



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call 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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10189300**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$27,618
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$27,618
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$27,618

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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	Amount \$27,618
---------------------------------	--------------------------	------------------------

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

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10260100**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$28,078
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$28,078
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$28,078

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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

FLORIDA HOSPITAL WAUCHULA	Medicaid 10260100	Amount \$28,078
----------------------------------	--------------------------	------------------------

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

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10123100**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$31,444
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$31,444
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$31,444

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GOVERNOR

JASON WEIDA
SECRETARY

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

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	Owned by a county government and leased to a management company

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

Uses of Funds

BAPTIST MEDICAL CENTER - NASSAU	Medicaid 10123100	Amount \$31,444
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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

July 6, 2022

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

RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10026900**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$22,042
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$22,042
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$22,042

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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

CALHOUN-LIBERTY HOSPITAL	Medicaid 10026900	Amount \$22,042
---------------------------------	--------------------------	------------------------

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

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10192300**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$48,606.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$48,606.00
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$48,606.00

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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

DESOTO MEMORIAL HOSPITAL	Medicaid 10192300	Amount \$48,606.00
---------------------------------	--------------------------	---------------------------

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

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10103600**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$35,998.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$35,998.00
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$35,998.00

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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 \$35,998.00
----------------------------------	--------------------------	---------------------------

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

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10180000**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$33,749
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$33,749
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$33,749

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

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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 10180000	Amount \$33,749
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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

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10004800**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$121,278.0 0
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$121,278.0 0
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$121,278.0 0

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

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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

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

Uses of Funds

ED FRASER MEMORIAL HOSPITAL	Medicaid 10004800	Amount \$121,278.00
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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

July 6, 2022

Drew Grossman
Fishermen's Community Hospital
3301 Overseas Highway
Marathon, Florida 33050-2329

**RE: State Fiscal Year 2021 - 2022
Rural State-Only Disproportionate Share Hospital Payments
Medicaid Number: 10120600**

Dear Mr. Grossman:

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

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Enclosure:





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GOVERNOR

JASON WEIDA
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10120600**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$48,433.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$48,433.00
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$48,433.00

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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

Fishermen's Community Hospital	Medicaid 010120600	Amount \$48,433.00
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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.

July 6, 2022



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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

RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents your annual appropriation for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call 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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10080300**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$91,166.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$91,166.00
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$91,166.00

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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

GEORGE E WEEMS MEMORIAL HOSPITAL	Medicaid 10080300	Amount \$ \$91,166.00
---	--------------------------	------------------------------

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

July 6, 2022

James Thompson
Healthmark Regional Medical Center
4413 US Highway 331 S
Defuniak Springs, Florida 32435-6307

**RE: State Fiscal Year 2021 - 2022
Rural State-Only Disproportionate Share Hospital Payments
Medicaid Number: 10188500**

Dear Mr. Thompson:

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

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Sincerely,

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

KS:mm

Enclosure:





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10188500**

Facility Name (current) : **Healthmark Regional Medical Center**

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$24,981.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$24,981.00
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$24,981.00

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

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

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

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

Uses of Funds

Healthmark Regional Medical Center	Medicaid 10188500	Amount \$24,981.00
---	--------------------------	---------------------------

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

July 6, 2022

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

RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10086200**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$108,552
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$108,552
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$108,552

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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 \$108,552
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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

July 6, 2022

Brooke Donaldson
JACKSON HOSPITAL
4250 Hospital Drive
Marianna, Florida 32446-1917

**RE: State Fiscal Year 2021 - 2022
Rural State-Only Disproportionate Share Hospital Payments
Medicaid Number: 10106100**

Dear Ms. Donaldson:

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

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10106100**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$38,744
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$38,744
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$38,744

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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

JACKSON HOSPITAL	Medicaid 10106100	Amount \$38,744
-------------------------	--------------------------	------------------------

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

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10173700**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$39,830
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$39,830
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$39,830

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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 \$39,830
---------------------	--------------------------	------------------------

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

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10822700**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$149,521
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$149,521
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$149,521

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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 \$149,521
-----------------------------	--------------------------	-------------------------

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

July 6, 2022

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

RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10144300**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$50,040
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$50,040
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$50,040

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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 \$50,040
--------------------------------	--------------------------	------------------------

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

July 6, 2022

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

**RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10115000**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$28,899
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$28,899
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$28,899

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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 \$28,899
---	--------------------------	------------------------

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

July 6, 2022

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

RE: State Fiscal Year 2021 - 2022
Rural State-Only 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 2021 - 2022. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10121400**

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

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$85,058
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$85,058
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$85,058

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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 \$85,058
--------------------------	--------------------------	------------------------

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

July 6, 2022

Michael A. Kozar
NORTHWEST FLORIDA COMMUNITY HOSPITAL
1360 Brickyard Rd
Chipley, Florida 32428

RE: State Fiscal Year 2021 - 2022
Rural State-Only Disproportionate Share Hospital Payments
Medicaid Number: 10190700

Dear Mr. Kozar:

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

The enclosed payment represents your annual appropriation for state fiscal year 2021 - 2022. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call 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 State-Only Disproportionate Share Hospital Distribution

State Fiscal Year 2021 - 2022 Payment

Medicaid Number : **10190700**

Facility Name (current) : **NORTHWEST FLORIDA COMMUNITY HOSPITAL**

		Rural SO Payment
Annual Rural State-Only DSH distribution to your facility	(A)	\$236,036
Amount being withheld from distribution in anticipation of funding reductions	(B)	00.00
Total of your facility's scheduled Rural State-Only DSH Distribution	(C)	\$236,036
Total of your "Rural State-Only DSH" Payments previously paid in this fiscal year	(D)	0.00
Your Scheduled Rural State-Only DSH Payments [1] [2]	(C - D) = (E)	\$236,036

[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 STATE-ONLY DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE
PROGRAM
STATE FISCAL YEAR 2021 - 2022**

Hospital Classification

Please check one

True	False	Hospital Description
<input type="checkbox"/>	<input type="checkbox"/>	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

NORTHWEST FLORIDA COMMUNITY HOSPITAL	Medicaid 10190700	Amount \$236,036
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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.

