



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Ronald Jimenez

AdventHealth Palm Coast  
60 MEMORIAL MEDICAL PKWY  
PALM COAST, FL 32164

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010189300  
Facility Number: 100118**

Dear Mr / Ms: Ronald Jimenez

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Ronald Jimenez  
August 30, 2022

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

If you have any questions regarding the above, please contact Jefferey Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**

**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010189300**

Facility Number: **100118**

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

Charity Care - Other	(A)	\$12,444,752
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	2,625
Total Patient Days (TPD)	(F)	34,370
Total Patient Revenue	(G)	\$775,487,789
Other Operating Revenue	(H)	\$4,923,740
Inpatient Revenue	(I)	\$364,133,194
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.46659125
Adjusted Patient Days	$(F / K) = (L)$	73,662
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$10,595
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,175
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.11055112
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.553%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$67,108
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$126,876
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$149,752
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$225,096
Total RDSH Program Amount	$(S + V + W) = (X)$	\$374,848
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$96,623
Federal DSH General Limit	(Z)	\$7,374,144
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$7,374,144
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$278,224</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$38,601</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$316,826</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$9,650</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$69,556</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Janet Kinney

BAPTIST MEDICAL CENTER - NASSAU  
1250 S 18TH ST  
FERNANDINA BEACH, FL 32034

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010123100  
Facility Number: 100140**

Dear Mr / Ms: Janet Kinney

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Janet Kinney  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**  
**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010123100**

Facility Number: **100140**

Hospital Name (Current): **BAPTIST MEDICAL CENTER - NASSAU**

Charity Care - Other	(A)	\$17,457,654
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,169
Total Patient Days (TPD)	(F)	11,215
Total Patient Revenue	(G)	\$334,836,416
Other Operating Revenue	(H)	\$2,479,557
Inpatient Revenue	(I)	\$130,691,528
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.38744542
Adjusted Patient Days	$(F / K) = (L)$	28,946
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$11,653
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,498
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.23781448
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.189%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$144,361
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$49,623
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$98,832
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$148,557
Total RDSH Program Amount	$(S + V + W) = (X)$	\$247,389
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$63,769
Federal DSH General Limit	(Z)	\$4,121,046
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,121,046
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$183,620</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$25,476</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$209,096</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$6,369</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$45,905</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. BRUCE DAVIS  
FINANCIAL OFFICER  
CALHOUN-LIBERTY HOSPITAL  
20370 NE BURNS AVE  
BLOUNTSTOWN, FL 32424

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010026900  
Facility Number: 100112**

Dear Mr / Ms: BRUCE DAVIS

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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BRUCE DAVIS  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:



**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**

**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010026900**

Facility Number: **100112**

Hospital Name (Current): **CALHOUN-LIBERTY HOSPITAL**

Charity Care - Other	(A)	\$318,424
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	79
Total Patient Days (TPD)	(F)	838
Total Patient Revenue	(G)	\$30,889,667
Other Operating Revenue	(H)	\$1,853,652
Inpatient Revenue	(I)	\$4,005,733
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.12233741
Adjusted Patient Days	$(F / K) = (L)$	6,850
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,780
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	67
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.17376414
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.869%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$105,481
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$88,504
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$124,459
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$187,078
Total RDSH Program Amount	$(S + V + W) = (X)$	\$311,537
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$80,304
Federal DSH General Limit	(Z)	\$2,043,728
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,043,728
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$231,233</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$32,081</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$263,314</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$8,020</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$57,808</b>

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[3] This facility meets Federal OB requirements.

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

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RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Vincent Sica

DESOTO MEMORIAL HOSPITAL  
900 N ROBERT AVE  
ARCADIA, FL 34266

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010192300  
Facility Number: 100175**

Dear Mr / Ms: Vincent Sica

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Vincent Sica  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**

**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010192300**

Facility Number: **100175**

Hospital Name (Current): **DESOTO MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$9,457,226
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	366
Total Patient Days (TPD)	(F)	3,373
Total Patient Revenue	(G)	\$131,812,296
Other Operating Revenue	(H)	\$45,771
Inpatient Revenue	(I)	\$29,490,125
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.22365052
Adjusted Patient Days	$(F / K) = (L)$	15,082
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$8,743
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,082
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.42920003
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	2.146%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$260,539
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$88,810
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$133,492
Total RDSH Program Amount	$(S + V + W) = (X)$	\$222,302
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$57,303
Federal DSH General Limit	(Z)	\$4,033,795
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$3,883,795
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$164,999</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$22,893</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$187,892</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$5,723</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$41,250</b>

