



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 10, 2016

Mr. Joseph A Infantino
Hospital Administrator
Northeast Florida State Hospital
7487 South State Road 121
Macclenny, Florida 32063

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0260029-00 HCCCB Number: 104007**

Dear Mr. Infantino:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Joseph A Infantino
March 10, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0260029-00** HCCCB Number : **104007**

Hospital Name (current) : **Northeast Florida State Hospital**

(as audited) : Northeast Florida State Hospital

Medicaid Days	(A)	7,002
Total Patient Days	(B)	144,489
Charity Care - Inpatient	(C)	\$5,541
Charity Care - Total	(D)	\$5,541
Total Inpatient Revenue	(E)	\$5,307,477
Total Patient Revenue	(F)	\$6,631,355
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 302.91
Total Medicaid Days, All Mental Health Hospitals	(J)	11,536
Total Allocation for Mental Health Hospitals	(K)	\$1,979,518
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$1,201,507
Medicaid Utilization Percentage [2]	(A / B) = (M)	4.85%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	2,120,975.8200
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	6,631,355
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	5,541
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	32.09%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$3,889
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$1,205,396
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$598,285
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$299,008

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Jonathan M. Ellen, MD
President/Vice Dean
All Children's Hospital
501 6th Ave South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101516-00 HCCCB Number: 103300**

Dear Mr. Ellen:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Jonathan M. Ellen
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101516-00** HCCCB Number : **103300**

Hospital Name (current) : **All Children's Hospital**

(as audited) : All Children's Hospital

Medicaid Days	(A)	37,976
Total Patient Days	(B)	61,565
Charity Care - Inpatient	(C)	\$6,449,353
Charity Care - Total	(D)	\$9,763,626
Total Inpatient Revenue	(E)	\$479,621,978
Total Patient Revenue	(F)	\$697,987,187
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$1,341.84
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	61.68%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	50,957,715.8400
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	697,987,187
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	6,449,353
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.65%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$21,094
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$21,094
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$10,470
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$5,232

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Stephen Grubbs
CEO
Bay Medical Center/Sacred Heart HS
615 N. Bonita Avenue
Panama City, Florida 32401

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100064-00 HCCCB Number: 100026**

Dear Mr. Grubbs:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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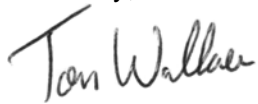
I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.



Mr. Stephen Grubbs
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100064-00** HCCCB Number : **100026**

Hospital Name (current) : **Bay Medical Centerr/Sacred Heart HS**

(as audited) : Bay Medical Center Sacred Heart Health System

Medicaid Days	(A)	9,311
Total Patient Days	(B)	85,628
Charity Care - Inpatient	(C)	\$28,183,487
Charity Care - Total	(D)	\$43,444,373
Total Inpatient Revenue	(E)	\$439,281,707
Total Patient Revenue	(F)	\$848,436,164
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 606.26
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	10.87%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	5,644,886.8600
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	848,436,164
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	28,183,487
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	7.08%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00402091
Total Charity Care - All High Medicaid Utiliaztion Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.03020462
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$4,564,723
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$4,564,723
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$2,265,649
Third Public Hospital DSH Payment [8]	((AD x .75) - AE)=(AF)	\$1,132,318

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Ms. Kathryn Gillette
President & CEO
Bayfront Health - St. Petersburg
701 6th Street South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101567-00 HCCCB Number: 100032**

Dear Ms. Gillette:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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Ms. Kathryn Gillette
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101567-00** HCCCB Number : **100032**

Hospital Name (current) : **Bayfront Health - St. Petersburg**

(as audited) : Bayfront Health - St Petersburg

Medicaid Days	(A)	21,033
Total Patient Days	(B)	95,179
Charity Care - Inpatient	(C)	\$39,930,096
Charity Care - Total	(D)	\$48,575,091
Total Inpatient Revenue	(E)	\$760,596,455
Total Patient Revenue	(F)	\$1,038,653,607
Unrestricted Funds	(G)	\$2,449,114
Restricted Funds	(H)	\$585,699
Medicaid PerDiem (January, 1999)	(I)	\$ 786.62
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	22.10%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	19,579,791.4600
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	1,041,688,420
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	37,707,730
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	6.84%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$11,683
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$11,683
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$5,799
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$2,898

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Drew Grossman
CEO
Broward Health Coral Springs
3000 Coral Hills Drive
Coral Springs, Florida 33065

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0120405-00 HCCCB Number: 100276**

Dear Mr. Grossman:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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Mr. Drew Grossman
March 7, 2016
Page Two

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Sincerely,

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Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 15 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0120405-00** HCCCB Number : **100276**

Hospital Name (current) : **Broward Health Coral Springs**

(as audited) : Broward Health Coral Springs

Medicaid Days	(A)	6,927
Total Patient Days	(B)	45,928
Charity Care - Inpatient	(C)	\$10,674,521
Charity Care - Total	(D)	\$18,187,908
Total Inpatient Revenue	(E)	\$301,081,245
Total Patient Revenue	(F)	\$530,082,430
Unrestricted Funds	(G)	\$12,986,367
Restricted Funds	(H)	\$300,320
Medicaid PerDiem (January, 1999)	(I)	\$ 874.40
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	15.08%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	19,343,655.8000
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	543,369,117
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	3,127,823
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	4.60%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00299139
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.01264511
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$2,085,469
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$2,085,469
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$1,035,099
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$517,319

