



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 31, 2023

Mr/Ms. Ronald Jimenez

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

**RE: State Fiscal Year 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) 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 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



Ronald Jimenez
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a thin black rectangular border.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010189300**

Facility Number: **100118**

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

Charity Care - Other	(A)	\$15,118,282
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	2,930
Total Patient Days (TPD)	(F)	38,332
Total Patient Revenue	(G)	\$856,189,792
Other Operating Revenue	(H)	\$7,493,864
Inpatient Revenue	(I)	\$409,296,982
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.47389687
Adjusted Patient Days	$(F / K) = (L)$	80,887
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$10,678
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,416
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.11337464
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.464%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$174,992
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$26,525
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$97,453
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$134,358
Total RDSH Program Amount	$(S + V + W) = (X)$	\$231,811
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$57,519
Federal DSH General Limit	(Z)	\$7,701,125
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$7,701,125
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$174,292
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$24,180
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$198,472
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$6,045
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$43,573

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

Mr/Ms. Janet Kinney

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

**RE: State Fiscal Year 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) 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 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 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010123100**

Facility Number: **100140**

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

Charity Care - Other	(A)	\$16,694,775
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,029
Total Patient Days (TPD)	(F)	11,700
Total Patient Revenue	(G)	\$366,356,050
Other Operating Revenue	(H)	\$2,415,956
Inpatient Revenue	(I)	\$141,492,213
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.38368480
Adjusted Patient Days	$(F / K) = (L)$	30,494
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$12,093
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,380
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.20593949
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	2.660%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$317,865
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$128,838
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$177,627
Total RDSH Program Amount	$(S + V + W) = (X)$	\$306,465
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$76,044
Federal DSH General Limit	(Z)	\$4,205,868
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,205,868
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$230,421
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$31,969
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$262,390
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$7,992
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$57,605

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

Mr/Ms. CHARLES DURANT
CHIEF EXECUTIVE OFFICER
CALHOUN-LIBERTY HOSPITAL
20370 NE BURNS AVE
BLOUNTSTOWN, FL 32424

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

Dear Mr / Ms: CHARLES DURANT

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) 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 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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CHARLES DURANT
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010026900**

Facility Number: **100112**

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

Charity Care - Other	(A)	\$177,102
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$80,000
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	61
Total Patient Days (TPD)	(F)	815
Total Patient Revenue	(G)	\$28,908,212
Other Operating Revenue	(H)	\$1,971,013
Inpatient Revenue	(I)	\$3,183,986
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.10311094
Adjusted Patient Days	$(F / K) = (L)$	7,904
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,907
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	45
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.13046936
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.685%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$201,378
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$140
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$81,763
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$112,725
Total RDSH Program Amount	$(S + V + W) = (X)$	\$194,488
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$48,259
Federal DSH General Limit	(Z)	\$2,006,666
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,006,666
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$146,229
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$20,288
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$166,517
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$5,072
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$36,557

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

Mr/Ms. Vincent Sica

DESOTO MEMORIAL HOSPITAL
900 N ROBERT AVE
ARCADIA, FL 34266

**RE: State Fiscal Year 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) 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 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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Vincent Sica
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a thin black rectangular border.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010192300**

Facility Number: **100175**

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

Charity Care - Other	(A)	\$10,721,269
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	341
Total Patient Days (TPD)	(F)	3,601
Total Patient Revenue	(G)	\$144,341,873
Other Operating Revenue	(H)	\$45,985
Inpatient Revenue	(I)	\$31,615,505
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.21896235
Adjusted Patient Days	$(F / K) = (L)$	16,446
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$8,780
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,221
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.43381019
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	5.603%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$669,580
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$271,397
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$374,171
Total RDSH Program Amount	$(S + V + W) = (X)$	\$645,567
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$160,186
Federal DSH General Limit	(Z)	\$4,280,624
Annual Payment under Regular DSH Program	(AA)	\$107,143
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,173,481
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$485,382
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$67,342
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$552,723
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$16,835
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$121,345

