



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

Mr/Ms. Ronald Jimenez
AdventHealth Palm Coast
60 MEMORIAL MEDICAL PKWY
PALM COAST, FL 32164

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010189300 Facility Number: 100118**

Dear Mr / Ms: Ronald Jimenez

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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



Ronald Jimenez
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'SG', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010189300**

Facility Number: **100118**

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

Charity Care - Other	(A)	\$13,543,207
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	3,165
Total Patient Days (TPD)	(F)	42,950
Total Patient Revenue	(G)	\$953,792,870
Other Operating Revenue	(H)	\$8,910,722
Inpatient Revenue	(I)	\$457,631,401
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.47536065
Adjusted Patient Days	$(F / K) = (L)$	90,352
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$10,655
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,271
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.10328448
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.500%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$167,447
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$36,918
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$105,347
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$140,618
Total RDSH Program Amount	$(S + V + W) = (X)$	\$245,964
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$60,181
Federal DSH General Limit	(Z)	\$7,790,946
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$7,790,946
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$185,783
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$25,775
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$211,558
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$6,444
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$46,446

[1]	The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).
[2]	If the calculated result is less than zero, zero is used as the value for this line.
[3]	This facility meets Federal OB requirements.
[4]	This amount may have required an adjustment to compensate for cumulative effects of rounding.
[5]	This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

Mr/Ms. Janet Kinney

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010123100 Facility Number: 100140**

Dear Mr / Ms: Janet Kinney

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Janet Kinney
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010123100**

Facility Number: **100140**

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

Charity Care - Other	(A)	\$14,898,568
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	957
Total Patient Days (TPD)	(F)	11,646
Total Patient Revenue	(G)	\$389,926,908
Other Operating Revenue	(H)	\$3,282,164
Inpatient Revenue	(I)	\$145,229,749
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.36934486
Adjusted Patient Days	$(F / K) = (L)$	31,532
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$12,470
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,195
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.18476034
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.000%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$128,292
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$122,409
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$163,393
Total RDSH Program Amount	$(S + V + W) = (X)$	\$285,802
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$69,929
Federal DSH General Limit	(Z)	\$4,121,950
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,121,950
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$215,873
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$29,951
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$368,233
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$7,488
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$53,968

[1]	The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).
[2]	If the calculated result is less than zero, zero is used as the value for this line.
[3]	This facility meets Federal OB requirements.
[4]	This amount may have required an adjustment to compensate for cumulative effects of rounding.
[5]	This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010026900 Facility Number: 100112**

Dear Mr / Ms: CHARLES DURANT

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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CHARLES DURANT
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010026900**

Facility Number: **100112**

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

Charity Care - Other	(A)	\$200,547
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$80,000
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	44
Total Patient Days (TPD)	(F)	1,012
Total Patient Revenue	(G)	\$29,444,226
Other Operating Revenue	(H)	\$2,489,197
Inpatient Revenue	(I)	\$3,234,632
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.10129299
Adjusted Patient Days	$(F / K) = (L)$	9,991
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,196
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	63
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.10547820
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.532%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$171,003
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$33,361
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$103,243
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$137,811
Total RDSH Program Amount	$(S + V + W) = (X)$	\$241,054
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$58,979
Federal DSH General Limit	(Z)	\$1,819,777
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,819,777
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$182,075
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$25,260
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$207,335
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$6,315
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$45,519

[1]	The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).
[2]	If the calculated result is less than zero, zero is used as the value for this line.
[3]	This facility meets Federal OB requirements.
[4]	This amount may have required an adjustment to compensate for cumulative effects of rounding.
[5]	This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

Mr/Ms. Vincent Sica

DESOTO MEMORIAL HOSPITAL
900 N ROBERT AVE
ARCADIA, FL 34266

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010192300 Facility Number: 100175**

Dear Mr / Ms: Vincent Sica

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Vincent Sica
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'SG', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau
Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010192300**