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Ms. Alice Taylor
CEO
Broward Health Imperial Point
6401 North Federal Hwy.
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0108219-00 HCCCB Number: 100200**

Dear Ms. Taylor:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Alice Taylor
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0108219-00** HCCCB Number : **100200**

Hospital Name (current) : **Broward Health Imperial Point**

(as audited) : Broward Health Imperial Point

Medicaid Days	(A)	5,457
Total Patient Days	(B)	37,539
Charity Care - Inpatient	(C)	\$10,587,152
Charity Care - Total	(D)	\$14,782,579
Total Inpatient Revenue	(E)	\$199,587,210
Total Patient Revenue	(F)	\$369,408,498
Unrestricted Funds	(G)	\$9,301,853
Restricted Funds	(H)	\$157,088
Medicaid PerDiem (January, 1999)	(I)	\$ 711.53
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	14.54%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	13,341,760.2100
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	378,867,439
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	5,476,594
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	6.27%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00235658
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.01027756
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$1,685,039
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$1,685,039
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$836,350
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$417,988

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Calvin E. Glidewell Jr.
CEO
Broward Health Medical Center
1608 South Andrews Ave.
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100129-00 HCCCB Number: 100039**

Dear Mr. Glidewell:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Calvin E. Glidewell Jr.
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100129-00** HCCCB Number : **100039**

Hospital Name (current) : **Broward Health Medical Center**

(as audited) : Broward Health Medical Center

Medicaid Days	(A)	50,481
Total Patient Days	(B)	162,482
Charity Care - Inpatient	(C)	\$130,056,603
Charity Care - Total	(D)	\$202,576,124
Total Inpatient Revenue	(E)	\$1,112,964,402
Total Patient Revenue	(F)	\$1,647,520,516
Unrestricted Funds	(G)	\$71,720,526
Restricted Funds	(H)	\$3,319,952
Medicaid PerDiem (January, 1999)	(I)	\$ 839.48
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	31.07%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	117,418,267.8800
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	1,722,560,994
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	79,363,832
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	13.95%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.02179998
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.1408407
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$21,691,687
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$21,691,687
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$10,766,424
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$5,380,808

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Pauline Grant, MS, MBA, CHE
CEO
Broward Health North
201 East Sample Road
Pompano Beach, Florida 33064

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100218-00 HCCCB Number: 100086**

Dear Ms. Grant:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Pauline Grant
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 23 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100218-00** HCCCB Number : **100086**

Hospital Name (current) : **Broward Health North**

(as audited) : Broward Health North

Medicaid Days	(A)	7,949
Total Patient Days	(B)	80,919
Charity Care - Inpatient	(C)	\$41,550,336
Charity Care - Total	(D)	\$72,814,293
Total Inpatient Revenue	(E)	\$527,943,814
Total Patient Revenue	(F)	\$780,726,658
Unrestricted Funds	(G)	\$33,900,062
Restricted Funds	(H)	\$638,983
Medicaid PerDiem (January, 1999)	(I)	\$ 721.59
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	9.82%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	40,274,963.9100
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	815,265,703
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	18,194,306
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.39%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00343274
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.05062401
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$7,209,648
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$7,209,648
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$3,578,427
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$1,788,415

- [1] The above calculations are based on the average of your audited data for the years 07 08 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101940-00 HCCCB Number: 101302**

Dear Mr. Cannington:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. H. D. Cannington
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace". The signature is written in dark ink and is positioned above the printed name.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101940-00** HCCCB Number : **101302**

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

(as audited) : Campbellton-Graceville Hospital

Medicaid Days	(A)	37
Total Patient Days	(B)	922
Charity Care - Inpatient	(C)	\$36,203
Charity Care - Total	(D)	\$92,805
Total Inpatient Revenue	(E)	\$4,020,911
Total Patient Revenue	(F)	\$8,695,210
Unrestricted Funds	(G)	\$312,047
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 633.57
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	4.01%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	335,489.0900
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	9,007,257
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	-108,096
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	1.04%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	8
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$749,992
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$93,749
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$93,749
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$46,532
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$23,255

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Benjamin A. Spence
CFO
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, Florida 33990

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0119717-00 HCCCB Number: 100244**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Benjamin A. Spence
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace". The signature is written in dark ink and is positioned above the printed name.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 15 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0119717-00** HCCCB Number : **100244**

Hospital Name (current) : **Cape Coral Hospital**

(as audited) : Cape Coral Hospital

Medicaid Days	(A)	4,488
Total Patient Days	(B)	63,708
Charity Care - Inpatient	(C)	\$10,407,820
Charity Care - Total	(D)	\$17,438,058
Total Inpatient Revenue	(E)	\$326,373,648
Total Patient Revenue	(F)	\$514,382,719
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 990.79
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	7.04%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	4,446,665.5200
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	514,382,719
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	10,407,820
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	4.05%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00193812
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.01212378
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$1,875,462
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$1,875,462
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$930,865
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$465,224

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Ms. Robin Gaffney
Managing Director, Reimbursement
Citrus Memorial Hospital
502 Highland Blvd.
Inverness, Florida 34452

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0102199-00 HCCCB Number: 100023**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Robin Gaffney
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0102199-00** HCCCB Number : **100023**

