**

Charity Care - Other	(A)	\$6,823,136
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	2,696
Total Patient Days (TPD)	(F)	33,030
Total Patient Revenue	(G)	\$682,890,792
Other Operating Revenue	(H)	\$1,046,273
Inpatient Revenue	(I)	\$312,439,042
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.45682426
Adjusted Patient Days	$(F / K) = (L)$	72,304
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$9,459
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	721
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.10346106
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.129%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$138,866
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$48,235
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$97,892
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$159,448
Total RDSH Program Amount	$(S + V + W) = (X)$	\$257,340
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$68,775
Federal DSH General Limit	(Z)	\$6,988,835
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$6,988,835
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + \text{adj})</math> or <math>AB) = (AC)</math></b>	<b>\$188,566</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$26,162</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$214,727</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$6,540</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$47,141</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

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

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010260100 Facility Number: 100282**

Dear Mr. Surber:

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) 2020-2021 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 2020-2021. 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.

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Randall Surber  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010260100**

Facility Number: **100282**

Hospital Name (Current): **ADVENTHEALTH WAUCHULA**

Charity Care - Other	(A)	\$3,291,819
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	130
Total Patient Days (TPD)	(F)	8,109
Total Patient Revenue	(G)	\$97,844,252
Other Operating Revenue	(H)	\$736,062
Inpatient Revenue	(I)	\$28,987,661
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.29405121
Adjusted Patient Days	$(F / K) = (L)$	27,577
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,575
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	921
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.12959089
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.415%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$173,937
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$13,163
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$75,362
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$122,751
Total RDSH Program Amount	$(S + V + W) = (X)$	\$198,113
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$52,945
Federal DSH General Limit	(Z)	\$1,540,967
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,540,967
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$145,167</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$20,140</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$165,308</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$5,035</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$36,292</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

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

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010123100 Facility Number: 100140**

Dear Ms. Kinney:

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) 2020-2021 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 2020-2021. 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.

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Janet Kinney  
August 24, 2020

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 style with a large, looped initial "L".

Lisa Smith,  
Bureau Chief

LS:rp

Enclosure:



**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010123100**

Facility Number: **100140**

Hospital Name (Current): **BAPTIST MEDICAL CENTER - NASSAU**

Charity Care - Other	(A)	\$19,856,926
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,443
Total Patient Days (TPD)	(F)	12,589
Total Patient Revenue	(G)	\$304,232,354
Other Operating Revenue	(H)	\$563,074
Inpatient Revenue	(I)	\$124,946,036
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.40993409
Adjusted Patient Days	$(F / K) = (L)$	30,710
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$9,925
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	2,001
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.27354790
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	2.986%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$367,157
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$131,292
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$213,851
Total RDSH Program Amount	$(S + V + W) = (X)$	\$345,143
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$92,239
Federal DSH General Limit	(Z)	\$4,641,977
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,641,977
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$252,904</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$35,087</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$287,991</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$8,772</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$63,226</b>

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[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Bruce Davis  
Financial Officer  
Calhoun-Liberty Hospital  
20370 NE Burns Ave  
Blountstown, FL 32424

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010026900 Facility Number: 100112**

Dear Mr. 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) 2020-2021 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 2020-2021. 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.

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Bruce Davis  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010026900**

Facility Number: **100112**

Hospital Name (Current): **CALHOUN-LIBERTY HOSPITAL**

Charity Care - Other	(A)	\$546,120
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	156
Total Patient Days (TPD)	(F)	1,423
Total Patient Revenue	(G)	\$35,611,850
Other Operating Revenue	(H)	\$1,416,972
Inpatient Revenue	(I)	\$6,929,347
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.18713388
Adjusted Patient Days	$(F / K) = (L)$	7,604
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,870
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	112
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.18844017
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	2.057%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$252,925
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$90,444
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$147,316
Total RDSH Program Amount	$(S + V + W) = (X)$	\$237,760
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$63,542
Federal DSH General Limit	(Z)	\$1,653,057
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,653,057
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$174,218</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$24,172</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$198,390</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$6,043</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$43,555</b>

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RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

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

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010192300 Facility 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) 2020-2021 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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Vincent Sica  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010192300**