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RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Joann Baker  
CHIEF EXECUTIVE OFFICER  
DOCTORS MEMORIAL HOSPITAL  
2600 Hospital Drive  
BONIFAY, FL 32425-0188

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010103600  
Facility Number: 100078**

Dear Mr / Ms: Joann Baker

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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Joann Baker  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**

**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010103600**

Facility Number: **100078**

Hospital Name (Current): **DOCTORS MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$764,537
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	226
Total Patient Days (TPD)	(F)	1,659
Total Patient Revenue	(G)	\$34,753,656
Other Operating Revenue	(H)	\$919,150
Inpatient Revenue	(I)	\$6,568,951
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.18414450
Adjusted Patient Days	$(F / K) = (L)$	9,009
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,960
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	193
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.25261311
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.263%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$153,345
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$40,640
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$92,911
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$139,657
Total RDSH Program Amount	$(S + V + W) = (X)$	\$232,567
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$59,948
Federal DSH General Limit	(Z)	\$1,236,831
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,086,831
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$172,619</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$23,949</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$196,568</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$5,987</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$43,155</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Thomas Stone  
CHIEF EXECUTIVE OFFICER  
DOCTORS' MEMORIAL HOSPITAL  
333 N BYRON BUTLER PKWY  
PERRY, FL 32348

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010180000 Facility Number: 100106**

Dear Mr / Ms: Thomas Stone

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
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Thomas Stone  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2022-2023**

Medicaid Number: **010180000**

Facility Number: **100106**

Hospital Name (Current): **DOCTORS' MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$681,013
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$1,475,063
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	282
Total Patient Days (TPD)	(F)	1,931
Total Patient Revenue	(G)	\$47,833,787
Other Operating Revenue	(H)	\$548,738
Inpatient Revenue	(I)	\$8,393,763
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.17348749
Adjusted Patient Days	$(F / K) = (L)$	11,130
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,347
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	157
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.22717154
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.136%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$137,901
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$56,084
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$103,090
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$154,958
Total RDSH Program Amount	$(S + V + W) = (X)$	\$258,048
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$66,516
Federal DSH General Limit	(Z)	\$2,095,479
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,095,479
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$191,532</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$26,573</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$218,105</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$6,643</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$47,883</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Dennis Markos  
CHIEF EXECUTIVE OFFICER  
ED FRASER MEMORIAL HOSPITAL  
159 N 3RD ST  
MACCLENNY, FL 32063

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010004800  
Facility Number: 100134**

Dear Mr / Ms: Dennis Markos

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
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Dennis Markos  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2022-2023**

Medicaid Number: **010004800**

Facility Number: **100134**

Hospital Name (Current): **ED FRASER MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$6,084,136
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	49
Total Patient Days (TPD)	(F)	1,012
Total Patient Revenue	(G)	\$58,698,408
Other Operating Revenue	(H)	\$313,090
Inpatient Revenue	(I)	\$6,633,173
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.11240476
Adjusted Patient Days	$(F / K) = (L)$	9,003
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$6,555
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	928
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.96564757
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	4.829%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$586,180
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$199,811
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$300,342
Total RDSH Program Amount	$(S + V + W) = (X)$	\$500,153
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$128,923
Federal DSH General Limit	(Z)	\$3,814,648
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$3,664,648
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$371,230</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$51,505</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$422,735</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$12,876</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$92,808</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Richard Freeburg  
CHIEF EXECUTIVE OFFICER  
FISHERMEN'S COMMUNITY HOSPITAL  
3301 OVERSEAS HWY  
MARATHON, FL 33050

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010120600  
Facility Number: 100024**

