



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022**

Medicaid Number: **010123100**

Facility Number: **100140**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$18,431,258 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 1,234 |
| Total Patient Days (TPD) | (F) | 11,795 |
| Total Patient Revenue | (G) | \$322,807,391 |
| Other Operating Revenue | (H) | \$470,466 |
| Inpatient Revenue | (I) | \$129,664,239 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.40109224 |
| Adjusted Patient Days | $(F / K) = (L)$ | 29,407 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$10,993 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,677 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.24676664 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 2.610% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$318,873 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$119,767 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$187,564 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$307,331 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$80,689 |
| Federal DSH General Limit | (Z) | \$4,208,616 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$4,208,616 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$226,642 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$31,444 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$258,086 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,861 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$56,660 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010026900 Facility Number: 100112**

Dear Ms. Potter:

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) 2021-2022 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 2021-2022. 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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Brenda Potter
August 24, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022**

Medicaid Number: **010026900**

Facility Number: **100112**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$425,806 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 107 |
| Total Patient Days (TPD) | (F) | 1,121 |
| Total Patient Revenue | (G) | \$34,456,501 |
| Other Operating Revenue | (H) | \$1,343,677 |
| Inpatient Revenue | (I) | \$5,492,500 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.15342102 |
| Adjusted Patient Days | $(F / K) = (L)$ | 7,307 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$4,900 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 87 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.17297548 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 1.829% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$223,520 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$83,953 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$131,476 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$215,429 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$56,561 |
| Federal DSH General Limit | (Z) | \$1,639,412 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,639,412 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$158,868 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$22,042 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$180,910 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$5,510 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$39,717 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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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Vincent Sica
August 24, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010192300**

Facility Number: **100175**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$7,853,001 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 327 |
| Total Patient Days (TPD) | (F) | 3,293 |
| Total Patient Revenue | (G) | \$122,885,801 |
| Other Operating Revenue | (H) | \$53,830 |
| Inpatient Revenue | (I) | \$27,834,011 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.22640389 |
| Adjusted Patient Days | $(F / K) = (L)$ | 14,545 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$8,452 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 929 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.38143843 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 4.034% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$492,896 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$185,129 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$289,926 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$475,055 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$124,725 |
| Federal DSH General Limit | (Z) | \$3,688,397 |
| Annual Payment under Regular DSH Program | (AA) | \$125,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$3,563,397 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$350,330 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$48,606 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$398,936 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$12,151 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$87,583 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010103600**

Facility Number: **100078**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$768,508 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 288 |
| Total Patient Days (TPD) | (F) | 1,699 |
| Total Patient Revenue | (G) | \$33,362,294 |
| Other Operating Revenue | (H) | \$1,240,904 |
| Inpatient Revenue | (I) | \$6,801,461 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.19655585 |
| Adjusted Patient Days | $(F / K) = (L)$ | 8,644 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$4,003 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 192 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.28250308 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 2.988% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$365,052 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$137,111 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$214,727 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$351,838 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$92,374 |
| Federal DSH General Limit | (Z) | \$1,199,539 |
| Annual Payment under Regular DSH Program | (AA) | \$125,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,074,539 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$259,464 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$35,998 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$295,462 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$8,999 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$64,866 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010180000**

Facility Number: **100106**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$1,015,892 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$641,103 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 344 |
| Total Patient Days (TPD) | (F) | 2,215 |
| Total Patient Revenue | (G) | \$48,573,008 |
| Other Operating Revenue | (H) | \$426,041 |
| Inpatient Revenue | (I) | \$9,273,791 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.18926471 |
| Adjusted Patient Days | $(F / K) = (L)$ | 11,703 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$4,187 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 243 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.26484915 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 2.801% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$342,239 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$128,543 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$201,308 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$329,851 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$86,602 |
| Federal DSH General Limit | (Z) | \$2,173,545 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$2,173,545 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$243,249 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$33,749 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$276,998 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$8,437 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$60,812 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

Dennis Markos
Ed Fraser Memorial Hospital
159 N 3RD ST
Macclenny, FL 32063

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010004800**

Facility Number: **100134**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$5,603,420 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 48 |
| Total Patient Days (TPD) | (F) | 886 |
| Total Patient Revenue | (G) | \$59,218,101 |
| Other Operating Revenue | (H) | \$295,698 |
| Inpatient Revenue | (I) | \$6,242,808 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.10489682 |
| Adjusted Patient Days | $(F / K) = (L)$ | 8,446 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$7,046 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 795 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.95175614 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 10.066% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$1,229,863 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$461,929 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$723,417 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$1,185,346 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$311,210 |
| Federal DSH General Limit | (Z) | \$3,788,132 |
| Annual Payment under Regular DSH Program | (AA) | \$125,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$3,663,132 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$874,136 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$121,278 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$995,414 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$30,319 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$218,534 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022**