Facility Number: **100175**

Hospital Name (Current): **DESOTO MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$6,950,429
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	376
Total Patient Days (TPD)	(F)	3,269
Total Patient Revenue	(G)	\$111,259,861
Other Operating Revenue	(H)	\$66,307
Inpatient Revenue	(I)	\$25,381,581
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.22799295
Adjusted Patient Days	$(F / K) = (L)$	14,338
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,764
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	895
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.38885740
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	4.245%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$521,926
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$186,636
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$303,996
Total RDSH Program Amount	$(S + V + W) = (X)$	\$490,632
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$131,121
Federal DSH General Limit	(Z)	\$3,611,206
Annual Payment under Regular DSH Program	(AA)	\$125,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$3,486,206
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$359,510</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$49,878</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$409,389</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$12,470</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$89,878</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Joann Baker  
Chief Executive Officer  
Doctors Memorial Hospital  
2600 Hospital Drive  
Bonifay, FL 32425-0188

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010103600 Facility Number: 100078**

Dear Ms. 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) 2020-2021 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 2020-2021. 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.

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Joann Baker  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010103600**

Facility Number: **100078**

Hospital Name (Current): **DOCTORS MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$608,252
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	334
Total Patient Days (TPD)	(F)	1,912
Total Patient Revenue	(G)	\$31,773,737
Other Operating Revenue	(H)	\$1,081,376
Inpatient Revenue	(I)	\$7,404,870
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.22537953
Adjusted Patient Days	$(F / K) = (L)$	8,483
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,873
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	157
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.25682835
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	2.803%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$344,716
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$123,268
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$200,780
Total RDSH Program Amount	$(S + V + W) = (X)$	\$324,047
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$86,602
Federal DSH General Limit	(Z)	\$1,084,506
Annual Payment under Regular DSH Program	(AA)	\$125,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$959,506
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$237,446</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$32,943</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$270,388</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$8,236</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$59,361</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Thomas Stone  
Chief Executive Officer  
Doctors' Memorial Hospital  
333 N Byron Butler Pkwy  
Perry, FL 32348

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010180000 Facility 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) 2020-2021 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 2020-2021. 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.

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Thomas Stone  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010180000**

Facility Number: **100106**

Hospital Name (Current): **DOCTORS' MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$1,373,260
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	362
Total Patient Days (TPD)	(F)	2,583
Total Patient Revenue	(G)	\$50,255,971
Other Operating Revenue	(H)	\$298,540
Inpatient Revenue	(I)	\$9,629,297
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.19047355
Adjusted Patient Days	$(F / K) = (L)$	13,561
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,728
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	368
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.28275981
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.086%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$379,521
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$135,714
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$221,052
Total RDSH Program Amount	$(S + V + W) = (X)$	\$356,766
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$95,346
Federal DSH General Limit	(Z)	\$2,379,642
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,379,642
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$261,420</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$36,270</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$297,690</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$9,068</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$65,355</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

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

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010004800 Facility 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) 2020-2021 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 2020-2021. 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.

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Dennis Markos  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010004800**

Facility Number: **100134**

Hospital Name (Current): **ED FRASER MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$5,536,177
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	41
Total Patient Days (TPD)	(F)	699
Total Patient Revenue	(G)	\$58,278,423
Other Operating Revenue	(H)	\$597,771
Inpatient Revenue	(I)	\$5,303,597
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.09008050
Adjusted Patient Days	$(F / K) = (L)$	7,760
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,587
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	730
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	1.10250848
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	12.034%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,479,792
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$529,161
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$861,904
Total RDSH Program Amount	$(S + V + W) = (X)$	\$1,391,065
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$371,764
Federal DSH General Limit	(Z)	\$3,549,160
Annual Payment under Regular DSH Program	(AA)	\$125,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$3,424,160
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$1,019,301</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$141,419</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$1,160,720</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$35,355</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$254,825</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Richard Freeburg  
Chief Executive Officer  
Fisherman's Community Hospital  
3301 Overseas Hwy  
Marathon, FL 33050

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010120600 Facility 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) 2020-2021 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 2020-2021. 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.