Hospital Name (current) : **Citrus Memorial Hospital**

(as audited) : Citrus Memorial Hospital

Medicaid Days	(A)	3,507
Total Patient Days	(B)	50,770
Charity Care - Inpatient	(C)	\$5,918,505
Charity Care - Total	(D)	\$10,001,304
Total Inpatient Revenue	(E)	\$386,086,362
Total Patient Revenue	(F)	\$606,374,891
Unrestricted Funds	(G)	\$10,683,333
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 764.47
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	6.91%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	13,364,329.2900
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	617,058,224
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	-883,705
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	1.94%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00151448
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.00695339
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$1,129,375
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$1,129,375
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$560,553
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$280,151

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101923-00 HCCCB Number: 100175**

Dear Mr. Sica:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Vincent A. Sica
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 15 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101923-00** HCCCB Number : **100175**

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

(as audited) : Desoto Memorial Hospital

Medicaid Days	(A)	2,012
Total Patient Days	(B)	7,101
Charity Care - Inpatient	(C)	\$2,061,655
Charity Care - Total	(D)	\$3,543,441
Total Inpatient Revenue	(E)	\$32,463,877
Total Patient Revenue	(F)	\$81,582,200
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 989.72
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	28.33%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	1,991,316.6400
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	81,582,200
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	2,061,655
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.79%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$1,118
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$1,118
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$ 555
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$ 278

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101036-00 HCCCB Number: 101307**

Dear Mrs. Baker:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mrs. JoAnn Baker
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101036-00** HCCCB Number : **101307**

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

(as audited) : Doctors Memorial Hospital

Medicaid Days	(A)	572
Total Patient Days	(B)	4,409
Charity Care - Inpatient	(C)	\$540,035
Charity Care - Total	(D)	\$1,052,214
Total Inpatient Revenue	(E)	\$11,850,721
Total Patient Revenue	(F)	\$24,644,338
Unrestricted Funds	(G)	\$12,177
Restricted Funds	(H)	\$10,873
Medicaid PerDiem (January, 1999)	(I)	\$ 966.69
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	12.97%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	575,996.6800
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	24,667,388
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	528,951
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	6.80%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	8
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$749,992
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$93,749
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$93,749
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$46,532
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$23,255

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100048-00 HCCCB Number: 100134**

Dear Mr. Dudley:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Steve Dudley
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100048-00** HCCCB Number : **100134**

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

(as audited) : Ed Fraser Memorial Hospital

Medicaid Days	(A)	11
Total Patient Days	(B)	116
Charity Care - Inpatient	(C)	\$15,709
Charity Care - Total	(D)	\$2,661,094
Total Inpatient Revenue	(E)	\$3,882,409
Total Patient Revenue	(F)	\$31,774,189
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$1,148.75
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	9.48%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	12,636.2500
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	31,774,189
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	15,709
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	0.44%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	8
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$749,992
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$93,749
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$93,749
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$46,532
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$23,255

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100803-00 HCCCB Number: 101305**

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.


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



Ms. Kim Davis
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100803-00** HCCCB Number : **101305**

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

(as audited) : George E. Weems Memorial Hospital

Medicaid Days	(A)	71
Total Patient Days	(B)	911
Charity Care - Inpatient	(C)	\$47,675
Charity Care - Total	(D)	\$221,402
Total Inpatient Revenue	(E)	\$2,928,479
Total Patient Revenue	(F)	\$14,010,358
Unrestricted Funds	(G)	\$709,109
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 311.38
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	7.79%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	731,216.9800
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	14,719,467
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	-100,545
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	1.53%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	8
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$749,992
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$93,749
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$93,749
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$46,532
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$23,255

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Benjamin A. Spence
CFO
Gulf Coast Medical Center Lee Memorial
13681 Doctors Way
Ft Myers, Florida 33912

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0111341-00 HCCCB Number: 100220**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Benjamin A. Spence
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 23 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0111341-00** HCCCB Number : **100220**

Hospital Name (current) : **Gulf Coast Medical Center Lee Memorial**

(as audited) : Gulf Coast Medical Center Lee Memorial Health System

Medicaid Days	(A)	8,241
Total Patient Days	(B)	80,516
Charity Care - Inpatient	(C)	\$8,215,246
Charity Care - Total	(D)	\$10,874,632
Total Inpatient Revenue	(E)	\$631,155,293
Total Patient Revenue	(F)	\$851,760,362
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 851.07
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	10.24%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	7,013,667.8700
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	851,760,362
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	8,215,246
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	2.13%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00355884
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.00756057
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$1,483,016
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$1,483,016
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$736,078
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$367,875

- [1] The above calculations are based on the average of your audited data for the years 07 08 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
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- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Jeff Feasel
CEO
Halifax Health Medical Center
303 N. Clyde-Morris Blvd.
Daytona Beach, Florida 32114-2709

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101842-00 HCCCB Number: 100017**

Dear Mr. Feasel:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Jeff Feasel
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 16 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101842-00** HCCCB Number : **100017**

Hospital Name (current) : **Halifax Health Medical Center**

(as audited) : Halifax Health Medical Center

Medicaid Days	(A)	21,697
Total Patient Days	(B)	139,027
Charity Care - Inpatient	(C)	\$20,920,673
Charity Care - Total	(D)	\$30,091,601
Total Inpatient Revenue	(E)	\$739,636,928
Total Patient Revenue	(F)	\$1,127,669,291
Unrestricted Funds	(G)	\$47,169,452
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 794.57
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	15.61%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	64,409,237.2900
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	1,174,838,743
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	-10,017,714
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	4.13%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00936975
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.02092113
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$4,039,950
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$4,039,950
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$2,005,184
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$1,002,144

