RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Randall Surber
AdventHealth Wauchula
735 S 5th Ave
Wauchula, FL 33873

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010260100

Dear Mr. Surber:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $624,359 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010260100**

Facility Name (current) : **AdventHealth Wauchula**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$624,359
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$624,359
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$624,359**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

AdventHealth Wauchula	**Medicaid 010260100**	**Payment Amount $624,359**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Ed Huble
Baptist Medical Center - Nassau
1250 S 18th St.
Fernandina Beach, FL 32034

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010123100

Dear Mr. Huble:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $699,213 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010123100**

Facility Name (current) : **Baptist Medical Center - Nassau**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$699,213
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$699,213
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$699,213**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Baptist Medical Center - Nassau	**Medicaid 010123100**	**Payment Amount $699,213**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Brenda Potter
Calhoun-Liberty Hospital
20370 NE Burns Ave
Blountstown, FL 32424

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010026900

Dear Ms. Potter:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $490,123 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010026900**

Facility Name (current) : **Calhoun-Liberty Hospital**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$490,123
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$490,123
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$490,123**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Calhoun-Liberty Hospital	**Medicaid 010026900**	**Payment Amount $490,123**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Jo Ann M. Baker
Doctors Memorial Hospital - Bonifay
2600 Hospital Drive
Bonifay, FL 32425

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010103600

Dear Ms. Baker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $697,085 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010103600**

Facility Name (current) : **Doctors Memorial Hospital - Bonifay**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$697,085
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$697,085
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$697,085**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Doctors Memorial Hospital - Bonifay	**Medicaid 010103600**	**Payment Amount $697,085**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Thomas Joseph Stone
Doctors' Memorial Hospital - Perry
333 N Byron Butler Pkwy
Perry, FL 32348

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010180000

Dear Mr. Stone:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $750,446 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010180000**

Facility Name (current) : **Doctors' Memorial Hospital - Perry**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$750,446
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$750,446
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$750,446**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Doctors' Memorial Hospital - Perry	**Medicaid 010180000**	**Payment Amount $750,446**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Tiffany Varnadoe
Ed Fraser Memorial Hospital
159 N 3rd St.
Macclenny, FL 32063

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010004800

Dear Ms. Varnadoe:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $693,837 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010004800**

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

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$693,837
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$693,837
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$693,837**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Ed Fraser Memorial Hospital	**Medicaid 010004800**	**Payment Amount $693,837**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Drew Grossman
Fishermen's Community Hospital
3301 Overseas Hwy
Marathon, FL 33050

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010120600

Dear Mr. Grossman:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $1,076,973 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010120600**

Facility Name (current) : **Fishermen's Community Hospital**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$1,076,973
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$1,076,973
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$1,076,973**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Fishermen's Community Hospital	**Medicaid 010120600**	**Payment Amount $1,076,973**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

David Walker
George E Weems Memorial Hospital
135 Ave G
Apalachicola, FL 32320

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010080300

Dear Mr. Walker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $62,824 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010080300**

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

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$62,824
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$62,824
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$62,824**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

George E Weems Memorial Hospital	**Medicaid 010080300**	**Payment Amount $62,824**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Michael T. Hutchins
Jay Hospital
14114 Alabama St.
Jay, FL 32565

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010173700

Dear Mr. Hutchins:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $268,536 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010173700**

Facility Name (current) : **Jay Hospital**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$268,536
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$268,536
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$268,536**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Jay Hospital	**Medicaid 010173700**	**Payment Amount $268,536**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Darcy Davis
Lakeside Medical Center
39200 Hooker Hwy
Belle Glade, FL 33430

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010144300

Dear Ms. Davis:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $1,112,690 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010144300**

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

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$1,112,690
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$1,112,690
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$1,112,690**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Lakeside Medical Center	**Medicaid 010144300**	**Payment Amount $1,112,690**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Tammy Wells Stevens
Madison County Memorial Hospital
224 NW Crane Ave
Madison, FL 32340

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010115000

Dear Ms. Wells Stevens:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $642,635 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010115000**

Facility Name (current) : **Madison County Memorial Hospital**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$642,635
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$642,635
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$642,635**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Madison County Memorial Hospital	**Medicaid 010115000**	**Payment Amount $642,635**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 28, 2022

Drew Grossman
Mariners Hospital
91500 Overseas Hwy
Tavernier, FL 33070

RE: State Fiscal Year 2021 - 2022
Rural Disproportionate Share Hospital Payments
Medicaid Number: 010121400

Dear Mr. Grossman:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of $1,891,399 for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Siara Johnson of my staff at (850) 412-4109.

Sincerely,

Maureen Castaño

Maureen Castaño, Budget and Fiscal planning Supervisor,
Medicaid Program Finance

MC:sj

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **010121400**

Facility Name (current) : **Mariners Hospital**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	$1,891,399
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	$1,891,399
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1]	(C - D) = (E)	**$1,891,399**

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

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2021 - 2022

Hospital Classification

Please check one

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

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

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

Uses of Funds

Mariners Hospital	**Medicaid 010121400**	**Payment Amount $1,891,399**

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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