



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101940-00 HCCCB Number: 100138**

Dear Mr. Cannington:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

Federal regulations limit the amount of DSH funds a specific facility may receive and is referred to as a "general limit." No DSH provider may receive more than the facility's general limit amount during the course of a fiscal year. This general limit is calculated for each facility by the state and is determined by summing a hospital's inpatient and outpatient charity care costs and Medicaid shortfall. These restrictions apply to all hospitals in all DSH programs.

Payment to your facility under the RDSH program is at the maximum allowed by the general limit. Unmatched State funds resulting from individual facilities having reached their general limit, will continue to be distributed proportionally to those affected facilities. A separate special



Mr. H. D. Cannington
January 19, 2016
Page Two

payment is included which represents your proportional share of unmatched state funds resulting from your facility having reached your general limit.

The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet. It also indicates your Medicaid utilization rate and your general limit for state fiscal year 2015-16.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the DSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the **total** of the enclosed second quarter RDSH and special payments for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 provisions of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosures:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101940-00** HCCCB Number: **100138**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$126,623 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$282,142 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 14 |
| Total Patient Days (TPD) | (F) | 596 |
| Total Patient Revenue | (G) | \$11,819,591 |
| Other Operating Revenue | (H) | \$781,500 |
| Inpatient Revenue | (I) | \$6,316,162 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .50123930 |
| Adjusted Patient Days | $(F / K) = (L)$ | 1,189 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$10,597.59 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 0.00 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .02349 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | .219 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$26,817 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$165,645 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$9,113 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$269,579 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$444,337 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$115,442 |
| Federal DSH General Limit | (Z) | \$425,300 |
| Annual payments under Regular DSH program | (AA) | \$93,749 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$331,551 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$331,551 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$44,359 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$68,427 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$375,910 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$11,016 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$82,333 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$11,015 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$82,334 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|--|----------------------------|------------------------------------|
| Campbellton-Graceville Hospital | Medicaid 0101940-00 | Second Quarter Amt \$93,349 |
|--|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural 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 Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.

Federal regulations limit the amount of DSH funds a specific facility may receive and is referred to as a "general limit." No DSH provider may receive more than the facility's general limit amount during the course of a fiscal year. This general limit is calculated for each facility by the state and is determined by summing a hospital's inpatient and outpatient charity care costs and Medicaid shortfall. These restrictions apply to all hospitals in all DSH programs.

Payment to your facility under the RDSH program is at the maximum allowed by the general limit. Unmatched State funds resulting from individual facilities having reached their general limit, will continue to be distributed proportionally to those affected facilities. A separate special



Mr. Steve Dudley
January 19, 2016
Page Two

payment is included which represents your proportional share of unmatched state funds resulting from your facility having reached your general limit.

The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet. It also indicates your Medicaid utilization rate and your general limit for state fiscal year 2015-16.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the DSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the **total** of the enclosed second quarter RDSH and special payments for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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 provisions of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosures:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

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

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

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

| | | |
|--|---|--------------------|
| Charity Care - Other | (A) | \$3,994,025 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 3 |
| Total Patient Days (TPD) | (F) | 175 |
| Total Patient Revenue | (G) | \$43,884,261 |
| Other Operating Revenue | (H) | \$79,583 |
| Inpatient Revenue | (I) | \$871,722 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .01982816 |
| Adjusted Patient Days | $(F / K) = (L)$ | 8,826 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$4,981.27 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 801.81 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | 4.59891 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 42.916 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$3,598,942 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$1,784,161 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$2,752,226 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$4,536,387 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$1,178,588 |
| Federal DSH General Limit | (Z) | \$2,622,211 |
| Annual payments under Regular DSH program | (AA) | \$93,749 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$2,528,462 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$2,528,462 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$789,719 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$1,218,206 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$3,318,181 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$196,109 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$627,887 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$196,109 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$627,886 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
 Agency for Health Care Administration
 Medicaid Cost Reimbursement
 2727 Mahan Drive, Mail Stop 23
 Tallahassee Florida 32308

Uses of Funds

| | | |
|------------------------------------|----------------------------|-------------------------------------|
| Ed Fraser Memorial Hospital | Medicaid 0100048-00 | Second Quarter Amt \$823,995 |
|------------------------------------|----------------------------|-------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101231-00 HCCCB Number: 100140**

