



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
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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 2016-17.

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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	40.196 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$3,456,213
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$1,642,373
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$2,579,665
Total RDSH program amount	$(S + V + W) = (X)$	\$4,222,038
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$1,109,958
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$2,528,462</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$658,803</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$1,034,773
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$3,187,265
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$329,402
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$1,264,231
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$164,700</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$632,116</b>

- [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 2016 - 2017

### 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: Ryan Perry  
 Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 2727 Mahan Drive, Mail Stop 23  
 Tallahassee Florida 32308

### Uses of Funds

<b>Ed Fraser Memorial Hospital</b>	<b>Medicaid 0100048-00</b>	<b>Third Quarter Amt \$796,816</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

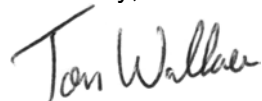
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Rural Disproportionate Share Calculations  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.155 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$263,434
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$88,056
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$138,309
Total RDSH program amount	$(S + V + W) = (X)$	\$226,365
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$59,511
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$183,368</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$16,726</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$200,094
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$8,363
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$91,684
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$4,182</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$45,842</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Baptist Medical Center - Nassau</b>	<b>Medicaid 0101231-00</b>	<b>Third Quarter Amt \$50,024</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

Mr. Charles Durant  
CEO  
Calhoun Liberty Hospital  
20370 NE Burns Avenue  
Blountstown, Florida 32424

**RE: State Fiscal Year 2016 - 2017  
Third Rural Disproportionate Share Payment  
Medicaid Number: 0100269-00 HCCCB Number: 100112**

Dear Mr. Durant:

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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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. Charles Durant  
April 28, 2017  
Page Two

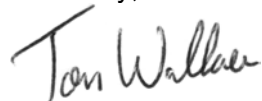
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.950 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$116,172
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$74,029
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$38,832
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$177,269
Total RDSH program amount	$(S + V + W) = (X)$	\$290,129
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$76,274
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$235,021</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$21,437</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$256,458
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$10,719
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$117,511
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$5,359</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$58,755</b>

- [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.
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- [5] This payment may be made by check or transferred electronically.
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RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

## RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Calhoun Liberty Hospital</b>	<b>Medicaid 0100269-00</b>	<b>Third Quarter Amt \$64,114</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

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Mr. Vincent A. Sica  
April 28, 2017  
Page Two

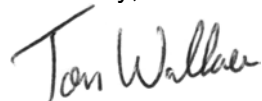
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Rural Disproportionate Share Calculations  
Payment Calculations with Most Recent Data Elements [1]  
State Fiscal Year 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.536 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$432,251
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$144,485
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$226,942
Total RDSH program amount	$(S + V + W) = (X)$	\$371,427
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$97,647
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$300,876</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$27,444</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$328,320
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$13,722
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$150,438
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$6,861</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$75,219</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>DeSoto Memorial Hospital</b>	<b>Medicaid 0101923-00</b>	<b>Third Quarter Amt \$82,080</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

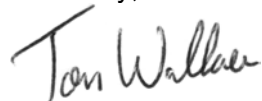
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.961 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$361,930
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$120,979
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$190,022
Total RDSH program amount	$(S + V + W) = (X)$	\$311,001
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$81,761
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$251,928</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$22,979</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$274,907
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$11,490
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$125,964
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$5,744</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$62,982</b>

- [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 2016 - 2017

**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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

**Uses of Funds**

<b>Doctors Memorial Hospital</b>	<b>Medicaid 0101036-00</b>	<b>Third Quarter Amt \$68,726</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
<b>Total (1)</b>	

**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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

Ms. Mary Lescher  
Interim CEO  
Doctors' Memorial Hospital  
333 N. Byron Butler Parkway  
Perry, Florida 32347

**RE: State Fiscal Year 2016 - 2017  
Third Rural Disproportionate Share Payment  
Medicaid Number: 0101800-00 HCCCB Number: 100106**

Dear Ms. Lescher:

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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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. Mary Lescher  
April 28, 2017  
Page Two

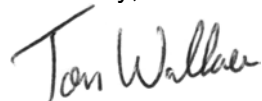
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.613 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$441,600
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$147,610
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$231,851
Total RDSH program amount	$(S + V + W) = (X)$	\$379,461
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$99,758
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$307,385</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$28,037</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$335,422
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$14,019
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$153,693
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$7,009</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$76,846</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Doctors' Memorial Hospital</b>	<b>Medicaid 0101800-00</b>	<b>Third Quarter Amt \$83,855</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