- [1] The above calculations are based on the average of your audited data for the years 07 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Greg P. Ohe
President
Health Central
10000 West Colonial Drive
Ocoee, Florida 34761

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101354-00 HCCCB Number: 100030**

Dear Mr. Ohe:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Greg P. Ohe
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101354-00** HCCCB Number : **100030**

Hospital Name (current) : **Health Central**

(as audited) : Health Central

Medicaid Days	(A)	6,987
Total Patient Days	(B)	41,720
Charity Care - Inpatient	(C)	\$16,313,773
Charity Care - Total	(D)	\$24,754,255
Total Inpatient Revenue	(E)	\$245,420,367
Total Patient Revenue	(F)	\$460,321,373
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$1,007.79
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	16.75%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	7,041,428.7300
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	460,321,373
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	16,313,773
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.18%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0030173
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.01721035
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$2,697,800
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$2,697,800
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$1,339,023
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$669,212

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100862-00 HCCCB Number: 101309**

Dear Mr. Beasley:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Lynn W Beasley
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 15 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100862-00** HCCCB Number : **101309**

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

(as audited) : Hendry Regional Medical Center

Medicaid Days	(A)	373
Total Patient Days	(B)	4,255
Charity Care - Inpatient	(C)	\$1,378,629
Charity Care - Total	(D)	\$2,458,241
Total Inpatient Revenue	(E)	\$13,215,402
Total Patient Revenue	(F)	\$39,415,485
Unrestricted Funds	(G)	\$7,612,709
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 995.91
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	8.77%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	7,984,183.4300
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	47,028,194
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	-1,173,794
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.10%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	8
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$749,992
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$93,749
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$93,749
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$46,532
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$23,255

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. William M. Duquette
CEO
Homestead Hospital
975 Baptist Way
Homestead, Florida 33033

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0102261-00 HCCCB Number: 100125**

Dear Mr. Duquette:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. William M. Duquette
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0102261-00** HCCCB Number : **100125**

Hospital Name (current) : **Homestead Hospital**

(as audited) : Homestead Hospital

Medicaid Days	(A)	10,948
Total Patient Days	(B)	44,252
Charity Care - Inpatient	(C)	\$45,952,011
Charity Care - Total	(D)	\$57,322,145
Total Inpatient Revenue	(E)	\$377,403,201
Total Patient Revenue	(F)	\$614,224,659
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 857.99
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	24.74%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	9,393,274.5200
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	614,224,659
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	45,952,011
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	13.71%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$6,081
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$6,081
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$3,018
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$1,509

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101061-00 HCCCB Number: 100142**

Dear Mr. Rovito:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Kevin Rovito
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101061-00** HCCCB Number : **100142**

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

(as audited) : Jackson Hospital

Medicaid Days	(A)	2,636
Total Patient Days	(B)	14,439
Charity Care - Inpatient	(C)	\$1,563,362
Charity Care - Total	(D)	\$4,365,101
Total Inpatient Revenue	(E)	\$37,370,540
Total Patient Revenue	(F)	\$111,249,580
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 641.79
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	18.26%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	1,691,758.4400
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	111,249,580
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	1,563,362
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	5.70%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	8
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$749,992
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$93,749
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$93,749
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$46,532
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$23,255

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Carlos Migoya
President / CEO
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Executive Offices-West Wing117
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100421-00 HCCCB Number: 100022**

Dear Mr. Migoya:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Carlos Migoya
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100421-00** HCCCB Number : **100022**

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

(as audited) : Jackson Memorial Hospital

Medicaid Days	(A)	167,542
Total Patient Days	(B)	485,621
Charity Care - Inpatient	(C)	\$121,733,185
Charity Care - Total	(D)	\$359,289,004
Total Inpatient Revenue	(E)	\$2,922,626,374
Total Patient Revenue	(F)	\$3,897,058,579
Unrestricted Funds	(G)	\$354,180,291
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$1,025.56
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	34.50%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	526,004,664.5200
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	4,251,238,870
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	-143,886,805
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	7.45%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.07235221
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.24979505
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$42,965,375
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$49,330,632
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$24,484,701
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$12,236,885

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101443-00 HCCCB Number: 100130**

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Darcy J. Davis
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 17 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101443-00** HCCCB Number : **100130**

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

(as audited) : Lakeside Medical Center

Medicaid Days	(A)	4,659
Total Patient Days	(B)	10,181
Charity Care - Inpatient	(C)	\$1,843,272
Charity Care - Total	(D)	\$2,236,708
Total Inpatient Revenue	(E)	\$64,335,686
Total Patient Revenue	(F)	\$111,227,041
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$1,416.74
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	45.76%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	6,600,591.6600
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	111,227,041
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	1,843,272
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.80%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00201197
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.00155507
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$475,742
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$475,742
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$236,129
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$118,012

- [1] The above calculations are based on the average of your audited data for the years 08 09.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Benjamin A. Spence
CFO
Lee Memorial Hospital
2776 Cleveland Ave
Ft Myers, Florida 33901

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101109-00 HCCCB Number: 100012**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Benjamin A. Spence
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101109-00** HCCCB Number : **100012**