Medicaid Number: **010120600**

Facility Number: **100024**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$1,418,477 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 4 |
| Total Patient Days (TPD) | (F) | 470 |
| Total Patient Revenue | (G) | \$51,250,285 |
| Other Operating Revenue | (H) | \$392,668 |
| Inpatient Revenue | (I) | \$3,817,459 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.07392023 |
| Adjusted Patient Days | $(F / K) = (L)$ | 6,358 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$8,122 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 175 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.38008686 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 4.020% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$491,150 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$184,473 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$288,899 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$473,372 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$124,283 |
| Federal DSH General Limit | (Z) | \$4,225,858 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$4,225,858 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$349,089 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$48,433 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$397,522 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$12,108 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$87,272 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010189300**

Facility Number: **100118**

Hospital Name (Current): **AdventHealth Palm Coast**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$9,374,874 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 2,571 |
| Total Patient Days (TPD) | (F) | 32,965 |
| Total Patient Revenue | (G) | \$742,507,303 |
| Other Operating Revenue | (H) | \$1,048,431 |
| Inpatient Revenue | (I) | \$338,680,426 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.45548761 |
| Adjusted Patient Days | $(F / K) = (L)$ | 72,373 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$10,274 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 912 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.10567240 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 1.118% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$136,550 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$53,902 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$105,190 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$164,735 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$269,925 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$70,869 |
| Federal DSH General Limit | (Z) | \$7,300,274 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$7,300,274 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$199,057 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$27,618 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$226,674 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$6,904 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$49,764 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010260100**

Facility Number: **100282**

Hospital Name (Current): **AdventHealth Wauchula**

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$2,731,949 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 72 |
| Total Patient Days (TPD) | (F) | 8,361 |
| Total Patient Revenue | (G) | \$103,682,634 |
| Other Operating Revenue | (H) | \$715,601 |
| Inpatient Revenue | (I) | \$28,792,126 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.27579131 |
| Adjusted Patient Days | $(F / K) = (L)$ | 30,316 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,444 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 793 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.10349669 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 1.095% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$133,739 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$56,714 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$106,945 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$167,485 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$274,430 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$72,051 |
| Federal DSH General Limit | (Z) | \$1,888,763 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,888,763 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$202,379 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$28,078 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$230,457 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,019 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$50,595 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022**

Medicaid Number: **010080300**

Facility Number: **100153**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$747,641 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$1,937,174 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 41 |
| Total Patient Days (TPD) | (F) | 371 |
| Total Patient Revenue | (G) | \$12,365,802 |
| Other Operating Revenue | (H) | \$414,714 |
| Inpatient Revenue | (I) | \$1,235,895 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.09670149 |
| Adjusted Patient Days | $(F / K) = (L)$ | 3,837 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,331 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 224 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.71545106 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 7.567% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$924,509 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$347,240 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$543,805 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$891,045 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$233,941 |
| Federal DSH General Limit | (Z) | \$1,679,686 |
| Annual Payment under Regular DSH Program | (AA) | \$125,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,554,686 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$657,103 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$91,166 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$748,270 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$22,792 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$164,276 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022**

Medicaid Number: **010188500**

Facility Number: **100081**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$529,966 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 285 |
| Total Patient Days (TPD) | (F) | 2,358 |
| Total Patient Revenue | (G) | \$32,274,953 |
| Other Operating Revenue | (H) | \$186,383 |
| Inpatient Revenue | (I) | \$7,049,239 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.21715801 |
| Adjusted Patient Days | $(F / K) = (L)$ | 10,858 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$2,989 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 177 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.19604574 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 2.073% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$253,331 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$95,150 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$149,012 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$244,161 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$64,104 |
| Federal DSH General Limit | (Z) | \$1,096,977 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,096,977 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$180,058 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$24,981 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$205,038 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$6,245 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$45,014 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010086200**