Dear Mr. Lee:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Stephen P. Lee
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101231-00** HCCCB Number: **100140**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$9,550,512 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 1,059 |
| Total Patient Days (TPD) | (F) | 10,176 |
| Total Patient Revenue | (G) | \$197,009,733 |
| Other Operating Revenue | (H) | \$1,016,262 |
| Inpatient Revenue | (I) | \$67,019,732 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .33843906 |
| Adjusted Patient Days | $(F / K) = (L)$ | 30,067 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$6,586.06 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,450.11 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .24657 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 2.301 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$281,493 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$95,658 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$147,561 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$243,219 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$63,190 |
| Federal DSH General Limit | (Z) | \$4,452,267 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$4,452,267 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$206,235 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$14,546 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$220,781 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$3,612 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$51,214 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$3,613 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$51,214 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
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- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|--|----------------------------|------------------------------------|
| Baptist Medical Center - Nassau | Medicaid 0101231-00 | Second Quarter Amt \$54,827 |
|--|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

Mr. Phillip Hill Jr
CEO
Calhoun Liberty Hospital
20370 NE Burns Avenue
Blountstown, Florida 32424

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0100269-00 HCCCB Number: 100112**

Dear Mr. Hill:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Phillip Hill Jr
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0100269-00** HCCCB Number: **100112**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$232,296 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 162 |
| Total Patient Days (TPD) | (F) | 1,928 |
| Total Patient Revenue | (G) | \$28,750,712 |
| Other Operating Revenue | (H) | \$932,204 |
| Inpatient Revenue | (I) | \$9,400,686 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .31670359 |
| Adjusted Patient Days | $(F / K) = (L)$ | 6,088 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$4,875.87 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 47.64 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .10874 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 1.015 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$124,136 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$68,326 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$42,184 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$170,472 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$280,982 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$73,001 |
| Federal DSH General Limit | (Z) | \$1,486,121 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,486,121 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$238,255 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$16,804 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$255,059 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$4,173 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$59,165 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$4,173 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$59,166 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to:
Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|---------------------------------|----------------------------|------------------------------------|
| Calhoun Liberty Hospital | Medicaid 0100269-00 | Second Quarter Amt \$63,339 |
|---------------------------------|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 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
Second Rural 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 Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Vincent A. Sica
January 19, 2016
Page Two

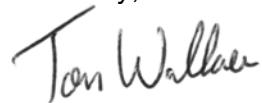
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

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

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$6,754,587 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 1,604 |
| Total Patient Days (TPD) | (F) | 7,241 |
| Total Patient Revenue | (G) | \$101,675,976 |
| Other Operating Revenue | (H) | \$215,524 |
| Inpatient Revenue | (I) | \$36,897,112 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .36212159 |
| Adjusted Patient Days | $(F / K) = (L)$ | 19,996 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$5,095.58 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,325.58 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .40458 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 3.775 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$461,883 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$156,959 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$242,123 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$399,082 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$103,685 |
| Federal DSH General Limit | (Z) | \$3,621,914 |
| Annual payments under Regular DSH program | (AA) | \$1,118 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$3,620,796 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$338,396 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$23,868 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$362,264 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$5,927 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$84,033 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$5,927 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$84,033 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|---------------------------------|----------------------------|------------------------------------|
| DeSoto Memorial Hospital | Medicaid 0101923-00 | Second Quarter Amt \$89,960 |
|---------------------------------|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101036-00 HCCCB Number: 100078**

Dear Mrs. Baker:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mrs. JoAnn Baker
January 19, 2016
Page Two

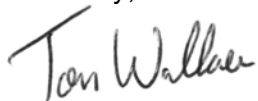
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101036-00** HCCCB Number: **100078**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$1,418,281 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 746 |
| Total Patient Days (TPD) | (F) | 3,741 |
| Total Patient Revenue | (G) | \$26,113,196 |
| Other Operating Revenue | (H) | \$1,301,786 |
| Inpatient Revenue | (I) | \$10,177,857 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .37125164 |
| Adjusted Patient Days | $(F / K) = (L)$ | 10,077 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$2,720.62 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 521.31 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .33876 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 3.161 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$386,741 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$131,424 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$202,733 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$334,157 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$86,817 |
| Federal DSH General Limit | (Z) | \$1,269,808 |
| Annual payments under Regular DSH program | (AA) | \$93,749 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,176,059 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$283,343 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$19,985 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$303,328 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$4,963 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$70,362 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$4,963 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$70,362 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|----------------------------------|----------------------------|------------------------------------|
| Doctors Memorial Hospital | Medicaid 0101036-00 | Second Quarter Amt \$75,325 |
|----------------------------------|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