Hospital Name (current) : **Lee Memorial Hospital**

(as audited) : Lee Memorial Hospital

Medicaid Days	(A)	34,527
Total Patient Days	(B)	165,233
Charity Care - Inpatient	(C)	\$46,368,839
Charity Care - Total	(D)	\$65,944,452
Total Inpatient Revenue	(E)	\$991,103,245
Total Patient Revenue	(F)	\$1,443,269,130
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 865.08
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	20.90%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	29,868,617.1600
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	1,443,269,130
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	46,368,839
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	6.75%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.01491032
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.04584776
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$8,103,418
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$8,103,418
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$4,022,040
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$2,010,122

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Frank V Sacco
President / CEO
Memorial Hospital Miramar
1901 SW 172nd Avenue
Miramar, Florida 33029

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0103454-00 HCCCB Number: 100285**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Frank V Sacco
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 15 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0103454-00** HCCCB Number : **100285**

Hospital Name (current) : **Memorial Hospital Miramar**

(as audited) : Memorial Hospital Miramar

Medicaid Days	(A)	3,630
Total Patient Days	(B)	26,942
Charity Care - Inpatient	(C)	\$4,900,463
Charity Care - Total	(D)	\$10,029,537
Total Inpatient Revenue	(E)	\$182,788,614
Total Patient Revenue	(F)	\$344,598,631
Unrestricted Funds	(G)	\$1,051,770
Restricted Funds	(H)	\$54,904
Medicaid PerDiem (January, 1999)	(I)	\$ 0.00
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	13.47%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	1,106,674.0000
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	345,705,305
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	4,313,440
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	2.68%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0015676
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.00697302
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$1,139,078
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$1,139,078
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$565,369
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$282,558

- [1] The above calculations are based on the average of your audited data for the years 07 08.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Frank V. Sacco
President / CEO
Memorial Hospital Pembroke
7800 Sheridan Street
Pembroke Pines, Florida 33024

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0102229-00 HCCCB Number: 100230**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Frank V. Sacco
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0102229-00** HCCCB Number : **100230**

Hospital Name (current) : **Memorial Hospital Pembroke**

(as audited) : Memorial Hospital Pembroke

Medicaid Days	(A)	2,976
Total Patient Days	(B)	29,930
Charity Care - Inpatient	(C)	\$17,587,959
Charity Care - Total	(D)	\$35,977,281
Total Inpatient Revenue	(E)	\$232,049,927
Total Patient Revenue	(F)	\$455,599,746
Unrestricted Funds	(G)	\$3,262,809
Restricted Funds	(H)	\$16,206
Medicaid PerDiem (January, 1999)	(I)	\$ 971.22
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	9.94%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	6,169,365.7200
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	458,878,761
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	15,917,863
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.20%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	8
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$749,992
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$93,749
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$93,749
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$46,532
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$23,255

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Frank V. Sacco
President / CEO
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0102521-00 HCCCB Number: 100281**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Frank V. Sacco
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 15 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0102521-00** HCCCB Number : **100281**

Hospital Name (current) : **Memorial Hospital West**

(as audited) : Memorial Hospital West

Medicaid Days	(A)	11,864
Total Patient Days	(B)	91,348
Charity Care - Inpatient	(C)	\$15,011,887
Charity Care - Total	(D)	\$32,831,732
Total Inpatient Revenue	(E)	\$593,031,776
Total Patient Revenue	(F)	\$1,016,015,103
Unrestricted Funds	(G)	\$3,575,333
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 808.78
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	12.99%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	13,170,698.9200
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	1,019,590,436
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	12,925,022
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	3.47%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00512341
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0228262
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$3,727,692
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$3,727,692
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$1,850,198
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$924,686

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Frank V. Sacco
President / CEO
Memorial Regional Hospital
3501 Johnson St.
Hollywood, Florida 33021

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100200-00 HCCCB Number: 100038**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Frank V. Sacco
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100200-00** HCCCB Number : **100038**

Hospital Name (current) : **Memorial Regional Hospital**

(as audited) : Memorial Regional Hospital

Medicaid Days	(A)	40,816
Total Patient Days	(B)	214,007
Charity Care - Inpatient	(C)	\$106,460,163
Charity Care - Total	(D)	\$203,128,363
Total Inpatient Revenue	(E)	\$1,466,687,274
Total Patient Revenue	(F)	\$2,327,834,983
Unrestricted Funds	(G)	\$34,876,156
Restricted Funds	(H)	\$11,388,695
Medicaid PerDiem (January, 1999)	(I)	\$ 807.75
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	19.07%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	79,233,975.0000
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	2,374,099,834
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	77,310,301
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.61%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.01762619
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.14122464
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$21,186,229
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$21,186,229
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$10,515,545
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$5,255,425

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Eric LaChance
CFO
Munroe Regional Medical Center
1121 SW 1st Ave
Ocala, Florida 34471

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101176-00 HCCCB Number: 100062**

Dear Mr. LaChance:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Eric LaChance
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101176-00** HCCCB Number : **100062**

Hospital Name (current) : **Munroe Regional Medical Center**

(as audited) : **Munroe Regional Medical Center**

Medicaid Days	(A)	12,372
Total Patient Days	(B)	107,061
Charity Care - Inpatient	(C)	\$11,468,031
Charity Care - Total	(D)	\$15,272,607
Total Inpatient Revenue	(E)	\$665,268,388
Total Patient Revenue	(F)	\$985,125,655
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 810.64
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	11.56%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	10,029,238.0800
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	985,125,655
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	11,468,031
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	2.74%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00534279
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.01061825
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$2,128,754
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$2,128,754
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$1,056,583
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$528,055