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Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida

Richard Freeburg  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010120600**

Facility Number: **100024**

Hospital Name (Current): **FISHERMEN'S COMMUNITY HOSPITAL**

Charity Care - Other	(A)	\$566,213
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	8
Total Patient Days (TPD)	(F)	957
Total Patient Revenue	(G)	\$63,450,226
Other Operating Revenue	(H)	\$595,560
Inpatient Revenue	(I)	\$7,669,924
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.11975689
Adjusted Patient Days	$(F / K) = (L)$	7,991
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$8,015
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	71
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.08218196
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.897%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$110,305
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$76,796
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$116,240
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$189,333
Total RDSH Program Amount	$(S + V + W) = (X)$	\$305,573
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$81,665
Federal DSH General Limit	(Z)	\$3,163,624
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$3,163,624
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + \text{adj})</math> or <math>AB) = (AC)</math></b>	<b>\$223,908</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$31,066</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$254,974</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$7,767</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$55,977</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Harvey Cannington  
Chief Executive Officer  
George E Weems Memorial Hospital  
135 Ave G  
Apalachicola, FL 32320

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010080300 Facility Number: 100153**

Dear Mr. Cannington:

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) 2020-2021 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 2020-2021. 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.

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Harvey Cannington  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010080300**

Facility Number: **100153**

Hospital Name (Current): **GEORGE E WEEMS MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$626,395
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$2,181,797
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	53
Total Patient Days (TPD)	(F)	473
Total Patient Revenue	(G)	\$11,897,680
Other Operating Revenue	(H)	\$365,165
Inpatient Revenue	(I)	\$1,365,256
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.11133273
Adjusted Patient Days	$(F / K) = (L)$	4,249
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,886
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	217
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.57086213
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	6.231%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$766,214
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$273,992
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$446,281
Total RDSH Program Amount	$(S + V + W) = (X)$	\$720,272
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$192,493
Federal DSH General Limit	(Z)	\$1,579,356
Annual Payment under Regular DSH Program	(AA)	\$125,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,454,356
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$527,779</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$73,224</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$601,003</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$18,306</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$131,945</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

James Thompson  
Chief Executive Officer  
Healthmark Regional Medical Center  
4413 US Hwy 331 S  
Defuniak Springs, FL 32435

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010188500 Facility 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) 2020-2021 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 2020-2021. 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.

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James Thompson  
August 24, 2020

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

LS:rp

Enclosure:



**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010188500**

Facility Number: **100081**

Hospital Name (Current): **HEALTHMARK REGIONAL MEDICAL CENTER**

Charity Care - Other	(A)	\$354,256
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	356
Total Patient Days (TPD)	(F)	2,521
Total Patient Revenue	(G)	\$34,535,728
Other Operating Revenue	(H)	\$300,613
Inpatient Revenue	(I)	\$8,076,075
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.23182903
Adjusted Patient Days	$(F / K) = (L)$	10,874
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,204
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	111
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.18507868
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	2.020%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$248,413
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$88,831
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$144,688
Total RDSH Program Amount	$(S + V + W) = (X)$	\$233,519
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$62,408
Federal DSH General Limit	(Z)	\$1,112,169
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,112,169
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$171,110</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$23,740</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$194,851</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$5,935</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$42,778</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Raymond Williams  
Chief Executive Officer  
Hendry Regional Medical Center  
524 W Sagamore Ave  
Clewiston, FL 33440

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010086200 Facility 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) 2020-2021 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 2020-2021. 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.

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Raymond Williams  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010086200**

Facility Number: **100098**

Hospital Name (Current): **HENDRY REGIONAL MEDICAL CENTER**

Charity Care - Other	(A)	\$3,902,350
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$7,112,419
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	75
Total Patient Days (TPD)	(F)	1,647
Total Patient Revenue	(G)	\$67,594,538
Other Operating Revenue	(H)	\$2,094,164
Inpatient Revenue	(I)	\$5,908,611
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.08478578
Adjusted Patient Days	$(F / K) = (L)$	19,425
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,587
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,088
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.70598867
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	7.706%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$947,581
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$338,847
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$551,918
Total RDSH Program Amount	$(S + V + W) = (X)$	\$890,765
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$238,058
Federal DSH General Limit	(Z)	\$5,405,543
Annual Payment under Regular DSH Program	(AA)	\$125,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$5,280,543
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$652,707</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$90,557</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$743,264</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$22,639</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$163,177</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Carrol Platt  
Chief Executive Officer  
Jackson Hospital  
4250 Hospital Dr.  
Marianna, FL 32446

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010106100 Facility Number: 100142**

Dear Ms. Platt:

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) 2020-2021 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 2020-2021. 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.