Ms. Geri Forbes
CEO
Doctors' Memorial Hospital
333 N. Byron Butler Parkway
Perry, Florida 32347

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101800-00 HCCCB Number: 100106**

Dear Ms. Forbes:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Geri Forbes
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form ***must*** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101800-00** HCCCB Number: **100106**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$2,192,098 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 671 |
| Total Patient Days (TPD) | (F) | 3,224 |
| Total Patient Revenue | (G) | \$55,518,845 |
| Other Operating Revenue | (H) | \$339,804 |
| Inpatient Revenue | (I) | \$10,682,434 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .19124046 |
| Adjusted Patient Days | $(F / K) = (L)$ | 16,858 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,313.41 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 661.58 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .41333 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 3.857 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$471,873 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$160,354 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$247,360 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$407,714 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$105,927 |
| Federal DSH General Limit | (Z) | \$3,179,729 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$3,179,729 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$345,714 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$24,385 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$370,099 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$6,056 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$85,850 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$6,055 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$85,851 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|-----------------------------------|----------------------------|------------------------------------|
| Doctors' Memorial Hospital | Medicaid 0101800-00 | Second Quarter Amt \$91,906 |
|-----------------------------------|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101206-00 HCCCB Number: 100024**

Dear Mr. Leftwich:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Hal Leftwich
January 19, 2016
Page Two

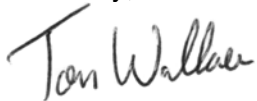
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101206-00** HCCCB Number: **100024**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$346,418 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 83 |
| Total Patient Days (TPD) | (F) | 1,771 |
| Total Patient Revenue | (G) | \$56,474,890 |
| Other Operating Revenue | (H) | \$604,627 |
| Inpatient Revenue | (I) | \$12,317,431 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .21579424 |
| Adjusted Patient Days | $(F / K) = (L)$ | 8,207 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$6,955.07 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 49.81 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .07499 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | .700 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$85,611 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$106,850 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$29,093 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$209,704 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$345,647 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$89,802 |
| Federal DSH General Limit | (Z) | \$1,890,298 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,890,298 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$293,086 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$20,672 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$313,758 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$5,134 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$72,781 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$5,133 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$72,782 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|---------------------------------------|----------------------------|------------------------------------|
| Fishermen's Community Hospital | Medicaid 0101206-00 | Second Quarter Amt \$77,915 |
|---------------------------------------|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0102601-00 HCCCB Number: 100282**

Dear Mr. Didenko:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Dima V Didenko
January 19, 2016
Page Two

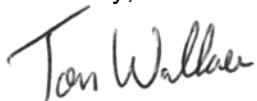
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0102601-00** HCCCB Number: **100282**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$3,516,369 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 49 |
| Total Patient Days (TPD) | (F) | 7,851 |
| Total Patient Revenue | (G) | \$73,511,020 |
| Other Operating Revenue | (H) | \$842,535 |
| Inpatient Revenue | (I) | \$24,250,509 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .32615131 |
| Adjusted Patient Days | $(F / K) = (L)$ | 24,072 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,088.84 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,138.41 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .15124 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 1.411 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$172,664 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$19,798 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$58,675 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$121,052 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$199,525 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$51,838 |
| Federal DSH General Limit | (Z) | \$1,682,681 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,682,681 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$169,184 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$11,933 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$181,117 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$2,963 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$42,013 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$2,964 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$42,013 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|------------------------------------|----------------------------|------------------------------------|
| Florida Hospital - Wauchula | Medicaid 0102601-00 | Second Quarter Amt \$44,977 |
|------------------------------------|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

Mr. Jermaine B. Bucknor
CFO
Florida Hospital Flagler
60 Memorial Medical Parkway
Palm Coast, Florida 32164

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101893-00 HCCCB Number: 100118**