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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



Joann Baker
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010103600**

Facility Number: **100078**

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

Charity Care - Other	(A)	\$740,971
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	241
Total Patient Days (TPD)	(F)	1,900
Total Patient Revenue	(G)	\$39,874,164
Other Operating Revenue	(H)	\$445,832
Inpatient Revenue	(I)	\$8,124,838
Sub-Acute Revenue	(J)	\$289,300
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.19433380
Adjusted Patient Days	$(F / K) = (L)$	9,777
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,124
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	180
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.22140753
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	2.860%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$341,739
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$138,515
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$190,969
Total RDSH Program Amount	$(S + V + W) = (X)$	\$329,484
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$81,755
Federal DSH General Limit	(Z)	\$1,411,697
Annual Payment under Regular DSH Program	(AA)	\$107,143
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,304,554
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$247,729
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$34,369
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$282,098
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$8,592
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$61,932

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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



Thomas Stone
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010180000**

Facility Number: **100106**

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

Charity Care - Other	(A)	\$484,137
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$1,475,063
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	264
Total Patient Days (TPD)	(F)	1,574
Total Patient Revenue	(G)	\$45,255,928
Other Operating Revenue	(H)	\$952,469
Inpatient Revenue	(I)	\$6,614,053
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.14313531
Adjusted Patient Days	$(F / K) = (L)$	10,997
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,202
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	115
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.24092377
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.112%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$371,862
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$150,725
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$207,802
Total RDSH Program Amount	$(S + V + W) = (X)$	\$358,527
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$88,962
Federal DSH General Limit	(Z)	\$1,868,954
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,868,954
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$269,565
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$37,400
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$306,965
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$9,350
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$67,391

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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



Dennis Markos
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010004800**

Facility Number: **100134**

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

Charity Care - Other	(A)	\$5,782,838
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	47
Total Patient Days (TPD)	(F)	1,103
Total Patient Revenue	(G)	\$58,993,135
Other Operating Revenue	(H)	\$605,599
Inpatient Revenue	(I)	\$6,547,430
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.10985854
Adjusted Patient Days	$(F / K) = (L)$	10,040
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,936
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	974
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.92583364
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	11.957%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,429,011
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$579,212
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$798,552
Total RDSH Program Amount	$(S + V + W) = (X)$	\$1,377,764
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$341,867
Federal DSH General Limit	(Z)	\$3,529,633
Annual Payment under Regular DSH Program	(AA)	\$107,143
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$3,422,490
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$1,035,896
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$143,721
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$1,179,618
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$35,930
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$258,974

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

Mr/Ms. Randall Surber

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

**RE: State Fiscal Year 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) 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 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



Randall Surber
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010260100**

Facility Number: **100282**

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

Charity Care - Other	(A)	\$2,265,371
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	12
Total Patient Days (TPD)	(F)	8,576
Total Patient Revenue	(G)	\$112,823,128
Other Operating Revenue	(H)	\$362,603
Inpatient Revenue	(I)	\$27,416,118
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.24222239
Adjusted Patient Days	$(F / K) = (L)$	35,405
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,197
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	709
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.08402842
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.085%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$129,697
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$71,820
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$124,390
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400) - (S + V) = (W)$	\$171,494
Total RDSH Program Amount	$(S + V + W) = (X)$	\$295,884
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$73,419
Federal DSH General Limit	(Z)	\$2,411,175
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,411,175
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$222,465
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$30,866
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$253,331
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$7,716
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$55,616

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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



Harvey Cannington
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010080300**