Facility Number: **100098**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$4,105,042 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$7,506,275 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 107 |
| Total Patient Days (TPD) | (F) | 1,369 |
| Total Patient Revenue | (G) | \$68,274,601 |
| Other Operating Revenue | (H) | \$2,738,948 |
| Inpatient Revenue | (I) | \$5,305,607 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.07471260 |
| Adjusted Patient Days | $(F / K) = (L)$ | 18,324 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,876 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,059 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.85187693 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 9.010% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$1,100,799 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$413,454 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$647,500 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$1,060,954 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$278,551 |
| Federal DSH General Limit | (Z) | \$5,753,550 |
| Annual Payment under Regular DSH Program | (AA) | \$125,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$5,628,550 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$782,403 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$108,551 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$890,954 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$27,138 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$195,601 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010106100**

Facility Number: **100142**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$6,333,605 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 1,626 |
| Total Patient Days (TPD) | (F) | 12,653 |
| Total Patient Revenue | (G) | \$152,931,027 |
| Other Operating Revenue | (H) | \$1,355,450 |
| Inpatient Revenue | (I) | \$36,080,730 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.23385543 |
| Adjusted Patient Days | $(F / K) = (L)$ | 54,106 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$2,852 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 2,221 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.30404690 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 3.216% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$392,891 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$147,567 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$231,102 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$378,669 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$99,419 |
| Federal DSH General Limit | (Z) | \$4,381,562 |
| Annual Payment under Regular DSH Program | (AA) | \$125,000 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$4,256,562 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$279,251 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$38,744 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$317,994 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$9,686 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$69,813 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010173700**

Facility Number: **100048**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$2,808,980 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 193 |
| Total Patient Days (TPD) | (F) | 2,315 |
| Total Patient Revenue | (G) | \$50,165,419 |
| Other Operating Revenue | (H) | \$250,420 |
| Inpatient Revenue | (I) | \$12,427,172 |
| Sub-Acute Revenue | (J) | \$171,875 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.24308426 |
| Adjusted Patient Days | $(F / K) = (L)$ | 9,523 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$5,294 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 531 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.31257471 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 3.306% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$403,910 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$151,706 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$237,584 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$389,290 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$102,207 |
| Federal DSH General Limit | (Z) | \$1,430,691 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,430,691 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$287,083 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$39,830 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$326,913 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$9,958 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$71,771 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022**

Medicaid Number: **010822700**

Facility Number: **100241**

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

| | | |
|--|---|--------------------|
| Charity Care - Other | (A) | \$3,337,234 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 5 |
| Total Patient Days (TPD) | (F) | 59 |
| Total Patient Revenue | (G) | \$24,633,642 |
| Other Operating Revenue | (H) | \$846,059 |
| Inpatient Revenue | (I) | \$9,226,012 |
| Sub-Acute Revenue | (J) | \$6,160,512 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.12031146 |
| Adjusted Patient Days | $(F / K) = (L)$ | 490 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$51,958 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 64 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 1.17338840 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 12.410% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$1,516,257 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$569,497 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$891,876 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$1,461,374 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$383,681 |
| Federal DSH General Limit | (Z) | \$1,466,878 |
| Annual Payment under Regular DSH Program | (AA) | \$7 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,466,871 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$1,077,693 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$149,521 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$1,227,214 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$37,380 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$269,423 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010144300**

Facility Number: **100130**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$2,341,198 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$19,924,925 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 2,400 |
| Total Patient Days (TPD) | (F) | 6,892 |
| Total Patient Revenue | (G) | \$130,396,101 |
| Other Operating Revenue | (H) | \$1,987,717 |
| Inpatient Revenue | (I) | \$52,655,054 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.39774540 |
| Adjusted Patient Days | $(F / K) = (L)$ | 17,328 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$7,640 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 306 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.39269276 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 4.153% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$507,439 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$190,591 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$298,480 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$489,072 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$128,405 |
| Federal DSH General Limit | (Z) | \$6,142,505 |
| Annual Payment under Regular DSH Program | (AA) | \$394,620 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$5,747,885 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$360,666 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$50,040 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$410,707 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$12,510 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$90,167 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

Patrick Mcgee
Madison County Memorial Hospital
224 NW Crane Ave
Madison, FL 32340

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022**

Medicaid Number: **010115000**

Facility Number: **100004**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$784,373 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$668,308 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 93 |
| Total Patient Days (TPD) | (F) | 4,403 |
| Total Patient Revenue | (G) | \$25,276,081 |
| Other Operating Revenue | (H) | \$421,997 |
| Inpatient Revenue | (I) | \$9,992,600 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.38884620 |
| Adjusted Patient Days | $(F / K) = (L)$ | 11,323 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$2,269 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 346 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.09961735 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 1.054% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$128,726 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$61,727 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$110,075 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$172,387 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$282,462 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$74,159 |
| Federal DSH General Limit | (Z) | \$1,583,134 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$1,583,134 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$208,303 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$28,899 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$237,202 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$7,225 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$52,076 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