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Carrol Platt  
August 24, 2020

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 style with a large, prominent "L" and "S".

Lisa Smith,  
Bureau Chief

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010106100**

Facility Number: **100142**

Hospital Name (Current): **JACKSON HOSPITAL**

Charity Care - Other	(A)	\$6,444,163
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,813
Total Patient Days (TPD)	(F)	12,863
Total Patient Revenue	(G)	\$146,034,283
Other Operating Revenue	(H)	\$854,073
Inpatient Revenue	(I)	\$37,222,765
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.25340855
Adjusted Patient Days	$(F / K) = (L)$	50,760
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,894
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	2,227
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.31407114
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.428%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$421,548
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$150,742
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$245,530
Total RDSH Program Amount	$(S + V + W) = (X)$	\$396,272
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$105,904
Federal DSH General Limit	(Z)	\$4,211,432
Annual Payment under Regular DSH Program	(AA)	\$125,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,086,432
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$290,368</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$40,286</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$330,654</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$10,072</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$72,592</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Michael Hutchins  
Chief Executive Officer  
Jay Hospital  
14114 Alabama St.  
Jay, FL 32565

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010173700 Facility 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) 2020-2021 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 2020-2021. 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.

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Michael Hutchins  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010173700**

Facility Number: **100048**

Hospital Name (Current): **JAY HOSPITAL**

Charity Care - Other	(A)	\$2,700,366
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	180
Total Patient Days (TPD)	(F)	2,273
Total Patient Revenue	(G)	\$50,743,141
Other Operating Revenue	(H)	\$345,768
Inpatient Revenue	(I)	\$12,828,925
Sub-Acute Revenue	(J)	\$181,211
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.24756281
Adjusted Patient Days	$(F / K) = (L)$	9,182
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,564
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	485
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.29269675
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.195%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$392,859
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$140,483
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$228,820
Total RDSH Program Amount	$(S + V + W) = (X)$	\$369,303
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$98,697
Federal DSH General Limit	(Z)	\$1,343,280
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,343,280
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + \text{adj})</math> or <math>AB) = (AC)</math></b>	<b>\$270,606</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$37,545</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$308,151</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$9,386</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$67,652</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Pamela Howard  
Chief Executive Officer  
Lake Butler Hospital  
850 E Main St.  
Lake Butler, FL 32054

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010822700 Facility 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) 2020-2021 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 2020-2021. 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.

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Pamela Howard  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010822700**

Facility Number: **100241**

Hospital Name (Current): **LAKE BUTLER HOSPITAL**

Charity Care - Other	(A)	\$2,453,894
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	4
Total Patient Days (TPD)	(F)	63
Total Patient Revenue	(G)	\$20,641,015
Other Operating Revenue	(H)	\$510,926
Inpatient Revenue	(I)	\$7,171,258
Sub-Acute Revenue	(J)	\$3,854,389
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.15681157
Adjusted Patient Days	$(F / K) = (L)$	402
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$52,649
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	47
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.80331447
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	8.769%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,078,212
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$385,560
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$628,004
Total RDSH Program Amount	$(S + V + W) = (X)$	\$1,013,564
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$270,876
Federal DSH General Limit	(Z)	\$1,305,695
Annual Payment under Regular DSH Program	(AA)	\$8
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,305,687
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$742,687</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$103,041</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$845,729</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$25,760</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$185,672</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

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

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010144300 Facility 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) 2020-2021 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 2020-2021. 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.