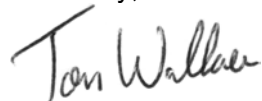
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.655 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$80,119
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$110,081
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$26,781
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$214,969
Total RDSH program amount	$(S + V + W) = (X)$	\$351,831
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$92,495
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$285,002</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$25,996</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$310,998
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$12,998
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$142,501
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$6,499</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$71,251</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Fishermen's Community Hospital</b>	<b>Medicaid 0101206-00</b>	<b>Third Quarter Amt \$77,750</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

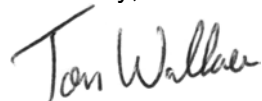
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.322 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$161,587
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$28,614
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$54,012
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$129,780
Total RDSH program amount	$(S + V + W) = (X)$	\$212,406
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$55,841
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$172,060</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$15,695</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$187,755
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$7,848
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$86,030
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$3,923</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$43,015</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Florida Hospital - Wauchula</b>	<b>Medicaid 0102601-00</b>	<b>Third Quarter Amt \$46,938</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

Mr. Cory Domayer  
CFO  
Florida Hospital Flagler  
60 Memorial Medical Parkway  
Palm Coast, Florida 32164

**RE: State Fiscal Year 2016 - 2017  
Third Rural Disproportionate Share Payment  
Medicaid Number: 0101893-00 HCCCB Number: 100118**

Dear Mr. Domayer:

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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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. Cory Domayer  
April 28, 2017  
Page Two

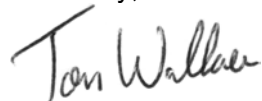
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.990 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$121,049
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$69,151
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$40,462
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890) - (S + V) = (W)$	\$172,169
Total RDSH program amount	$(S + V + W) = (X)$	\$281,782
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$74,079
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$228,259</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$20,820</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$249,079
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$10,410
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$114,130
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$5,205</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$57,064</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Florida Hospital Flagler</b>	<b>Medicaid 0101893-00</b>	<b>Third Quarter Amt \$62,269</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

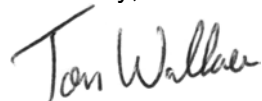
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.188 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$145,219
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$44,981
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$48,541
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890) - (S + V) = (W)$	\$146,895
Total RDSH program amount	$(S + V + W) = (X)$	\$240,417
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$63,204
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$194,751</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$17,764</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$212,515
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$8,882
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$97,376
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$4,441</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$48,687</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Healthmark Regional Medical Center</b>	<b>Medicaid 0101885-00</b>	<b>Third Quarter Amt \$53,128</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

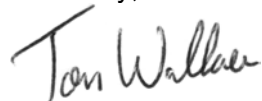
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,015.54
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.47266
Sum of (O) for all rural hospitals	(P)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.131 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$504,987
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$168,798
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$265,130
Total RDSH program amount	$(S + V + W) = (X)$	\$433,928
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$114,078
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$351,505</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$32,063</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$383,568
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$16,032
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$175,753
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$8,015</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$87,876</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Hendry Regional Medical Center</b>	<b>Medicaid 0100862-00</b>	<b>Third Quarter Amt \$95,891</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

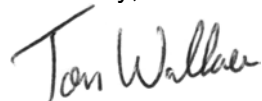
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.444 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$176,470
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$13,731
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$58,987
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$114,218
Total RDSH program amount	$(S + V + W) = (X)$	\$186,936
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$49,145
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$151,429</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$13,812</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$165,241
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$6,906
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$75,715
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$3,453</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$37,857</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Jay Hospital</b>	<b>Medicaid 0101737-00</b>	<b>Third Quarter Amt \$41,310</b>
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
<b>Total (1)</b>	

### 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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

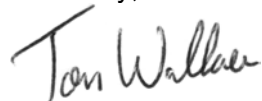
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	8.489 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,037,610
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$346,834
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$544,770
Total RDSH program amount	$(S + V + W) = (X)$	\$891,604
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$234,399
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$722,248</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$65,880</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$788,128
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$32,940
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$361,124
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$16,470</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$180,562</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Lake Butler Hospital</b>	<b>Medicaid 0108227-00</b>	<b>Third Quarter Amt \$197,032</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