Dear Mr. Bucknor:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Jermaine B. Bucknor
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101893-00** HCCCB Number: **100118**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$5,937,982 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 2,277 |
| Total Patient Days (TPD) | (F) | 27,242 |
| Total Patient Revenue | (G) | \$425,783,216 |
| Other Operating Revenue | (H) | \$3,065,167 |
| Inpatient Revenue | (I) | \$199,821,082 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .46594808 |
| Adjusted Patient Days | $(F / K) = (L)$ | 58,466 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$7,335.04 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 809.54 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .11330 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 1.057 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$129,347 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$63,114 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$43,955 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$165,164 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$272,233 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$70,728 |
| Federal DSH General Limit | (Z) | \$5,711,845 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$5,711,845 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$230,836 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$16,281 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$247,117 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$4,043 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$57,323 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$4,043 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$57,323 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|--------------------------|---------------------|-----------------------------|
| Florida Hospital Flagler | Medicaid 0101893-00 | Second Quarter Amt \$61,366 |
|--------------------------|---------------------|-----------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0100803-00 HCCCB Number: 100153**

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Kim Davis
January 19, 2016
Page Two

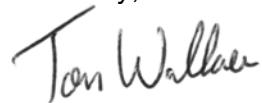
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0100803-00** HCCCB Number: **100153**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$1,296,196 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$1,855,068 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 80 |
| Total Patient Days (TPD) | (F) | 749 |
| Total Patient Revenue | (G) | \$15,294,248 |
| Other Operating Revenue | (H) | \$21,661 |
| Inpatient Revenue | (I) | \$2,464,123 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .16088650 |
| Adjusted Patient Days | $(F / K) = (L)$ | 4,655 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,289.88 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 112.06 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .25642 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 2.393 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$292,738 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$99,479 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$153,456 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$252,935 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$65,714 |
| Federal DSH General Limit | (Z) | \$1,807,509 |
| Annual payments under Regular DSH program | (AA) | \$93,749 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,713,760 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$214,473 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$15,127 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$229,600 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$3,757 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$53,260 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$3,756 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$53,259 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to:
Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|--|----------------------------|------------------------------------|
| George E. Weems Memorial Hospital | Medicaid 0100803-00 | Second Quarter Amt \$57,015 |
|--|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101885-00 HCCCB Number: 100081**

Dear Mr. Thompson:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. James H. Thompson
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form ***must*** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101885-00** HCCCB Number: **100081**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$180,897 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 471 |
| Total Patient Days (TPD) | (F) | 3,827 |
| Total Patient Revenue | (G) | \$35,863,069 |
| Other Operating Revenue | (H) | \$518,594 |
| Inpatient Revenue | (I) | \$14,076,857 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .38692176 |
| Adjusted Patient Days | $(F / K) = (L)$ | 9,891 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,678.30 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 49.18 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .13592 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 1.268 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$155,174 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$37,287 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$52,732 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$138,862 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$228,881 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$59,465 |
| Federal DSH General Limit | (Z) | \$1,273,314 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,273,314 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$194,075 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$13,689 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$207,764 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$3,399 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$48,194 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$3,400 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$48,195 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to:
Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|---|----------------------------|------------------------------------|
| Healthmark Regional Medical Center | Medicaid 0101885-00 | Second Quarter Amt \$51,595 |
|---|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0100862-00 HCCCB Number: 100098**

Dear Mr. Beasley:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Lynn W Beasley
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0100862-00** HCCCB Number: **100098**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$3,723,766 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$6,004,886 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 315 |
| Total Patient Days (TPD) | (F) | 2,815 |
| Total Patient Revenue | (G) | \$53,421,259 |
| Other Operating Revenue | (H) | \$963,213 |
| Inpatient Revenue | (I) | \$10,305,315 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .18949003 |
| Adjusted Patient Days | $(F / K) = (L)$ | 14,856 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,660.86 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 197.04 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .18190 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 1.697 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$207,658 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$70,567 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$108,856 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$179,423 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$46,615 |
| Federal DSH General Limit | (Z) | \$5,550,295 |
| Annual payments under Regular DSH program | (AA) | \$93,749 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$5,456,546 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$152,138 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$10,731 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$162,869 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$2,665 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$37,780 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$2,665 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$37,780 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|---------------------------------------|----------------------------|------------------------------------|
| Hendry Regional Medical Center | Medicaid 0100862-00 | Second Quarter Amt \$40,445 |
|---------------------------------------|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural 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 Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Kevin Rovito
January 19, 2016
Page Two