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Darcy Davis  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010144300**

Facility Number: **100130**

Hospital Name (Current): **LAKESIDE MEDICAL CENTER**

Charity Care - Other	(A)	\$2,340,484
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$15,335,118
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	2,994
Total Patient Days (TPD)	(F)	8,034
Total Patient Revenue	(G)	\$129,194,280
Other Operating Revenue	(H)	\$3,495,889
Inpatient Revenue	(I)	\$59,476,942
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.44823925
Adjusted Patient Days	$(F / K) = (L)$	17,923
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,403
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	316
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.41201728
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	4.497%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$553,011
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$197,752
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$322,101
Total RDSH Program Amount	$(S + V + W) = (X)$	\$519,853
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$138,932
Federal DSH General Limit	(Z)	\$5,673,764
Annual Payment under Regular DSH Program	(AA)	\$344,431
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$5,329,333
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$380,922</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$52,850</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$433,771</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$13,212</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$95,230</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Patrick McGee  
Financial Officer  
Madison County Memorial Hospital  
224 NW Crane Ave  
Madison, FL 32340

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010115000 Facility 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) 2020-2021 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 2020-2021. 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.

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Patrick Mcgee  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010115000**

Facility Number: **100004**

Hospital Name (Current): **MADISON COUNTY MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$726,221
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$633,118
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	52
Total Patient Days (TPD)	(F)	4,719
Total Patient Revenue	(G)	\$24,822,863
Other Operating Revenue	(H)	\$521,951
Inpatient Revenue	(I)	\$9,946,391
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.39244285
Adjusted Patient Days	$(F / K) = (L)$	12,025
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,108
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	345
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.08403280
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.917%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$112,789
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$74,312
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$114,644
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$186,734
Total RDSH Program Amount	$(S + V + W) = (X)$	\$301,378
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$80,543
Federal DSH General Limit	(Z)	\$1,637,509
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,637,509
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$220,835</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$30,638</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$251,473</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$7,660</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$55,209</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Richard Freeburg  
Chief Executive Officer  
Mariners Hospital  
91500 Overseas Hwy  
Tavernier, FL 33070

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010121400 Facility 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) 2020-2021 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 2020-2021. 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.

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Richard Freeburg  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010121400**

Facility Number: **100160**

Hospital Name (Current): **MARINERS HOSPITAL**

Charity Care - Other	(A)	\$9,894,482
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	63
Total Patient Days (TPD)	(F)	1,940
Total Patient Revenue	(G)	\$162,264,246
Other Operating Revenue	(H)	\$2,520,311
Inpatient Revenue	(I)	\$17,886,847
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.10854686
Adjusted Patient Days	$(F / K) = (L)$	17,872
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$9,220
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,073
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.58564506
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	6.393%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$786,055
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$281,087
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$457,838
Total RDSH Program Amount	$(S + V + W) = (X)$	\$738,924
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$197,478
Federal DSH General Limit	(Z)	\$7,225,715
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$7,225,715
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$541,446</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$75,120</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$616,566</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$18,780</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$135,362</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Michael Kozar  
Chief Executive Officer  
Northwest Florida Community Hospital  
1360 Brickyard Rd.  
Chipley, FL 32428

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010190700 Facility 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) 2020-2021 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 2020-2021. 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.

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Michael Kozar  
August 24, 2020

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

LS:rp

Enclosure:



**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010190700**

Facility Number: **100147**

Hospital Name (Current): **NORTHWEST FLORIDA COMMUNITY HOSPITAL**

Charity Care - Other	(A)	\$1,347,482
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	8,968
Total Patient Days (TPD)	(F)	4,964
Total Patient Revenue	(G)	\$93,764,906
Other Operating Revenue	(H)	\$247,443
Inpatient Revenue	(I)	\$18,393,923
Sub-Acute Revenue	(J)	\$2,549,032
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.16854053
Adjusted Patient Days	$(F / K) = (L)$	29,453
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,192
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	422
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	1.89164962
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	20.648%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$2,538,980
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$907,918
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$1,478,828
Total RDSH Program Amount	$(S + V + W) = (X)$	\$2,386,746
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$637,860
Federal DSH General Limit	(Z)	\$2,389,079
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,389,079
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$1,748,885</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$242,641</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$1,991,527</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$60,660</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$437,221</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Rhonda Sherrod  
Chief Executive Officer  
Shands Lake Shore Regional Medical Center  
368 NE Franklin St.  
Lake City FL 32055

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010033100 Facility 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) 2020-2021 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 2020-2021. 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.