Facility Number: **100153**

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

Charity Care - Other	(A)	\$813,660
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$1,963,804
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	39
Total Patient Days (TPD)	(F)	329
Total Patient Revenue	(G)	\$14,574,212
Other Operating Revenue	(H)	\$1,240,173
Inpatient Revenue	(I)	\$1,393,116
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.08809170
Adjusted Patient Days	$(F / K) = (L)$	3,735
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,234
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	192
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.70259864
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	9.074%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,084,451
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$439,554
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$606,007
Total RDSH Program Amount	$(S + V + W) = (X)$	\$1,045,560
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$259,437
Federal DSH General Limit	(Z)	\$1,591,985
Annual Payment under Regular DSH Program	(AA)	\$107,143
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,484,842
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$786,124
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$109,067
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$895,190
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$27,267
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$196,531

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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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Raymond Williams
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010086200**

Facility Number: **100098**

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

Charity Care - Other	(A)	\$3,525,551
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$8,371,346
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	203
Total Patient Days (TPD)	(F)	2,104
Total Patient Revenue	(G)	\$67,326,840
Other Operating Revenue	(H)	\$3,003,738
Inpatient Revenue	(I)	\$7,856,896
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.11171380
Adjusted Patient Days	$(F / K) = (L)$	18,834
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,734
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	944
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.54520348
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	7.041%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$841,514
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$341,085
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$470,250
Total RDSH Program Amount	$(S + V + W) = (X)$	\$811,335
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$201,318
Federal DSH General Limit	(Z)	\$6,096,608
Annual Payment under Regular DSH Program	(AA)	\$107,143
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$5,989,465
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$610,017
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$84,634
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$694,651
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$21,159
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$152,504

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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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Carrol Platt
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a thin black rectangular border.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010106100**

Facility Number: **100142**

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

Charity Care - Other	(A)	\$5,897,645
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,720
Total Patient Days (TPD)	(F)	13,169
Total Patient Revenue	(G)	\$171,561,264
Other Operating Revenue	(H)	\$1,364,974
Inpatient Revenue	(I)	\$38,521,660
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.22276353
Adjusted Patient Days	$(F / K) = (L)$	59,116
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,925
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	2,016
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.28370922
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.664%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$437,901
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$177,492
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$244,705
Total RDSH Program Amount	$(S + V + W) = (X)$	\$422,197
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$104,761
Federal DSH General Limit	(Z)	\$5,197,860
Annual Payment under Regular DSH Program	(AA)	\$107,143
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$5,090,717
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$317,436
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$44,042
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$361,478
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$11,011
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$79,359

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023**

Medicaid Number: **010173700**

Facility Number: **100048**

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

Charity Care - Other	(A)	\$2,685,171
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	148
Total Patient Days (TPD)	(F)	2,004
Total Patient Revenue	(G)	\$49,840,292
Other Operating Revenue	(H)	\$629,732
Inpatient Revenue	(I)	\$10,419,465
Sub-Acute Revenue	(J)	\$155,877
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.20336008
Adjusted Patient Days	$(F / K) = (L)$	9,854
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,122
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	524
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.33547338
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	4.333%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$517,798
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$209,876
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$289,353
Total RDSH Program Amount	$(S + V + W) = (X)$	\$499,229
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$123,875
Federal DSH General Limit	(Z)	\$1,385,074
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,385,074
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$375,354
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$52,077
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$427,431
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$13,019
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$93,839

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010822700**

Facility Number: **100241**

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

Charity Care - Other	(A)	\$4,456,348
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	9
Total Patient Days (TPD)	(F)	69
Total Patient Revenue	(G)	\$31,500,538
Other Operating Revenue	(H)	\$1,515,711
Inpatient Revenue	(I)	\$12,518,057
Sub-Acute Revenue	(J)	\$7,105,074
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.16394906
Adjusted Patient Days	$(F / K) = (L)$	421
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$78,449
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	57
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.95370506
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	12.317%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,472,030
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$596,649
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$822,592
Total RDSH Program Amount	$(S + V + W) = (X)$	\$1,419,240
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$352,159
Federal DSH General Limit	(Z)	\$2,007,840
Annual Payment under Regular DSH Program	(AA)	\$3
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,007,837
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$1,067,082
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$148,047
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$1,215,128
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$37,012
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$266,770