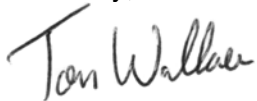
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

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

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

(Abbreviated Name derived from Cost Report): Jackson Hospital

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$5,713,424 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 2,034 |
| Total Patient Days (TPD) | (F) | 13,303 |
| Total Patient Revenue | (G) | \$126,848,586 |
| Other Operating Revenue | (H) | \$1,778,015 |
| Inpatient Revenue | (I) | \$38,917,570 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .30256238 |
| Adjusted Patient Days | $(F / K) = (L)$ | 43,968 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$2,925.47 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,952.99 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .29971 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 2.797 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$342,154 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$116,272 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$179,360 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$295,632 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$76,807 |
| Federal DSH General Limit | (Z) | \$4,264,484 |
| Annual payments under Regular DSH program | (AA) | \$93,749 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$4,170,735 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$250,677 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$17,681 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$268,358 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$4,391 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$62,250 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$4,391 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$62,250 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to:
Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|-------------------------|----------------------------|------------------------------------|
| Jackson Hospital | Medicaid 0101061-00 | Second Quarter Amt \$66,641 |
|-------------------------|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101737-00 HCCCB Number: 100048**

Dear Mr. Hutchins:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Mike T. Hutchins
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101737-00** HCCCB Number: **100048**

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

(Abbreviated Name derived from Cost Report): Jay Hospital

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$1,261,932 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 235 |
| Total Patient Days (TPD) | (F) | 3,077 |
| Total Patient Revenue | (G) | \$46,451,094 |
| Other Operating Revenue | (H) | \$855,084 |
| Inpatient Revenue | (I) | \$14,466,047 |
| Sub-Acute Revenue | (J) | \$255,143 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .30040271 |
| Adjusted Patient Days | $(F / K) = (L)$ | 10,243 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$4,618.43 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 273.24 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .16517 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 1.541 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$188,567 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$3,895 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$64,080 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$104,856 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$172,830 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$44,903 |
| Federal DSH General Limit | (Z) | \$1,249,595 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,249,595 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$146,548 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$10,337 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$156,885 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$2,567 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$36,392 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$2,567 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$36,392 |

[1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).

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

[3] This facility meets federal OB requirements.

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

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|---------------------|----------------------------|------------------------------------|
| Jay Hospital | Medicaid 0101737-00 | Second Quarter Amt \$38,959 |
|---------------------|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0108227-00 HCCCB Number: 100241**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Pamela B. Howard
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0108227-00** HCCCB Number: **100241**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$3,169,044 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 22 |
| Total Patient Days (TPD) | (F) | 1,068 |
| Total Patient Revenue | (G) | \$20,463,515 |
| Other Operating Revenue | (H) | \$198,410 |
| Inpatient Revenue | (I) | \$4,397,810 |
| Sub-Acute Revenue | (J) | \$1,064,049 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .16134804 |
| Adjusted Patient Days | $(F / K) = (L)$ | 6,619 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,121.50 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,015.23 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .97119 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 9.063 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$1,108,741 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$376,776 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$581,211 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$957,987 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$248,892 |
| Federal DSH General Limit | (Z) | \$1,832,855 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,832,855 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$812,311 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$57,294 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$869,605 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$14,228 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$201,719 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$14,228 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$201,719 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|-----------------------------|----------------------------|-------------------------------------|
| Lake Butler Hospital | Medicaid 0108227-00 | Second Quarter Amt \$215,947 |
|-----------------------------|----------------------------|-------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 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
Second Rural 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 Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Darcy J. Davis
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