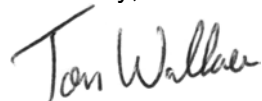
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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]	$((A + B - ((C + D) / 2)) / M) = (N)$	194.28
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.39661
Sum of (O) for all rural hospitals	(P)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.467 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$423,735
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$141,639
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$222,471
Total RDSH program amount	$(S + V + W) = (X)$	\$364,110
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$95,723
Federal DSH General Limit	(Z)	\$5,982,695
Annual payments under Regular DSH program	(AA)	\$472,014
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$5,510,681
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$294,949</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$26,904</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$321,853
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$13,452
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$147,475
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$6,725</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$73,737</b>

- [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 2016 - 2017

### 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: Ryan Perry  
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 \$80,462
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

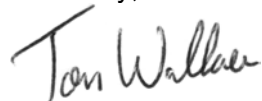
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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]	$((A + B - ((C + D) / 2)) / M) = (N)$	304.39
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.09103
Sum of (O) for all rural hospitals	(P)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.796 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$97,256
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$92,944
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$32,509
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$197,049
Total RDSH program amount	$(S + V + W) = (X)$	\$322,502
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$84,784
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$261,244</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$23,829</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$285,073
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$11,915
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$130,622
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$5,957</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$65,311</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Madison County Memorial Hospital</b>	<b>Medicaid 0101150-00</b>	<b>Third Quarter Amt \$71,268</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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  
April 28, 2017  
Page Two

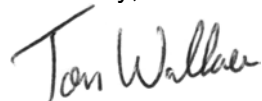
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.775 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$583,699
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$195,108
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$306,456
Total RDSH program amount	$(S + V + W) = (X)$	\$501,564
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$131,859
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$406,294</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$37,060</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$443,354
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$18,530
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$203,147
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$9,265</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$101,574</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Mariners Hospital</b>	<b>Medicaid 0101214-00</b>	<b>Third Quarter Amt \$110,839</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

Ms. Edith Mears  
CEO/CFO  
Regional General Hospital - Williston  
P.O. Drawer 550  
125 SW 7th Street  
Williston, Florida 32696

**RE: State Fiscal Year 2016 - 2017  
Third Rural Disproportionate Share Payment  
Medicaid Number: 0101141-00 HCCCB Number: 100139**

Dear Ms. Mears:

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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

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Ms. Edith Mears  
April 28, 2017  
Page Two

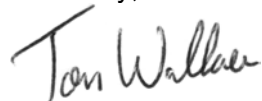
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 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)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.504 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$306,058
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$102,304
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$160,688
Total RDSH program amount	$(S + V + W) = (X)$	\$262,992
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$69,140
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
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$213,037</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$19,433</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$232,470
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$9,717
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$106,519
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$4,858</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$53,259</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Regional General Hospital - Williston</b>	<b>Medicaid 0101141-00</b>	<b>Third Quarter Amt \$58,117</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Third Rural Disproportionate Share Payment  
Medicaid Number: 0100331-00 HCCCB Number: 100102**

Dear Ms. Sherrod:

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

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Rhonda Kay Sherrod  
April 28, 2017  
Page Two

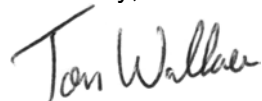
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 Third Payment

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

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

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

Charity Care - Other	(A)	\$7,634,963
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	5,278
Total Patient Days (TPD)	(F)	17,710
Total Patient Revenue	(G)	\$213,301,788
Other Operating Revenue	(H)	\$3,508,407
Inpatient Revenue	(I)	\$118,409,253
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.54614246
Adjusted Patient Days	$(F / K) = (L)$	32,427
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$6,686.01
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,141.93
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.36250
Sum of (O) for all rural hospitals	(P)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.168 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$387,295
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$129,458
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$203,339
Total RDSH program amount	$(S + V + W) = (X)$	\$332,797
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$87,491
Federal DSH General Limit	(Z)	\$3,540,088
Annual payments under Regular DSH program	(AA)	\$2,345
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,537,743
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$269,583</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$24,590</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$294,173
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$12,295
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$134,792
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$6,148</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$67,395</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Shands Lake Shore Medical Center</b>	<b>Medicaid 0100331-00</b>	<b>Third Quarter Amt \$73,543</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