Facility Number: **100175**

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

Charity Care - Other	(A)	\$12,683,592
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	336
Total Patient Days (TPD)	(F)	3,302
Total Patient Revenue	(G)	\$154,827,434
Other Operating Revenue	(H)	\$90,112
Inpatient Revenue	(I)	\$29,887,679
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.19292636
Adjusted Patient Days	$(F / K) = (L)$	17,115
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$9,051
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,401
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.52613179
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	7.640%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$852,974
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$348,577
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$465,285
Total RDSH Program Amount	$(S + V + W) = (X)$	\$813,862
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$199,132
Federal DSH General Limit	(Z)	\$4,645,175
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,495,175
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$614,730
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$85,288
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$700,018
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$21,322
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$153,683

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010103600 Facility Number: 100078**

Dear Mr / Ms: Joann Baker

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308
AHCA.MyFlorida.com



Joann Baker
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau
Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010103600**

Facility Number: **100078**

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

Charity Care - Other	(A)	\$727,463
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	287
Total Patient Days (TPD)	(F)	2,068
Total Patient Revenue	(G)	\$48,908,119
Other Operating Revenue	(H)	\$37,845
Inpatient Revenue	(I)	\$9,434,574
Sub-Acute Revenue	(J)	\$289,300
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.18684429
Adjusted Patient Days	$(F / K) = (L)$	11,068
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,422
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	164
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.21832667
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.170%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$353,955
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$144,648
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$193,077
Total RDSH Program Amount	$(S + V + W) = (X)$	\$337,725
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$82,633
Federal DSH General Limit	(Z)	\$1,704,600
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,554,600
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$255,092
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$35,392
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$290,484
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$8,848
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$63,773

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010180000 Facility Number: 100106**

Dear Mr / Ms: Thomas Stone

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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



Thomas Stone
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010180000**

Facility Number: **100106**

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

Charity Care - Other	(A)	\$293,535
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$833,961
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	258
Total Patient Days (TPD)	(F)	1,497
Total Patient Revenue	(G)	\$45,193,332
Other Operating Revenue	(H)	\$1,084,274
Inpatient Revenue	(I)	\$5,314,084
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.11483057
Adjusted Patient Days	$(F / K) = (L)$	13,037
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,550
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	83
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.22758187
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.305%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$368,960
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$150,779
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$201,262
Total RDSH Program Amount	$(S + V + W) = (X)$	\$352,042
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$86,136
Federal DSH General Limit	(Z)	\$1,584,870
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,584,870
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$265,905
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$36,892
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$302,798
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$9,223
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$66,476

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010004800 Facility Number: 100134**

Dear Mr / Ms: Dennis Markos

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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



Dennis Markos
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010004800**

Facility Number: **100134**

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

Charity Care - Other	(A)	\$5,433,335
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	37
Total Patient Days (TPD)	(F)	899
Total Patient Revenue	(G)	\$57,692,127
Other Operating Revenue	(H)	\$773,057
Inpatient Revenue	(I)	\$6,235,145
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.10664715
Adjusted Patient Days	$(F / K) = (L)$	8,430
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$6,936
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	783
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.91256160
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	13.252%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,479,461
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$604,598
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$807,025
Total RDSH Program Amount	$(S + V + W) = (X)$	\$1,411,623
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$345,389
Federal DSH General Limit	(Z)	\$2,845,466
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,695,466
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$1,066,234
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$147,930
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$1,214,164
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$36,982
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$266,558

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

Mr/Ms. Randall Surber

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010260100 Facility Number: 100282**

Dear Mr / Ms: Randall Surber

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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



Randall Surber
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010260100**

Facility Number: **100282**

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

Charity Care - Other	(A)	\$2,277,146
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	42
Total Patient Days (TPD)	(F)	8,450
Total Patient Revenue	(G)	\$120,549,346
Other Operating Revenue	(H)	\$1,070,826
Inpatient Revenue	(I)	\$28,081,407
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.23089432
Adjusted Patient Days	$(F / K) = (L)$	36,597
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,323
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	685
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.08606129
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	1.250%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$139,524
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$64,840
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$121,858
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$162,658
Total RDSH Program Amount	$(S + V + W) = (X)$	\$284,516
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$69,614
Federal DSH General Limit	(Z)	\$2,337,075
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,337,075
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$214,902
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$29,816
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$244,718
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$7,454
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$53,726