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010144300**

Facility Number: **100130**

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

Charity Care - Other	(A)	\$3,082,598
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$17,124,706
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,430
Total Patient Days (TPD)	(F)	6,310
Total Patient Revenue	(G)	\$134,940,860
Other Operating Revenue	(H)	\$5,589,603
Inpatient Revenue	(I)	\$52,317,474
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.37228564
Adjusted Patient Days	$(F / K) = (L)$	16,949
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$8,291
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	372
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.28554541
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.688%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$440,735
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$178,640
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$246,289
Total RDSH Program Amount	$(S + V + W) = (X)$	\$424,930
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$105,439
Federal DSH General Limit	(Z)	\$6,188,690
Annual Payment under Regular DSH Program	(AA)	\$107,143
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$6,081,547
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$319,491
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$44,327
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$363,818
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$11,082
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$79,873

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010115000**

Facility Number: **100004**

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

Charity Care - Other	(A)	\$458,925
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$717,921
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	84
Total Patient Days (TPD)	(F)	3,525
Total Patient Revenue	(G)	\$23,195,578
Other Operating Revenue	(H)	\$291,969
Inpatient Revenue	(I)	\$8,580,618
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.36532627
Adjusted Patient Days	$(F / K) = (L)$	9,649
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,434
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	189
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.07731370
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.999%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$119,333
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$82,185
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$130,553
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$179,991
Total RDSH Program Amount	$(S + V + W) = (X)$	\$310,544
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$77,057
Federal DSH General Limit	(Z)	\$1,711,850
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,711,850
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$233,488
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$32,395
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$265,882
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$8,099
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$58,372

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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



Richard Freeburg
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010121400**

Facility Number: **100160**

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

Charity Care - Other	(A)	\$11,142,909
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	89
Total Patient Days (TPD)	(F)	1,731
Total Patient Revenue	(G)	\$208,832,978
Other Operating Revenue	(H)	\$2,626,604
Inpatient Revenue	(I)	\$20,788,636
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.09831021
Adjusted Patient Days	$(F / K) = (L)$	17,608
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$12,010
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	928
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.58742499
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	7.587%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$906,682
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$367,500
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$506,667
Total RDSH Program Amount	$(S + V + W) = (X)$	\$874,167
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$216,909
Federal DSH General Limit	(Z)	\$6,572,633
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$6,572,633
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$657,258
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$91,189
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$748,447
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$22,797
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$164,314

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, 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

JASON WEIDA
SECRETARY

August 31, 2023

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

**RE: State Fiscal Year 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) 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 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



Michael Kozar
August 31, 2023

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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski". The signature is written in a cursive style and is contained within a rectangular box.

Kristin Sokoloski,
Interim Bureau Chief

KS:mm

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 2023

Medicaid Number: **010190700**

Facility Number: **100147**

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

Charity Care - Other	(A)	\$587,132
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	9,610
Total Patient Days (TPD)	(F)	5,991
Total Patient Revenue	(G)	\$103,022,613
Other Operating Revenue	(H)	\$2,784,536
Inpatient Revenue	(I)	\$20,087,321
Sub-Acute Revenue	(J)	\$2,394,905
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.16721381
Adjusted Patient Days	$(F / K) = (L)$	35,828
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,953
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	199
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	1.63725829
Sum of (O) for All Rural Hospitals	(P)	7.76401920
Hospital's Percentage of TAERH	$(O / P) = (Q)$	21.146%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$2,527,084
Annual State Minimum (supplemental) Amount [2]	$(\$201,517 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$180,669
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,037,927 - T) = (U)$	\$4,857,258
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$1,024,287
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.420400 - (S + V) = (W)$	\$1,412,171
Total RDSH Program Amount	$(S + V + W) = (X)$	\$2,436,459
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$604,564
Federal DSH General Limit	(Z)	\$3,370,089
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$3,370,089
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$1,831,894
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.420400) = (AD)$	\$254,159
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$2,086,054
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$63,540
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$457,974

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2019 2020 2021, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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