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Rhonda Sherrod  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010033100**

Facility Number: **100102**

Hospital Name (Current): **SHANDS LAKE SHORE REGIONAL MEDICAL CENTER**

Charity Care - Other	(A)	\$4,830,889
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	2,754
Total Patient Days (TPD)	(F)	11,588
Total Patient Revenue	(G)	\$245,008,666
Other Operating Revenue	(H)	\$576,897
Inpatient Revenue	(I)	\$115,205,481
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.46910527
Adjusted Patient Days	$(F / K) = (L)$	24,702
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$9,942
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	486
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.27959245
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.052%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$375,270
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$134,193
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$218,576
Total RDSH Program Amount	$(S + V + W) = (X)$	\$352,769
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$94,278
Federal DSH General Limit	(Z)	\$2,513,561
Annual Payment under Regular DSH Program	(AA)	\$2,715
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,510,846
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + \text{adj})</math> or <math>AB) = (AC)</math></b>	<b>\$258,491</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$35,863</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$294,354</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$8,966</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$64,623</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Rhonda Sherrod  
Chief Executive Officer  
Shands Live Oak Regional Medical Center  
1100 SW 11th St.  
Live Oak, FL 32060

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010179600 Facility Number: 100146**

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) 2020-2021 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 2020-2021. 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.

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Rhonda Sherrod  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010179600**

Facility Number: **100146**

Hospital Name (Current): **SHANDS LIVE OAK REGIONAL MEDICAL CENTER**

Charity Care - Other	(A)	\$343,242
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	329
Total Patient Days (TPD)	(F)	3,558
Total Patient Revenue	(G)	\$103,964,780
Other Operating Revenue	(H)	\$357,357
Inpatient Revenue	(I)	\$25,845,901
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.24775088
Adjusted Patient Days	$(F / K) = (L)$	14,361
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,264
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	47
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.10574800
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.154%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$141,935
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$45,166
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$95,920
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$156,236
Total RDSH Program Amount	$(S + V + W) = (X)$	\$252,157
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$67,390
Federal DSH General Limit	(Z)	\$1,110,137
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,110,137
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$184,767</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$25,636</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$210,403</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$6,409</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$46,192</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016 2017 2018, which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

August 24, 2020

Rhonda Sherrod  
Chief Executive Officer  
Shands Starke Regional Medical Center  
922 E Call St.  
Starke, FL 32091

**RE: State Fiscal Year 2020-2021  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010007200 Facility Number: 100103**

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) 2020-2021 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 2020-2021. 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.

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Rhonda Sherrod  
August 24, 2020

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

LS:rp

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2020-2021**

Medicaid Number: **010007200**

Facility Number: **100103**

Hospital Name (Current): **SHANDS STARKE REGIONAL MEDICAL CENTER**

Charity Care - Other	(A)	\$151,445
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	507
Total Patient Days (TPD)	(F)	4,336
Total Patient Revenue	(G)	\$98,941,564
Other Operating Revenue	(H)	\$345,047
Inpatient Revenue	(I)	\$27,570,986
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.27769088
Adjusted Patient Days	$(F / K) = (L)$	15,614
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$6,359
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	24
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.12242096
Sum of (O) for All Rural Hospitals	(P)	9.16129403
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.336%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$164,314
Annual State Minimum (supplemental) Amount [2]	$(\$187,101 - R) = (S)$	\$22,787
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$280,459
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,677,523 - T) = (U)$	\$4,397,064
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$81,544
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.380400 - (S + V) = (W)$	\$132,820
Total RDSH Program Amount	$(S + V + W) = (X)$	\$214,365
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$57,290
Federal DSH General Limit	(Z)	\$1,015,964
Annual Payment under Regular DSH Program	(AA)	\$205
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,015,759
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + \text{adj})</math> or <math>AB) = (AC)</math></b>	<b>\$157,075</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.380400) = (AD)</math></b>	<b>\$21,794</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$178,869</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$5,448</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$39,269</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2016, 2017 and 2018 which are the most recent actual data available reported in accordance with 408.061(4)(A).

[2] If the calculated result is less than zero, zero is used as the value for this line.

[3] This facility meets Federal OB requirements.

[4] This amount may have required an adjustment to compensate for cumulative effects of rounding.

[5] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.