



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Denyse Bales-Chubb
ADVENT HEALTH PALM COAST
60 Memorial Medical Pkwy
Palm Coast, Florida 32164-5980

**RE: State Fiscal Year 2022 - 2023
Annual Rural Disproportionate Share Hospital Payments
Medicaid Number: 10189300**

Dear Ms. Bales-Chubb:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10189300**

Facility Name (current) : **ADVENT HEALTH PALM COAST**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$680,069
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$680,069
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$680,069

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

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

Uses of Funds

ADVENT HEALTH PALM COAST	Medicaid 10189300	Annual Amount \$680,069
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Terry Shaw
FLORIDA HOSPITAL WAUCHULA
735 S 5th Ave
Wauchula, Florida 33873-3158

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10260100**

Dear Mr. Shaw:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10260100**

Facility Name (current) : **FLORIDA HOSPITAL WAUCHULA**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$743,454
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$743,454
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$743,454

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[2] This amount may be explicit instead of being based on quarterly distribution calculations.



**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

True	False	Hospital Description
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Please return to: Mike Massey
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

FLORIDA HOSPITAL WAUCHULA	Medicaid 10260100	Amount \$743,454
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Ed Huble
BAPTIST MEDICAL CENTER - NASSAU
1250 S 18TH ST
Fernandina Beach, Florida 32034-1902

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10123100**

Dear Mr. Huble:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10123100**

Facility Name (current) : **BAPTIST MEDICAL CENTER - NASSAU**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$384,869
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$384,869
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$384,869

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**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

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Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

BAPTIST MEDICAL CENTER - NASSAU	Medicaid 10123100	Amount \$384,869
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Christinia Jepsen, RN-MSN, MHA, MBA
CALHOUN-LIBERTY HOSPITAL
20370 NE Burns Ave
Blountstown, Florida 32424-1045

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10026900**

Dear Ms. Jepsen:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10026900**

Facility Name (current) : **CALHOUN-LIBERTY HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$533,440
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$533,440
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$533,440

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**RON DESANTIS
GOVERNOR**

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SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

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

Uses of Funds

CALHOUN-LIBERTY HOSPITAL	Medicaid 10026900	Amount \$533,440
---------------------------------	--------------------------	-------------------------

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Vincent A. Sica
DESOTO MEMORIAL HOSPITAL
900 North Robert Avenue
Arcadia, Florida 34266-8765

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10192300**

Dear Mr. Sica:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10192300**

Facility Name (current) : **DESOTO MEMORIAL HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$442,180
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$442,180
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$442,180

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**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

True	False	Hospital Description
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Please return to: Mike Massey
Agency for Health Care Administration
Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

DESOTO MEMORIAL HOSPITAL	Medicaid 10192300	Amount \$442,180
---------------------------------	--------------------------	-------------------------

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

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Huy Nguyen, M.D.
DOCTORS MEMORIAL HOSPITAL
2600 HOSPITAL DR
Bonifay, Florida 32425

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10103600**

Dear Dr. Nguyen:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10103600**

Facility Name (current) : **DOCTORS MEMORIAL HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$350,542
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$350,542
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$350,542

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**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

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

Uses of Funds

DOCTORS MEMORIAL HOSPITAL	Medicaid 10103600	Amount \$350,542
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Chris Schmidt
DOCTORS' MEMORIAL HOSPITAL
333 N Byron Butler Pkwy
Perry, Florida 32347-2300

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10180000**

Dear Mr. Schmidt:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10180000**

Facility Name (current) : **DOCTORS' MEMORIAL HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$409,557
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$409,557
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$409,557

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**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

Uses of Funds

DOCTORS' MEMORIAL HOSPITAL	Medicaid 10180000	Amount \$409,557
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Tiffany Varnadoe
ED FRASER MEMORIAL HOSPITAL
159 North Third Street
Macclenny, Florida 32063-0484

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10004800**

Dear Ms. Varnadoe:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

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Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10004800**

Facility Name (current) : **ED FRASER MEMORIAL HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$894,600
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$894,600
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$894,600

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**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