Ms. Jennifer Grafton  
Shands Live Oak Regional Medical Center  
1100 SW 11th Street  
Live Oak, Florida 32064

**RE: State Fiscal Year 2016 - 2017  
Third Rural Disproportionate Share Payment  
Medicaid Number: 0101796-00 HCCCB Number: 100146**

Dear Ms. Grafton:

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 \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. 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. Jennifer Grafton  
April 28, 2017  
Page Two

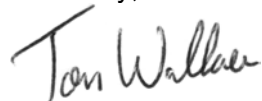
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 Third Payment

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

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

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

Charity Care - Other	(A)	\$577,444
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	476
Total Patient Days (TPD)	(F)	4,331
Total Patient Revenue	(G)	\$81,411,698
Other Operating Revenue	(H)	\$1,775,028
Inpatient Revenue	(I)	\$20,143,309
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.24214571
Adjusted Patient Days	$(F / K) = (L)$	17,886
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,650.96
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	124.16
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.13857
Sum of (O) for all rural hospitals	(P)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.211 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$148,049
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$42,151
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$49,487
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$143,936
Total RDSH program amount	$(S + V + W) = (X)$	\$235,575
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$61,932
Federal DSH General Limit	(Z)	\$1,423,466
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,423,466
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$190,827</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$17,407</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$208,234
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$8,704
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$95,414
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$4,351</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$47,706</b>

- [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 2016 - 2017**

**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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

**Uses of Funds**

<b>Shands Live Oak Regional Medical Center</b>	<b>Medicaid 0101796-00</b>	<b>Third Quarter Amt \$52,057</b>
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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

JUSTIN M. SENIOR  
SECRETARY

April 28, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Third Rural Disproportionate Share Payment  
Medicaid Number: 0100072-00 HCCCB Number: 100103**

Dear Mr. Burish:

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

The RFAP is based upon a fixed sum of money. Therefore, the annual distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,755,010 appropriated by the Florida Legislature for the RFAP for state fiscal year 2016-17. 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 2016-17. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Brent Burish  
April 28, 2017  
Page Two

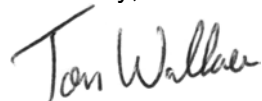
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 2016-17. 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 T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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 2016 - 2017 Third Payment

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

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

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

Charity Care - Other	(A)	\$453,022
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	593
Total Patient Days (TPD)	(F)	5,150
Total Patient Revenue	(G)	\$92,591,304
Other Operating Revenue	(H)	\$1,417,639
Inpatient Revenue	(I)	\$27,660,603
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.29423374
Adjusted Patient Days	$(F / K) = (L)$	17,503
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,370.99
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	84.35
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.13152
Sum of (O) for all rural hospitals	(P)	11.44121
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.150 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$140,518
Annual State Minimum (supplemental) amount [2]	$(\$190,200 - R) = (S)$	\$49,682
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$669,097
Rural FAP funds Remaining for RDSH distribution	$(\$4,755,010 - T) = (U)$	\$4,085,913
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$46,970
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3890 - (S + V) = (W)$	\$151,811
Total RDSH program amount	$(S + V + W) = (X)$	\$248,463
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$65,320
Federal DSH General Limit	(Z)	\$1,603,773
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,603,773
<b>Annual RDSH program amount [6]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$201,269</b>
<b>Annual Un-Matched State Funds (UMSF) amount</b>	<b><math>((X - AC) \times 0.3890) = (AD)</math></b>	<b>\$18,358</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$219,627
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$9,179
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$100,635
<b>Third UMSF Payment [5]</b>	<b><math>((AD \times .75) - AG) = (AI)</math></b>	<b>\$4,590</b>
<b>Third RDSH Payment [5]</b>	<b><math>((AC \times .75) - AH) = (AJ)</math></b>	<b>\$50,317</b>

- [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 2016 - 2017

### 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: Ryan Perry  
Agency for Health Care Administration  
Medicaid Cost Reimbursement  
2727 Mahan Drive, Mail Stop 23  
Tallahassee Florida 32308

### Uses of Funds

<b>Shands Starke Regional Medical Center</b>	Medicaid <b>0100072-00</b>	Third Quarter Amt <b>\$54,907</b>
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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.