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

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$1,213,321 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$6,653,728 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 4,197 |
| Total Patient Days (TPD) | (F) | 11,072 |
| Total Patient Revenue | (G) | \$123,567,654 |
| Other Operating Revenue | (H) | \$740,758 |
| Inpatient Revenue | (I) | \$68,768,362 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .55320763 |
| Adjusted Patient Days | $(F / K) = (L)$ | 20,014 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$6,211.02 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 0.00 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .37906 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 3.537 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$432,751 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$147,059 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$226,852 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$373,911 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$97,145 |
| Federal DSH General Limit | (Z) | \$5,982,695 |
| Annual payments under Regular DSH program | (AA) | \$475,742 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$5,506,953 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$317,053 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$22,362 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$339,415 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$5,553 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$78,733 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$5,553 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$78,733 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|-------------------------|---------------------|-----------------------------|
| Lakeside Medical Center | Medicaid 0101443-00 | Second Quarter Amt \$84,286 |
|-------------------------|---------------------|-----------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101150-00 HCCCB Number: 100004**

Dear Mr. McGee:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Patrick McGee
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101150-00** HCCCB Number: **100004**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$511,686 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$333,333 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 121 |
| Total Patient Days (TPD) | (F) | 4,673 |
| Total Patient Revenue | (G) | \$19,934,020 |
| Other Operating Revenue | (H) | \$1,026,741 |
| Inpatient Revenue | (I) | \$7,850,377 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .37452729 |
| Adjusted Patient Days | $(F / K) = (L)$ | 12,477 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$1,679.94 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 205.38 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .06984 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | .652 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$79,735 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$112,727 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$27,096 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$215,689 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$355,512 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$92,365 |
| Federal DSH General Limit | (Z) | \$1,122,130 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,122,130 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$301,451 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$21,262 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$322,713 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$5,280 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$74,859 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$5,280 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$74,858 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to:
Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|---|----------------------------|------------------------------------|
| Madison County Memorial Hospital | Medicaid 0101150-00 | Second Quarter Amt \$80,138 |
|---|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101214-00 HCCCB Number: 100160**

Dear Mr. Freeburg:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Rick Freeburg
January 19, 2016
Page Two

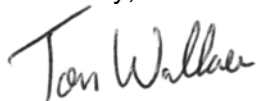
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101214-00** HCCCB Number: **100160**

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

(Abbreviated Name derived from Cost Report): Mariners Hospital

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$12,711,013 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 105 |
| Total Patient Days (TPD) | (F) | 2,571 |
| Total Patient Revenue | (G) | \$133,259,462 |
| Other Operating Revenue | (H) | \$982,040 |
| Inpatient Revenue | (I) | \$25,145,695 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .18731685 |
| Adjusted Patient Days | $(F / K) = (L)$ | 13,725 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$9,780.51 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,299.63 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .54633 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 5.098 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$623,712 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$211,952 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$326,955 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$538,907 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$140,012 |
| Federal DSH General Limit | (Z) | \$7,081,499 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$7,081,499 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$456,958 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$32,231 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$489,189 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$8,004 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$113,475 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$8,004 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$113,476 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|--------------------------|----------------------------|-------------------------------------|
| Mariners Hospital | Medicaid 0101214-00 | Second Quarter Amt \$121,480 |
|--------------------------|----------------------------|-------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

Mr. Mark Bush
CEO
Northwest Florida Community Hospital
P.O. Box 889
Chipley, Florida 32428

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101907-00 HCCCB Number: 100147**

Dear Mr. Bush:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Mark Bush
January 19, 2016
Page Two

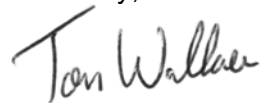
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101907-00** HCCCB Number: **100147**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$2,599,381 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 252 |
| Total Patient Days (TPD) | (F) | 3,175 |
| Total Patient Revenue | (G) | \$72,134,963 |
| Other Operating Revenue | (H) | \$431,905 |
| Inpatient Revenue | (I) | \$13,135,938 |
| Sub-Acute Revenue | (J) | \$2,220,693 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .15041637 |
| Adjusted Patient Days | $(F / K) = (L)$ | 21,108 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,437.87 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 756.10 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .31751 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 2.963 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$362,482 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$123,180 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$190,016 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$313,196 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$81,371 |
| Federal DSH General Limit | (Z) | \$2,278,725 |
| Annual payments under Regular DSH program | (AA) | \$93,749 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$2,184,976 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$265,570 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$18,731 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$284,301 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$4,652 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$65,948 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$4,651 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$65,949 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|--------------------------------------|---------------------|-----------------------------|
| Northwest Florida Community Hospital | Medicaid 0101907-00 | Second Quarter Amt \$70,600 |
|--------------------------------------|---------------------|-----------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101141-00 HCCCB Number: 100139**