Dear Mr / Ms: Richard Freeburg

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
AHCA.MyFlorida.com



Richard Freeburg  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**

**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010120600**

Facility Number: **100024**

Hospital Name (Current): **FISHERMEN'S COMMUNITY HOSPITAL**

Charity Care - Other	(A)	\$2,137,115
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1
Total Patient Days (TPD)	(F)	22
Total Patient Revenue	(G)	\$37,696,965
Other Operating Revenue	(H)	\$940,755
Inpatient Revenue	(I)	\$192,952
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.00499388
Adjusted Patient Days	$(F / K) = (L)$	4,405
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$8,771
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	244
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	11.12134389
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	55.613%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$6,751,025
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$2,301,220
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$3,459,030
Total RDSH Program Amount	$(S + V + W) = (X)$	\$5,760,250
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$1,484,805
Federal DSH General Limit	(Z)	\$4,837,145
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,837,145
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$4,275,446</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$593,180</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$329,926
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$4,868,625</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$148,295</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$1,068,861</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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





RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Randall Surber

FLORIDA HOSPITAL WAUCHULA  
735 S 5TH AVE  
WAUCHULA, FL 33873

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010260100  
Facility Number: 100282**

Dear Mr / Ms: Randall Surber

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
AHCA.MyFlorida.com



Randall Surber  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**  
**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010260100**

Facility Number: **100282**

Hospital Name (Current): **FLORIDA HOSPITAL WAUCHULA**

Charity Care - Other	(A)	\$2,250,533
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	29
Total Patient Days (TPD)	(F)	8,472
Total Patient Revenue	(G)	\$107,937,149
Other Operating Revenue	(H)	\$524,374
Inpatient Revenue	(I)	\$28,201,432
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.26001324
Adjusted Patient Days	$(F / K) = (L)$	32,583
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,329
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	676
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.08322512
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.416%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$50,520
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$143,464
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$160,685
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$241,530
Total RDSH Program Amount	$(S + V + W) = (X)$	\$402,216
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$103,679
Federal DSH General Limit	(Z)	\$2,165,260
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,165,260
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$298,537</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$41,420</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$339,957</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$10,355</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$74,634</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Harvey Cannington  
CHIEF EXECUTIVE OFFICER  
GEORGE E WEEMS MEMORIAL HOSPITAL  
135 AVE G  
APALACHICOLA, FL 32320

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010080300  
Facility Number: 100153**

Dear Mr / Ms: Harvey Cannington

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
AHCA.MyFlorida.com



Harvey Cannington  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**

**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010080300**

Facility Number: **100153**

Hospital Name (Current): **GEORGE E WEEMS MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$829,229
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$1,878,425
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	37
Total Patient Days (TPD)	(F)	337
Total Patient Revenue	(G)	\$13,083,159
Other Operating Revenue	(H)	\$813,373
Inpatient Revenue	(I)	\$1,298,885
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.09346828
Adjusted Patient Days	$(F / K) = (L)$	3,606
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,854
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	215
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.74820831
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.741%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$454,187
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$154,819
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$232,712
Total RDSH Program Amount	$(S + V + W) = (X)$	\$387,531
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$99,893
Federal DSH General Limit	(Z)	\$1,585,112
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,435,112
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$287,638</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$39,907</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$327,545</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$9,977</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$71,909</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. James Thompson  
CHIEF EXECUTIVE OFFICER  
HEALTHMARK REGIONAL MEDICAL CENTER  
4413 US HWY 331 S  
DEFUNIAK SPRINGS, FL 32435

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010188500  
Facility Number: 100081**

Dear Mr / Ms: James Thompson

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
AHCA.MyFlorida.com



James Thompson  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:



**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**

**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010188500**

Facility Number: **100081**

Hospital Name (Current): **HEALTHMARK REGIONAL MEDICAL CENTER**

Charity Care - Other	(A)	\$546,296
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	256
Total Patient Days (TPD)	(F)	1,951
Total Patient Revenue	(G)	\$29,796,546
Other Operating Revenue	(H)	\$108,129
Inpatient Revenue	(I)	\$5,995,096
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.20047354
Adjusted Patient Days	$(F / K) = (L)$	9,732
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,073
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	178
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.22233857
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.112%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$134,967
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$59,018
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$105,024
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$157,864
Total RDSH Program Amount	$(S + V + W) = (X)$	\$262,888
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$67,765
Federal DSH General Limit	(Z)	\$1,125,387
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,125,387
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB</math>) = (AC)</b>	<b>\$195,124</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$27,073</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$222,196</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$6,768</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$48,781</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Raymond Williams  
CHIEF EXECUTIVE OFFICER  
HENDRY REGIONAL MEDICAL CENTER  
524 W SAGAMORE AVE  
CLEWISTON, FL 33440