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010080300 Facility Number: 100153**

Dear Mr / Ms: Harvey Cannington

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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



Harvey Cannington
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010080300**

Facility Number: **100153**

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

Charity Care - Other	(A)	\$629,667
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$2,347,319
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	28
Total Patient Days (TPD)	(F)	295
Total Patient Revenue	(G)	\$14,296,399
Other Operating Revenue	(H)	\$837,951
Inpatient Revenue	(I)	\$1,188,313
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.07851761
Adjusted Patient Days	$(F / K) = (L)$	3,757
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,028
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	156
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.62479837
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	9.073%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,012,934
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$413,947
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$552,541
Total RDSH Program Amount	$(S + V + W) = (X)$	\$966,488
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$236,476
Federal DSH General Limit	(Z)	\$1,208,086
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,058,086
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$730,012
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$101,283
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$831,295
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$25,321
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$182,503

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010086200 Facility Number: 100098**

Dear Mr / Ms: Raymond Williams

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Raymond Williams
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010086200**

Facility Number: **100098**

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

Charity Care - Other	(A)	\$2,998,158
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$8,983,008
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	257
Total Patient Days (TPD)	(F)	2,500
Total Patient Revenue	(G)	\$69,406,704
Other Operating Revenue	(H)	\$3,600,578
Inpatient Revenue	(I)	\$9,357,255
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.12816879
Adjusted Patient Days	$(F / K) = (L)$	19,506
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,743
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	801
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.42320999
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	6.146%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$686,116
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$280,389
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$374,266
Total RDSH Program Amount	$(S + V + W) = (X)$	\$654,655
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$160,178
Federal DSH General Limit	(Z)	\$5,947,766
Annual Payment under Regular DSH Program	(AA)	\$150,000
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$5,797,766
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$494,477
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$68,604
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$563,081
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$17,151
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$123,619

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010106100 Facility Number: 100142**

Dear Mr / Ms: Carrol Platt

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308
AHCA.MyFlorida.com



Carrol Platt
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010106100**

Facility Number: **100142**

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

Charity Care - Other	(A)	\$5,231,802
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,761
Total Patient Days (TPD)	(F)	13,107
Total Patient Revenue	(G)	\$186,743,311
Other Operating Revenue	(H)	\$929,086
Inpatient Revenue	(I)	\$37,439,700
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.19949497
Adjusted Patient Days	$(F / K) = (L)$	65,701
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,856
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,832
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.27409511
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	3.980%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$444,368
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$181,596
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$242,396
Total RDSH Program Amount	$(S + V + W) = (X)$	\$423,992
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$103,741
Federal DSH General Limit	(Z)	\$5,518,548
Annual Payment under Regular DSH Program	(AA)	\$765,322
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$4,753,226
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$320,251
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$44,433
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$364,684
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$11,108
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$80,063

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010173700 Facility Number: 100048**

Dear Mr / Ms: Michael Hutchins

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308
AHCA.MyFlorida.com



Michael Hutchins
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance
Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010173700**

Facility Number: **100048**

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

Charity Care - Other	(A)	\$2,749,669
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	134
Total Patient Days (TPD)	(F)	1,703
Total Patient Revenue	(G)	\$52,725,807
Other Operating Revenue	(H)	\$693,419
Inpatient Revenue	(I)	\$9,426,583
Sub-Acute Revenue	(J)	\$167,481
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.17332902
Adjusted Patient Days	$(F / K) = (L)$	9,825
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,437
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	506
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.37565397
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	5.455%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$609,017
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$248,881
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$332,210
Total RDSH Program Amount	$(S + V + W) = (X)$	\$581,091
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$142,179
Federal DSH General Limit	(Z)	\$1,445,889
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,445,889
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$438,913
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$60,895
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$499,807
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$15,224
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$109,728

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010822700 Facility Number: 100241**

Dear Mr / Ms: Pamela Howard

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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Tallahassee, FL 32308
AHCA.MyFlorida.com



