



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$44,032
Annual Reduction Resulting from Funding and General Limits	(AE)	\$68,754
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$375,583
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$22,031
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$164,667
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$10,772
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$82,331

- [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	Third Quarter Amt \$93,103
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$783,890
Annual Reduction Resulting from Funding and General Limits	(AE)	\$1,224,035
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$3,312,352
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$392,218
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$1,255,773
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$191,763
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$627,875

- [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	Third Quarter Amt \$819,638
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 2016
Page Two

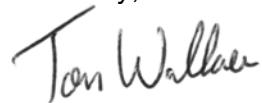
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$14,439
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$220,674
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$7,225
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$102,428
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$3,532
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$51,213

- [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

Baptist Medical Center - Nassau	Medicaid 0101231-00	Third Quarter Amt \$54,745
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 2016
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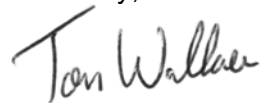
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$16,680
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$254,935
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$8,346
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$118,331
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$4,080
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$59,164

- [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	Third Quarter Amt \$63,244
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$23,692
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$362,088
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$11,854
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$168,066
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$5,796
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$84,032

- [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	Third Quarter Amt \$89,828
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$19,838
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$303,181
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$9,926
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$140,724
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$4,853
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$70,361

- [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	Third Quarter Amt \$75,214
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$24,205
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$369,919
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$12,111
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$171,701
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$5,921
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$85,848

- [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	Third Quarter Amt \$91,769
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$20,519
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$313,605
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$10,267
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$145,563
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$5,020
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$72,779

- [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	Third Quarter Amt \$77,799
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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

March 11, 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
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$11,845
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$181,029
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$5,927
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$84,026
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$2,898
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$42,012

- [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	Third Quarter Amt \$44,910
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 2016
Page Two

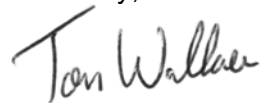
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$16,161
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$246,997
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$8,086
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$114,646
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$3,954
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$57,322

- [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	Third Quarter Amt \$61,276
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$15,015
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$229,488
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$7,513
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$106,519
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$3,673
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$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	Third Quarter Amt \$56,932
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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

March 11, 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
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$13,588
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$207,663
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$6,799
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$96,389
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$3,324
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$48,192

- [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	Third Quarter Amt \$51,516
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$10,652
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$162,790
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$5,330
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$75,560
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$2,606
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$37,779

[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	Third Quarter Amt \$40,385
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 2016
Page Two

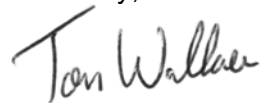
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$17,551
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$268,228
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$8,782
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$124,500
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$4,293
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$62,249

- [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	Third Quarter Amt \$66,542
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 2016
Page Two

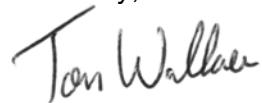
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$10,261
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$156,809
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$5,134
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$72,784
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$2,510
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$36,391

- [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	Third Quarter Amt \$38,901
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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

March 11, 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
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 2016
Page Two

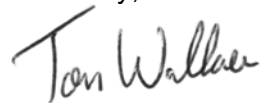
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$56,871
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$869,182
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$28,456
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$403,438
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$13,912
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$201,716

- [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	Third Quarter Amt \$215,628
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$22,197
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$339,250
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$11,106
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$157,466
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$5,429
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$78,732

- [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	Third Quarter Amt \$84,161
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$21,105
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$322,556
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$10,560
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$149,717
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$5,163
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$74,857

- [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	Third Quarter Amt \$80,020
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$31,993
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$488,951
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$16,008
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$226,951
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$7,826
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$113,473

- [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	Third Quarter Amt \$121,299
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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

March 11, 2016

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

**RE: State Fiscal Year 2015 - 2016
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$18,593
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$284,163
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$9,303
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$131,897
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$4,548
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$65,947

- [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	Third Quarter Amt \$70,495
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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

March 11, 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
Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 11, 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 third 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 Third 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	$((X - AC) \times 0.3933) = (AD)$	\$16,775
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$256,378
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$8,394
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$119,000
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$4,103
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$59,499

- [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	Third Quarter Amt \$63,602
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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.