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010086200  
Facility Number: 100098**

Dear Mr / Ms: Raymond Williams

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
AHCA.MyFlorida.com



Raymond Williams  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**

**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010086200**

Facility Number: **100098**

Hospital Name (Current): **HENDRY REGIONAL MEDICAL CENTER**

Charity Care - Other	(A)	\$4,004,638
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$7,847,243
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	167
Total Patient Days (TPD)	(F)	1,726
Total Patient Revenue	(G)	\$67,226,135
Other Operating Revenue	(H)	\$2,778,490
Inpatient Revenue	(I)	\$6,337,909
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.09053558
Adjusted Patient Days	$(F / K) = (L)$	19,064
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,672
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,091
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.72861027
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.643%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$442,291
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$150,763
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$226,617
Total RDSH Program Amount	$(S + V + W) = (X)$	\$377,380
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$97,276
Federal DSH General Limit	(Z)	\$6,070,368
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$5,920,368
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$280,104</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$38,862</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$318,966</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$9,716</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$70,026</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Carrol Platt  
CHIEF EXECUTIVE OFFICER  
JACKSON HOSPITAL  
4250 HOSPITAL DR  
MARIANNA, FL 32446

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010106100 Facility Number: 100142**

Dear Mr / Ms: Carrol Platt

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
AHCA.MyFlorida.com



Carrol Platt  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**  
**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010106100**

Facility Number: **100142**

Hospital Name (Current): **JACKSON HOSPITAL**

Charity Care - Other	(A)	\$6,375,123
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,596
Total Patient Days (TPD)	(F)	12,580
Total Patient Revenue	(G)	\$159,381,486
Other Operating Revenue	(H)	\$1,472,124
Inpatient Revenue	(I)	\$35,596,617
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.22129822
Adjusted Patient Days	$(F / K) = (L)$	56,846
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,830
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	2,253
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.30596155
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.530%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$185,729
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$8,256
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$71,565
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$107,572
Total RDSH Program Amount	$(S + V + W) = (X)$	\$179,137
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$46,175
Federal DSH General Limit	(Z)	\$4,732,460
Annual Payment under Regular DSH Program	(AA)	\$712,806
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,019,654
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$132,962</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$18,446</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$151,408</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$4,612</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$33,240</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Michael Hutchins  
CHIEF EXECUTIVE OFFICER  
JAY HOSPITAL  
14114 ALABAMA ST  
JAY, FL 32565

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010173700  
Facility Number: 100048**

Dear Mr / Ms: Michael Hutchins

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
AHCA.MyFlorida.com





Michael Hutchins  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2022-2023**

Medicaid Number: **010173700**

Facility Number: **100048**

Hospital Name (Current): **JAY HOSPITAL**

Charity Care - Other	(A)	\$2,805,421
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	169
Total Patient Days (TPD)	(F)	2,214
Total Patient Revenue	(G)	\$48,021,296
Other Operating Revenue	(H)	\$378,154
Inpatient Revenue	(I)	\$11,405,183
Sub-Acute Revenue	(J)	\$166,550
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.23220580
Adjusted Patient Days	$(F / K) = (L)$	9,535
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,076
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	553
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.32595540
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.630%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$197,866
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$67,446
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$101,381
Total RDSH Program Amount	$(S + V + W) = (X)$	\$168,827
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$43,518
Federal DSH General Limit	(Z)	\$1,485,203
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,485,203
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$125,309</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$17,385</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$142,694</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$4,346</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$31,327</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Pamela Howard  
CHIEF EXECUTIVE OFFICER  
LAKE BUTLER HOSPITAL  
850 E MAIN ST  
LAKE BUTLER, FL 32054

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010822700  
Facility Number: 100241**