Uses of Funds

ED FRASER MEMORIAL HOSPITAL	Medicaid 10004800	Amount \$894,600
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

David Walker
GEORGE E WEEMS MEMORIAL HOSPITAL
P.O. Box 580
Apalachicola, Florida 32329-0580

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10080300**

Dear Mr. Walker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10080300**

Facility Name (current) : **GEORGE E WEEMS MEMORIAL HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$770,836
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$770,836
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$770,836

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**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

Please return to: Mike Massey
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Medicaid Cost Reimbursement
2727 Mahan Drive, Mail Stop 23
Tallahassee Florida 32308

Uses of Funds

GEORGE E WEEMS MEMORIAL HOSPITAL	Medicaid 10080300	Amount \$770,836
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

R.D. Williams
HENDRY REGIONAL MEDICAL CENTER
524 West Sagamore Avenue
Clewiston, Florida 33440-3021

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10086200**

Dear Mr. Williams:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in blue ink that reads "Kristin Sokoloski".

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10086200**

Facility Name (current) : **HENDRY REGIONAL MEDICAL CENTER**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$750,646
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$750,646
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$750,646

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

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

Uses of Funds

HENDRY REGIONAL MEDICAL CENTER	Medicaid 10086200	Amount \$750,646
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Michael T. Hutchins
JAY HOSPITAL
14114 Alabama Street
Jay, Florida 32565-0000

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10173700**

Dear Mr. Hutchins:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2022 - 2023. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10173700**

Facility Name (current) : **JAY HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$180,667
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$180,667
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$180,667

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

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

Uses of Funds

JAY HOSPITAL	Medicaid 10173700	Amount \$180,667
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Paula Webb
LAKE BUTLER HOSPITAL
P.O. Box 748
Lake Butler, Florida 32054-1353

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10822700**

Dear Ms. Webb:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10822700**

Facility Name (current) : **LAKE BUTLER HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$45,718
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$45,718
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$45,718

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[2] This amount may be explicit instead of being based on quarterly distribution calculations.



**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

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

Uses of Funds

LAKE BUTLER HOSPITAL	Medicaid 10822700	Amount \$45,718
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Janet D. Moreland, APRN, MSN, LHRM
LAKESIDE MEDICAL CENTER
39200 Hooker Highway
Belle Glade, Florida 33430

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10144300**

Dear Ms. Moreland:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10144300**

Facility Name (current) : **LAKESIDE MEDICAL CENTER**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$378,814
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$378,814
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$378,814

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[2] This amount may be explicit instead of being based on quarterly distribution calculations.



**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

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

Uses of Funds

LAKESIDE MEDICAL CENTER	Medicaid 10144300	Amount \$378,814
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Tammy Stevens
MADISON COUNTY MEMORIAL HOSPITAL
224 Northwest Crane Avenue
Madison, Florida 32340-2525

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10115000**

Dear Ms. Stevens:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10115000**

Facility Name (current) : **MADISON COUNTY MEMORIAL HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$430,960
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$430,960
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$430,960

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

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**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

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

Uses of Funds

MADISON COUNTY MEMORIAL HOSPITAL	Medicaid 10115000	Amount \$430,960
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Richard L. Freeburg
MARINERS HOSPITAL
91500 Overseas Hwy
Tavernier, Florida 33070-2547

**RE: State Fiscal Year 2022 - 2023
Rural Disproportionate Share Hospital Payments
Medicaid Number: 10121400**

Dear Mr. Freeburg:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Hospital Distribution

State Fiscal Year 2022 - 2023 Payment

Medicaid Number : **10121400**

Facility Name (current) : **MARINERS HOSPITAL**

		Rural Payment
Annual Rural DSH distribution to your facility	(A)	\$765,973
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Rural DSH Distribution	(C)	\$765,973
Total of your "Rural DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Rural DSH Payments [1] [2]	(C - D) = (E)	\$765,973

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**RON DESANTIS
GOVERNOR**

**JASON WEIDA
SECRETARY**

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2022 - 2023**

Hospital Classification

Please check one

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

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

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

Uses of Funds

MARINERS HOSPITAL	Medicaid 10121400	Amount \$765,973
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