Richard Freeburg
Mariners Hospital
91500 Overseas Hwy
Tavernier, FL 33070

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010121400**

Facility Number: **100160**

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$10,580,490 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 54 |
| Total Patient Days (TPD) | (F) | 1,732 |
| Total Patient Revenue | (G) | \$174,310,449 |
| Other Operating Revenue | (H) | \$2,845,832 |
| Inpatient Revenue | (I) | \$16,627,188 |
| Sub-Acute Revenue | (J) | \$0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.09385605 |
| Adjusted Patient Days | $(F / K) = (L)$ | 18,454 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$9,600 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,102 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 0.66751453 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 7.060% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$862,565 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$323,974 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$507,369 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$831,343 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$218,267 |
| Federal DSH General Limit | (Z) | \$7,068,885 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$7,068,885 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$613,076 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$85,058 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$698,134 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$21,264 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$153,269 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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

SIMONE MARSTILLER
SECRETARY

August 24, 2021

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

**RE: State Fiscal Year 2021-2022
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) 2021-2022 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 2021-2022. 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.

2727 Mahan Drive Mail Stop # 23
Tallahassee, FL 32308
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Facebook.com/AHCAFlorida
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SlideShare.net/AHCAFlorida

Michael Kozar
August 24, 2021

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,

Maureen Castaño

Maureen Castaño,
Budget and Fiscal Planning Supervisor

MC: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 2021-2022

Medicaid Number: **010190700**

Facility Number: **100147**

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

| | | |
|--|---|--------------------|
| Charity Care - Other | (A) | \$1,325,596 |
| Charity Care - Hill - Burton | (B) | \$0 |
| Unrestricted Funds | (C) | \$0 |
| Restricted Funds | (D) | \$0 |
| Medicaid Days (MDD) | (E) | 9,466 |
| Total Patient Days (TPD) | (F) | 5,339 |
| Total Patient Revenue | (G) | \$98,543,475 |
| Other Operating Revenue | (H) | \$184,794 |
| Inpatient Revenue | (I) | \$19,289,419 |
| Sub-Acute Revenue | (J) | \$2,582,550 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | 0.16922072 |
| Adjusted Patient Days | $(F / K) = (L)$ | 31,551 |
| Gross Revenue per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,129 |
| Charity Care Days [2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 424 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 1.85233557 |
| Sum of (O) for All Rural Hospitals | (P) | 9.45508882 |
| Hospital's Percentage of TAERH | $(O / P) = (Q)$ | 19.591% |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$2,393,595 |
| Annual State Minimum (supplemental) Amount [2] | $(\$190,453 - R) = (S)$ | \$0 |
| Portion of Rural FAP Allocated to State Minimum Amounts | Sum of (S) for all Hospitals = (T) | \$172,343 |
| Rural FAP Funds Remaining for RDSH Distribution | $(\$4,761,317 - T) = (U)$ | \$4,588,974 |
| Portion of the Remaining Rural FAP | $(U \times Q) = (V)$ | \$899,021 |
| Corresponding Federal Disproportionate Share Funds [3] | $(S + V) / 0.389700 - (S + V) = (W)$ | \$1,407,935 |
| Total RDSH Program Amount | $(S + V + W) = (X)$ | \$2,306,956 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$605,686 |
| Federal DSH General Limit | (Z) | \$2,741,242 |
| Annual Payment under Regular DSH Program | (AA) | \$0 |
| DSH General Limit Minus Regular DSH Payment | $(Z - AA) = (AB)$ | \$2,741,242 |
| Estimated Annual RDSH Program Amount [5] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$1,701,269 |
| Estimated Annual Un-Matched State Funds (UMSF) Amount | $((X - AD) \times 0.389700) = (AD)$ | \$236,036 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$0 |
| Estimated Projected Total of Annual Amounts [4] | $(AC + AD) = (AF)$ | \$1,937,306 |
| Estimated Quarterly Un-Matched State Funds Amount | $(AD \times .25) = (AG)$ | \$59,009 |
| Estimated Quarterly RDSH Payment | $(AC \times .25) = (AH)$ | \$425,317 |

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2017 2018 2019, 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.