Dear Mr / Ms: Pamela Howard

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
AHCA.MyFlorida.com



Pamela Howard  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2022-2023**

Medicaid Number: **010822700**

Facility Number: **100241**

Hospital Name (Current): **LAKE BUTLER HOSPITAL**

Charity Care - Other	(A)	\$3,925,777
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	9
Total Patient Days (TPD)	(F)	51
Total Patient Revenue	(G)	\$28,625,897
Other Operating Revenue	(H)	\$1,485,137
Inpatient Revenue	(I)	\$11,406,008
Sub-Acute Revenue	(J)	\$7,131,479
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.14195889
Adjusted Patient Days	$(F / K) = (L)$	359
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$83,814
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	47
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	1.09488218
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	5.475%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$664,630
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$226,552
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$340,537
Total RDSH Program Amount	$(S + V + W) = (X)$	\$567,089
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$146,177
Federal DSH General Limit	(Z)	\$1,647,681
Annual Payment under Regular DSH Program	(AA)	\$4
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,647,677
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$420,912</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$58,398</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$479,310</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$14,600</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$105,228</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Darcy Davis  
CHIEF EXECUTIVE OFFICER  
LAKESIDE MEDICAL CENTER  
39200 HOOKER HWY  
BELLE GLADE, FL 33430

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010144300  
Facility Number: 100130**

Dear Mr / Ms: Darcy Davis

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
AHCA.MyFlorida.com



Darcy Davis  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2022-2023**

Medicaid Number: **010144300**

Facility Number: **100130**

Hospital Name (Current): **LAKESIDE MEDICAL CENTER**

Charity Care - Other	(A)	\$3,247,917
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$18,152,589
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,934
Total Patient Days (TPD)	(F)	6,370
Total Patient Revenue	(G)	\$131,521,483
Other Operating Revenue	(H)	\$5,770,017
Inpatient Revenue	(I)	\$50,682,453
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.36915944
Adjusted Patient Days	$(F / K) = (L)$	17,255
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,956
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	408
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.36769433
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.839%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$223,203
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$76,083
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$114,363
Total RDSH Program Amount	$(S + V + W) = (X)$	\$190,446
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$49,090
Federal DSH General Limit	(Z)	\$6,995,614
Annual Payment under Regular DSH Program	(AA)	\$369,020
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$6,626,594
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$141,355</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$19,611</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$160,967</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$4,903</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$35,339</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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





RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Patrick Mcgee  
FINANCIAL OFFICER  
MADISON COUNTY MEMORIAL HOSPITAL  
224 NW CRANE AVE  
MADISON, FL 32340

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010115000  
Facility Number: 100004**

Dear Mr / Ms: Patrick Mcgee

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

2727 Mahan Drive Mail Stop # 23  
Tallahassee, FL 32308  
AHCA.MyFlorida.com



Patrick Mcgee  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2022-2023**

Medicaid Number: **010115000**

Facility Number: **100004**

Hospital Name (Current): **MADISON COUNTY MEMORIAL HOSPITAL**

Charity Care - Other	(A)	\$549,525
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$683,690
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	112
Total Patient Days (TPD)	(F)	3,825
Total Patient Revenue	(G)	\$23,892,304
Other Operating Revenue	(H)	\$244,633
Inpatient Revenue	(I)	\$9,027,788
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.37402376
Adjusted Patient Days	$(F / K) = (L)$	10,227
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,360
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	233
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.09015144
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.451%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$54,725
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$139,260
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$157,914
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$237,365
Total RDSH Program Amount	$(S + V + W) = (X)$	\$395,279
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$101,890
Federal DSH General Limit	(Z)	\$1,536,396
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,536,396
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$293,389</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$40,705</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$334,094</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$10,176</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$73,347</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Richard Freeburg  
CHIEF EXECUTIVE OFFICER  
MARINERS HOSPITAL  
91500 OVERSEAS HWY  
TAVERNIER, FL 33070

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010121400  
Facility Number: 100160**

Dear Mr / Ms: Richard Freeburg

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

2727 Mahan Drive Mail Stop # 23  
Tallahassee, FL 32308  
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Richard Freeburg  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:

**State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance**

**Rural Disproportionate Share Calculations  
Estimated Payment Calculations with Most recent Data Elements [1]  
State Fiscal Year 2022-2023**