Dear Mr. Kugaraj:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Jai Kugaraj
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form ***must*** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101141-00** HCCCB Number: **100139**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$59,905 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 303 |
| Total Patient Days (TPD) | (F) | 1,117 |
| Total Patient Revenue | (G) | \$11,545,584 |
| Other Operating Revenue | (H) | \$477,132 |
| Inpatient Revenue | (I) | \$4,085,253 |
| Sub-Acute Revenue | (J) | \$145,287 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .32771014 |
| Adjusted Patient Days | $(F / K) = (L)$ | 3,408 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$3,527.27 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 16.98 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .28647 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 2.673 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$327,039 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$111,136 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$171,437 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$282,573 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$73,415 |
| Federal DSH General Limit | (Z) | \$1,401,295 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,401,295 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$239,603 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$16,900 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$256,503 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$4,197 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$59,500 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$4,197 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$59,500 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 10 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|--|----------------------------|------------------------------------|
| Regional General Hospital - Williston | Medicaid 0101141-00 | Second Quarter Amt \$63,697 |
|--|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 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
Second Rural 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 Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Rhonda Kay Sherrod
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

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

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$7,634,963 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 5,278 |
| Total Patient Days (TPD) | (F) | 17,710 |
| Total Patient Revenue | (G) | \$213,301,788 |
| Other Operating Revenue | (H) | \$3,508,407 |
| Inpatient Revenue | (I) | \$118,409,253 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .54614246 |
| Adjusted Patient Days | $(F / K) = (L)$ | 32,427 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$6,686.01 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 1,141.93 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .36250 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 3.383 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$413,845 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$ 0 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$140,634 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$216,941 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$357,575 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$92,900 |
| Federal DSH General Limit | (Z) | \$3,540,088 |
| Annual payments under Regular DSH program | (AA) | \$2,345 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$3,537,743 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$303,201 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$21,385 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$324,586 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$5,311 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$75,293 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$5,310 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$75,294 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to:
Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|---|----------------------------|------------------------------------|
| Shands Lake Shore Medical Center | Medicaid 0100331-00 | Second Quarter Amt \$80,604 |
|---|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

Ms. Minh Dang
CFO
Shands Live Oak Regional Medical Center
1100 SW 11th Street
Live Oak, Florida 32064

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0101796-00 HCCCB Number: 100146**

Dear Ms. Dang:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Minh Dang
January 19, 2016
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form ***must*** be returned to us before any further RDSH payments can be mailed to your facility.

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

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

Sincerely,



Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0101796-00** HCCCB Number: **100146**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$577,444 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 476 |
| Total Patient Days (TPD) | (F) | 4,331 |
| Total Patient Revenue | (G) | \$81,411,698 |
| Other Operating Revenue | (H) | \$1,775,028 |
| Inpatient Revenue | (I) | \$20,143,309 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .24214571 |
| Adjusted Patient Days | $(F / K) = (L)$ | 17,886 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$4,650.96 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 124.16 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .13857 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 1.293 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$158,198 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$34,263 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$53,760 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$135,783 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$223,806 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$58,147 |
| Federal DSH General Limit | (Z) | \$1,423,466 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,423,466 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or $AB) = (AC)$ | \$189,773 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$13,385 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$203,158 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$3,324 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$47,126 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$3,324 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$47,126 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|--|----------------------------|------------------------------------|
| Shands Live Oak Regional Medical Center | Medicaid 0101796-00 | Second Quarter Amt \$50,450 |
|--|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

**RE: State Fiscal Year 2015 - 2016
Second Rural Disproportionate Share Payment
Medicaid Number: 0100072-00 HCCCB Number: 100103**

Dear Mr. Burish:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,811,539 appropriated by the Florida Legislature for the RFAP for state fiscal year 2015-16. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2015-16. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Brent Burish
January 19, 2016
Page Two

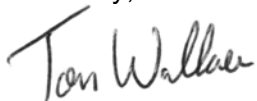
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2015-16. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call 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