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Timothy Birkenstock
Senior Vice President / CFO
Nicklaus Children's Hospital
3100 S.W. 62nd Avenue
Miami, Florida 33155-3009

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100609-00 HCCCB Number: 103301**

Dear Mr. Birkenstock:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Timothy Birkenstock
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100609-00** HCCCB Number : **103301**

Hospital Name (current) : **Nicklaus Children's Hospital**

(as audited) : Nicklaus Children's Hospital

Medicaid Days	(A)	35,467
Total Patient Days	(B)	66,559
Charity Care - Inpatient	(C)	\$5,904,891
Charity Care - Total	(D)	\$8,538,239
Total Inpatient Revenue	(E)	\$581,330,141
Total Patient Revenue	(F)	\$900,215,227
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$1,552.32
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	53.29%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	55,056,133.4400
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	900,215,227
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	5,904,891
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	7.13%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$19,700
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$19,700
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$9,778
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$4,887

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
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- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Manny Linares
CEO
North Shore Medical Center
1100 N.W. 95th Street
Miami, Florida 33150-2098

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100498-00 HCCCB Number: 100029**

Dear Mr. Linares:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Manny Linares
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100498-00** HCCCB Number : **100029**

Hospital Name (current) : **North Shore Medical Center**

(as audited) : North Shore Medical Center

Medicaid Days	(A)	20,263
Total Patient Days	(B)	63,687
Charity Care - Inpatient	(C)	\$15,744,504
Charity Care - Total	(D)	\$17,335,202
Total Inpatient Revenue	(E)	\$391,435,244
Total Patient Revenue	(F)	\$576,195,919
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 721.87
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	31.82%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	14,627,251.8100
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	576,195,919
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	15,744,504
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	6.56%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$11,255
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$11,255
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$5,587
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$2,791

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101907-00 HCCCB Number: 101308**

Dear Mr. Kozar:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Michael Kozar
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101907-00** HCCCB Number : **101308**

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

(as audited) : Northwest Florida Community Hospital

Medicaid Days	(A)	230
Total Patient Days	(B)	1,860
Charity Care - Inpatient	(C)	\$322,841
Charity Care - Total	(D)	\$1,262,158
Total Inpatient Revenue	(E)	\$6,644,153
Total Patient Revenue	(F)	\$34,909,146
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 613.62
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	12.37%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	141,132.6000
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	34,909,146
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	322,841
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	5.26%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	8
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$749,992
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$93,749
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$93,749
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$46,532
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$23,255

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Ms. Robin Gaffney
Director of Reimbursement
Palms West Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0120260-00 HCCCB Number: 100269**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Robin Gaffney
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0120260-00** HCCCB Number : **100269**

Hospital Name (current) : **Palms West Hospital**

(as audited) : Palms West Hospital

Medicaid Days	(A)	10,093
Total Patient Days	(B)	46,376
Charity Care - Inpatient	(C)	\$11,764,290
Charity Care - Total	(D)	\$18,570,552
Total Inpatient Revenue	(E)	\$384,130,451
Total Patient Revenue	(F)	\$594,506,203
Unrestricted Funds	(G)	\$1,434,109
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 841.97
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	21.76%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	9,932,112.2100
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	595,940,312
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	10,837,664
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	4.49%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$5,606
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$5,606
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$2,783
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$1,390

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Michael B. Sitowitz
Controller
Parrish Medical Center
951 North Washington Avenue
Titusville, Florida 32796

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100102-00 HCCCB Number: 100028**

Dear Mr. Sitowitz:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Michael B. Sitowitz
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100102-00** HCCCB Number : **100028**

Hospital Name (current) : **Parrish Medical Center**

(as audited) : Parrish Medical Center

Medicaid Days	(A)	4,381
Total Patient Days	(B)	38,383
Charity Care - Inpatient	(C)	\$8,832,391
Charity Care - Total	(D)	\$17,915,814
Total Inpatient Revenue	(E)	\$161,156,974
Total Patient Revenue	(F)	\$419,621,974
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 689.70
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	11.41%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	3,021,575.7000
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	419,621,974
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	8,832,391
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	6.20%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00189191
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.01245594
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$1,913,600
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$1,913,600
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$949,794
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$474,685

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Irfan Mirza
CFO
Plantation General Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0120006-00 HCCCB Number: 100167**

Dear Mr. Mirza:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Irfan Mirza
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0120006-00** HCCCB Number : **100167**

Hospital Name (current) : **Plantation General Hospital**

(as audited) : Plantation General Hospital

Medicaid Days	(A)	21,441
Total Patient Days	(B)	48,967
Charity Care - Inpatient	(C)	\$5,479,691
Charity Care - Total	(D)	\$7,674,398
Total Inpatient Revenue	(E)	\$391,329,125
Total Patient Revenue	(F)	\$537,642,532
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 820.11
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	43.79%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	17,583,978.5100
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	537,642,532
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	5,479,691
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	4.67%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$11,910
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$11,910
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$5,912
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$2,954

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Henry Stovall
President
Sacred Heart Hospital
5151 N 9th Avenue
Pensacola, Florida 32504