Medicaid Number: **010121400**

Facility Number: **100160**

Hospital Name (Current): **MARINERS HOSPITAL**

Charity Care - Other	(A)	\$11,383,550
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	51
Total Patient Days (TPD)	(F)	1,548
Total Patient Revenue	(G)	\$187,035,915
Other Operating Revenue	(H)	\$1,971,217
Inpatient Revenue	(I)	\$16,021,000
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.08476400
Adjusted Patient Days	$(F / K) = (L)$	18,262
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$10,349
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,100
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.74348503
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.718%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$451,320
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$153,841
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$231,243
Total RDSH Program Amount	$(S + V + W) = (X)$	\$385,085
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$99,263
Federal DSH General Limit	(Z)	\$6,940,611
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$6,940,611
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$285,822</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$39,656</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$325,478</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$9,914</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$71,455</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

August 30, 2022

Mr/Ms. Michael Kozar  
CHIEF EXECUTIVE OFFICER  
NORTHWEST FLORIDA COMMUNITY HOSPITAL  
1360 BRICKYARD RD  
CHIPLEY, FL 32428

**RE: State Fiscal Year 2022-2023  
Rural Disproportionate Share and Rural Financial Assistance Programs  
Medicaid Number: 010190700  
Facility Number: 100147**

Dear Mr / Ms: Michael Kozar

Your hospital has been determined eligible to receive the associated payment under Medicaid Rural Disproportionate Share Hospital (RDSH) Program or the Rural Financial Assistance Program (RFAP). This determination is made based on the formulas found in section 409.9116, Florida Statutes.

Eligibility for the RDSH program is based on your compliance with the requirements of both state and federal laws. This includes the certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2022-2023 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

Funds available for the RDSH program are limited. The total of the federal and state portions of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched state funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals.

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2022-2023. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308  
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Michael Kozar  
August 30, 2022

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

If you have any questions regarding the above, please contact Jeffery Mistich of my staff at (850) 412-4119.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ross Nobles".

J. Ross Nobles,  
Bureau Chief

JN:jm

Enclosure:



**State of Florida**  
**Agency for Health Care Administration**  
**Medicaid Program Finance**

**Rural Disproportionate Share Calculations**  
**Estimated Payment Calculations with Most recent Data Elements [1]**  
**State Fiscal Year 2022-2023**

Medicaid Number: **010190700**

Facility Number: **100147**

Hospital Name (Current): **NORTHWEST FLORIDA COMMUNITY HOSPITAL**

Charity Care - Other	(A)	\$887,592
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	9,703
Total Patient Days (TPD)	(F)	5,650
Total Patient Revenue	(G)	\$97,747,345
Other Operating Revenue	(H)	\$1,249,573
Inpatient Revenue	(I)	\$19,694,358
Sub-Acute Revenue	(J)	\$2,508,945
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.17359543
Adjusted Patient Days	$(F / K) = (L)$	32,547
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,042
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	292
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	1.76899312
Sum of (O) for All Rural Hospitals	(P)	19.99761122
Hospital's Percentage of TAERH	$(O / P) = (Q)$	8.846%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,073,838
Annual State Minimum (supplemental) Amount [2]	$(\$193,985 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$711,725
Rural FAP Funds Remaining for RDSH Distribution	$(\$4,849,616 - T) = (U)$	\$4,137,891
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$366,039
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.399500 - (S + V) = (W)$	\$550,203
Total RDSH Program Amount	$(S + V + W) = (X)$	\$916,242
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$236,178
Federal DSH General Limit	(Z)	\$3,094,662
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$3,094,662
<b>Estimated Annual RDSH Program Amount [5]</b>	<b>Lesser of <math>((X - Y + adj)</math> or <math>AB) = (AC)</math></b>	<b>\$680,064</b>
<b>Estimated Annual Un-Matched State Funds (UMSF) Amount</b>	<b><math>((X - AD) \times 0.399500) = (AD)</math></b>	<b>\$94,354</b>
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
<b>Estimated Projected Total of Annual Amounts [4]</b>	<b><math>(AC + AD) = (AF)</math></b>	<b>\$774,418</b>
<b>Estimated Quarterly Un-Matched State Funds Amount</b>	<b><math>(AD \times .25) = (AG)</math></b>	<b>\$23,588</b>
<b>Estimated Quarterly RDSH Payment</b>	<b><math>(AC \times .25) = (AH)</math></b>	<b>\$170,016</b>

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2018 2019 2020, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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[3] This facility meets Federal OB requirements.

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

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