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2015 - 2016 Second Payment

Medicaid Number: **0100072-00** HCCCB Number: **100103**

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

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

| | | |
|--|---|------------------|
| Charity Care - Other | (A) | \$453,022 |
| Charity Care - Hill-Burton | (B) | \$ 0 |
| Unrestricted Funds | (C) | \$ 0 |
| Restricted Funds | (D) | \$ 0 |
| Medicaid Days (MDD) | (E) | 593 |
| Total Patient Days (TPD) | (F) | 5,150 |
| Total Patient Revenue | (G) | \$92,591,304 |
| Other Operating Revenue | (H) | \$1,417,639 |
| Inpatient Revenue | (I) | \$27,660,603 |
| Sub-Acute Revenue | (J) | \$ 0 |
| Adjustment Factor | $(I - J) / (G + H) = (K)$ | .29423374 |
| Adjusted Patient Days | $(F / K) = (L)$ | 17,503 |
| Gross revenue Per Adjusted Patient Days | $((G + H) / L) = (M)$ | \$5,370.99 |
| Charity Care Days[2] | $((A + B - ((C + D) / 2)) / M) = (N)$ | 84.35 |
| Total Amount Earned FAP (TAERH) | $((N + E) / F) = (O)$ | .13152 |
| Sum of (O) for all rural hospitals | (P) | 10.71604 |
| Hospitals's Percentage of TAERH | $(O / P) = (Q)$ | 1.227 % |
| Preliminary Annual Total (see AF, using Zero for S and T) | Method in (U) through (AF) = (R) | \$150,151 |
| Annual State Minimum (supplemental) amount [2] | $(\$192,462 - R) = (S)$ | \$42,310 |
| Portion of Rural FAP allocated to State minimum amounts | Sum of (S) for all Hospitals = (T) | \$654,215 |
| Rural FAP funds Remaining for RDSH distribution | $(\$4,811,539 - T) = (U)$ | \$4,157,324 |
| Portion of the Remaining rural FAP | $(U \times Q) = (V)$ | \$51,025 |
| Corresponding Federal Disproportionate Share funds [3] | $(S + V) / 0.3933) - (S + V) = (W)$ | \$143,978 |
| Total RDSH program amount | $(S + V + W) = (X)$ | \$237,313 |
| Adjustment needed to satisfy Federal Funding Limitations | (Y) | \$61,655 |
| Federal DSH General Limit | (Z) | \$1,603,773 |
| Annual payments under Regular DSH program | (AA) | \$ 0 |
| DSH General Limit Minus Regular DSH payment | $(Z - AA) = (AB)$ | \$1,603,773 |
| Annual RDSH program amount [6] | Lesser of $((X - Y + adj)$ or AB) = (AC) | \$201,227 |
| Annual Un-Matched State Funds (UMSF) amount | $((X - AC) \times 0.3933) = (AD)$ | \$14,192 |
| Annual Reduction Resulting from Funding and General Limits | (AE) | \$ 0 |
| Projected Total of Annual amounts [4] | $(AC + AD) = (AF)$ | \$215,419 |
| Total of UMSF amounts previously paid in this Fiscal Year | (AG) | \$3,524 |
| Total of RDSH amounts previously paid in this Fiscal Year | (AH) | \$49,970 |
| Second UMSF Payment [5] | $((AD \times .50) - AG) = (AI)$ | \$3,525 |
| Second RDSH Payment [5] | $((AC \times .50) - AH) = (AJ)$ | \$49,971 |

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 11 12 13, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
- [2] If the calculated result is less than zero, zero is used as the value for this line.
- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2015 - 2016

Hospital Classification

Please check one

| | | |
|------|-------|---|
| True | False | Hospital Description |
| | | Owned by a county government and leased to a management company |

If **true** fill out "Uses of Funds", sign and return form. If **false**, sign and return form

Please return to: Lecia Behenna
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

| | | |
|--|----------------------------|------------------------------------|
| Shands Starke Regional Medical Center | Medicaid 0100072-00 | Second Quarter Amt \$53,496 |
|--|----------------------------|------------------------------------|

| Account Category | Amounts |
|-----------------------|---------|
| Salaries and Benefits | |
| Equipment | |
| Other - (Specify) | |
| | |
| | |
| | |
| Total (1) | |

Certification

I certify that the above information is true and correct to the best of my knowledge.

| Please Sign & Print Name | Title & email address | Date |
|--------------------------|-----------------------|------|
| | | |

Signature and Title of individual completing form.

(1) - The total amount should equal the amount of the previous distribution.