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100765-00 HCCCB Number: 100025**

Dear Mr. Stovall:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Henry Stovall
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100765-00** HCCCB Number : **100025**

Hospital Name (current) : **Sacred Heart Hospital**

(as audited) : Sacred Heart Hospital

Medicaid Days	(A)	32,234
Total Patient Days	(B)	117,674
Charity Care - Inpatient	(C)	\$14,656,053
Charity Care - Total	(D)	\$24,062,160
Total Inpatient Revenue	(E)	\$562,487,139
Total Patient Revenue	(F)	\$1,041,691,790
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 806.86
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	27.39%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	26,008,325.2400
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	1,041,691,790
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	14,656,053
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	5.10%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$17,905
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$17,905
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$8,887
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$4,441

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Ms. Janet Krail
Sarasota Memorial Hospital
1700 S. Tamiami Trail
Sarasota, Florida 34239

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101761-00 HCCCB Number: 100087**

Dear Ms. Krail:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Janet Krail
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101761-00** HCCCB Number : **100087**

Hospital Name (current) : **Sarasota Memorial Hospital**

(as audited) : Sarasota Memorial Hospital

Medicaid Days	(A)	11,980
Total Patient Days	(B)	125,490
Charity Care - Inpatient	(C)	\$16,844,843
Charity Care - Total	(D)	\$27,821,487
Total Inpatient Revenue	(E)	\$786,420,745
Total Patient Revenue	(F)	\$1,353,084,782
Unrestricted Funds	(G)	\$53,666,681
Restricted Funds	(H)	\$203,746
Medicaid PerDiem (January, 1999)	(I)	\$ 682.03
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	9.55%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	62,041,146.4000
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	1,406,955,209
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	-14,464,962
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	2.57%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	416,816
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.00517351
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	1,179,434,831
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.01934284
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$133,371,847
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$3,269,790
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$3,269,790
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$1,622,924
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$811,098

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100331-00 HCCCB Number: 100102**

Dear Ms. Sherrod:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Rhonda Kay Sherrod
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100331-00** HCCCB Number : **100102**

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

(as audited) : Shands Lake Shore Regional Medical Center

Medicaid Days	(A)	4,221
Total Patient Days	(B)	17,591
Charity Care - Inpatient	(C)	\$5,376,254
Charity Care - Total	(D)	\$14,171,840
Total Inpatient Revenue	(E)	\$74,090,629
Total Patient Revenue	(F)	\$140,039,338
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$2,506,295
Medicaid PerDiem (January, 1999)	(I)	\$ 778.42
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	24.00%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	5,792,005.8200
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	142,545,633
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	4,050,248
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	9.53%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$2,345
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$2,345
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$1,164
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$ 581

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
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- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Ms. Lee Packer
Hospital Administrator
South Florida State Hospital
800 East Cypress Drive
Pembroke Pines, Florida 33025

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0260045-00 HCCCB Number: 104001**

Dear Ms. Packer:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Lee Packer
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 15 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0260045-00** HCCCB Number : **104001**

Hospital Name (current) : **South Florida State Hospital**

(as audited) : South Florida State Hospital

Medicaid Days	(A)	4,534
Total Patient Days	(B)	117,487
Charity Care - Inpatient	(C)	\$ 0
Charity Care - Total	(D)	\$ 0
Total Inpatient Revenue	(E)	\$3,008,003
Total Patient Revenue	(F)	\$29,055,592
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 359.37
Total Medicaid Days, All Mental Health Hospitals	(J)	11,536
Total Allocation for Mental Health Hospitals	(K)	\$1,979,518
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$778,011
Medicaid Utilization Percentage [2]	(A / B) = (M)	3.86%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	1,629,383.5800
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	29,055,592
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	0
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	5.61%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$778,011
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$386,157
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$192,992

- [1] The above calculations are based on the average of your audited data for the years 07 08.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Tom Schlemmer
CFO
St. Mary's Medical Center
901 45th St.
West Palm Beach, Florida 33407

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0101486-00 HCCCB Number: 100288**

Dear Mr. Schlemmer:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Tom Schlemmer
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 15 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0101486-00** HCCCB Number : **100288**

Hospital Name (current) : **St. Mary's Medical Center**

(as audited) : St Mary's Medical Center

Medicaid Days	(A)	38,367
Total Patient Days	(B)	100,078
Charity Care - Inpatient	(C)	\$24,776,201
Charity Care - Total	(D)	\$27,948,581
Total Inpatient Revenue	(E)	\$594,966,899
Total Patient Revenue	(F)	\$788,138,029
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 877.10
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	38.34%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	33,651,695.7000
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	788,138,029
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	24,776,201
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.43%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$21,311
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$21,311
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$10,578
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$5,286

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Carl Tremonti
CFO
St. Joseph's Hospital
3003 W. Dr. M. L. King Blvd.
3rd Floor, Medical Arts Bldg.
Tampa, Florida 33607-4227

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100978-00 HCCCB Number: 100175**

Dear Mr. Tremonti:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Carl Tremonti
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 15 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100978-00** HCCCB Number : **100175**

Hospital Name (current) : **St. Joseph's Hospital**

(as audited) : St. Josephs Hospital

Medicaid Days	(A)	52,938
Total Patient Days	(B)	224,205
Charity Care - Inpatient	(C)	\$67,773,991
Charity Care - Total	(D)	\$101,350,404
Total Inpatient Revenue	(E)	\$1,443,634,034
Total Patient Revenue	(F)	\$2,085,450,788
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$ 825.39
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	23.61%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	43,694,495.8200
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	2,085,450,788
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	67,773,991
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	6.79%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$29,405
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$29,405
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$14,595
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$7,294

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Steve L. Short
Senior Vice President / CFO
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100994-00 HCCCB Number: 100128**

Dear Mr. Short:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Steve L. Short
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100994-00** HCCCB Number : **100128**

Hospital Name (current) : **Tampa General Hospital**

(as audited) : Tampa General Hospital

Medicaid Days	(A)	54,594
Total Patient Days	(B)	239,364
Charity Care - Inpatient	(C)	\$175,592,854
Charity Care - Total	(D)	\$271,702,592
Total Inpatient Revenue	(E)	\$2,507,279,203
Total Patient Revenue	(F)	\$3,275,255,817
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$16,500,000
Medicaid PerDiem (January, 1999)	(I)	\$ 990.20
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	22.81%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	70,558,978.8000
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	3,291,755,817
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	162,961,747
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	8.64%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$30,325
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$30,325
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$15,052
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$7,522

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Russell Armistead
CEO
UF Health Jacksonville
655 West 8th Street
Jacksonville, Florida 32209

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100676-00 HCCCB Number: 100001**

Dear Mr. Armistead:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Russell Armistead
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100676-00** HCCCB Number : **100001**

Hospital Name (current) : **UF Health Jacksonville**

(as audited) : **Uf Health Jacksonville**

Medicaid Days	(A)	52,139
Total Patient Days	(B)	140,272
Charity Care - Inpatient	(C)	\$150,549,570
Charity Care - Total	(D)	\$228,143,809
Total Inpatient Revenue	(E)	\$971,156,534
Total Patient Revenue	(F)	\$1,597,129,636
Unrestricted Funds	(G)	\$79,797,974
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$1,099.18
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	37.17%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	137,108,120.0200
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	1,676,927,610
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	102,027,320
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	18.68%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$28,961
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$28,961
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$14,375
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$7,184

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 7, 2016

Mr. Timothy M. Goldfarb
CEO
UF Health Shands Hospital
Box 100326
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2015 - 2016
Third Regular Disproportionate Share Payment
Medicaid Number: 0100030-00 HCCCB Number: 100113**

Dear Mr. Goldfarb:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled third quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 75% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Timothy M. Goldfarb
March 7, 2016
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution
Payment Calculations with 24 Audited Data Elements
State Fiscal Year 2015 - 2016, Third Payment

Medicaid Number : **0100030-00** HCCCB Number : **100113**

Hospital Name (current) : **UF Health Shands Hospital**

(as audited) : **Uf Health Shands Hospital**

Medicaid Days	(A)	61,122
Total Patient Days	(B)	268,358
Charity Care - Inpatient	(C)	\$96,856,433
Charity Care - Total	(D)	\$127,348,381
Total Inpatient Revenue	(E)	\$1,566,349,412
Total Patient Revenue	(F)	\$2,227,109,428
Unrestricted Funds	(G)	\$ 0
Restricted Funds	(H)	\$ 0
Medicaid PerDiem (January, 1999)	(I)	\$1,329.55
Total Medicaid Days, All Mental Health Hospitals	(J)	
Total Allocation for Mental Health Hospitals	(K)	\$
Proportional Share of Mental Health Allocation [6]	(A / J) x K = (L)	\$
Medicaid Utilization Percentage [2]	(A / B) = (M)	22.78%
Low Income Utilization - Calculation Factor 1	((A x I) + G + H) = (N)	81,264,755.1000
Low Income Utilization - Calculation Factor 2	(F + G + H) = (O)	2,227,109,428
Low Income Utilization - Calculation Factor 3	(C - ((E / F) x (G + H))) = (P)	96,856,433
Low Income Utilization Percentage [3]	(N / O) + (P / E) = (Q)	9.83%
Total of Medicaid Days, All Audited Hospitals	(R)	1,800,316
Total Allocation for Federal Minimum Hospitals	(S)	\$1,000,000
Proportional Share of Federal Minimum Allocation [4] [6]	((A / R) x S) = (T)	\$33,951
Number of Qualified Low Medicaid Utilization Hospitals	(U)	
Total Allocation for Low Medicaid Utilization Hospitals	(V)	\$
Proportional Share of Low Medicaid Utilization Allocation [5, 6]	(V / U) = (W)	\$
Total Medicaid Days - All High Medicaid Utilization Hospitals	(X)	
Proportional Factor for High Medicaid Utilization Medicaid Days	((A / X) x .18) = (Y)	.0
Total Charity Care - All High Medicaid Utilization Hospitals	(Z)	
Proportional Factor for High Medicaid Utilization Charity Care	((D / Z) x .82) = (AA)	.0
Total Allocation for High Medicaid Utilization Hospitals	(AB)	\$
Calculated Share of High Medicaid Utilization Allocation [5, 6]	((Y + AA) x AB) = (AC)	\$
Projected Net Annual Amount [7]	(L + T + W + AC) = (AD)	\$33,951
Total Public Hospital DSH amount previously paid in this fiscal year	(AE)	\$16,851
Third Public Hospital DSH Payment [8]	((AD x .75) - AE) = (AF)	\$8,422

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
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- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.