Pamela Howard
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010822700**

Facility Number: **100241**

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

Charity Care - Other	(A)	\$4,080,172
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	8
Total Patient Days (TPD)	(F)	92
Total Patient Revenue	(G)	\$32,908,689
Other Operating Revenue	(H)	\$1,721,213
Inpatient Revenue	(I)	\$12,832,138
Sub-Acute Revenue	(J)	\$6,939,591
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.17015777
Adjusted Patient Days	$(F / K) = (L)$	541
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$64,049
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	64
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.77938579
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	11.318%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,263,554
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$516,365
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$689,250
Total RDSH Program Amount	$(S + V + W) = (X)$	\$1,205,616
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$294,985
Federal DSH General Limit	(Z)	\$2,047,400
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$2,047,400
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$910,631
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$126,343
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$1,036,974
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$31,586
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$227,658

[1]	The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).
[2]	If the calculated result is less than zero, zero is used as the value for this line.
[3]	This facility meets Federal OB requirements.
[4]	This amount may have required an adjustment to compensate for cumulative effects of rounding.
[5]	This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010144300 Facility Number: 100130**

Dear Mr / Ms: Darcy Davis

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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



Darcy Davis
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010144300**

Facility Number: **100130**

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

Charity Care - Other	(A)	\$4,276,264
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$18,382,316
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	1,193
Total Patient Days (TPD)	(F)	5,881
Total Patient Revenue	(G)	\$134,137,412
Other Operating Revenue	(H)	\$7,039,582
Inpatient Revenue	(I)	\$50,999,595
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.36124579
Adjusted Patient Days	$(F / K) = (L)$	16,280
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$8,672
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	493
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.28670564
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.000%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$199,079
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$189,951
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$253,548
Total RDSH Program Amount	$(S + V + W) = (X)$	\$443,499
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$108,514
Federal DSH General Limit	(Z)	\$6,381,003
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$6,381,003
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$334,985
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$46,477
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$571,413
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$11,619
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$83,746

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010115000 Facility Number: 100004**

Dear Mr / Ms: Patrick Mcgee

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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



Patrick Mcgee
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010115000**

Facility Number: **100004**

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

Charity Care - Other	(A)	\$399,488
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$821,174
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	56
Total Patient Days (TPD)	(F)	3,343
Total Patient Revenue	(G)	\$22,537,260
Other Operating Revenue	(H)	\$282,926
Inpatient Revenue	(I)	\$8,297,470
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.36360221
Adjusted Patient Days	$(F / K) = (L)$	9,194
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,482
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	161
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.06489718
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	0.942%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$105,212
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$99,152
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$142,148
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$189,741
Total RDSH Program Amount	$(S + V + W) = (X)$	\$331,889
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$81,205
Federal DSH General Limit	(Z)	\$1,819,748
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$1,819,748
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$250,684
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$34,780
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$285,464
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$8,695
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$62,671

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010121400 Facility Number: 100160**

Dear Mr / Ms: Richard Freeburg

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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



Richard Freeburg
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010121400**

Facility Number: **100160**

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

Charity Care - Other	(A)	\$10,261,092
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	109
Total Patient Days (TPD)	(F)	1,826
Total Patient Revenue	(G)	\$219,165,586
Other Operating Revenue	(H)	\$2,625,195
Inpatient Revenue	(I)	\$24,059,776
Sub-Acute Revenue	(J)	\$0
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.10847960
Adjusted Patient Days	$(F / K) = (L)$	16,833
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$13,176
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	779
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	0.48617659
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	7.060%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$788,198
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$322,106
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$429,951
Total RDSH Program Amount	$(S + V + W) = (X)$	\$752,056
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$184,009
Federal DSH General Limit	(Z)	\$6,364,578
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$6,364,578
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$568,047
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$78,811
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$646,858
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$19,703
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$142,012

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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

[3] This facility meets Federal OB requirements.

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

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

July 25, 2024

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

**RE: State Fiscal Year 2024
Rural Disproportionate Share and Rural Financial Assistance Programs
Medicaid Number: 010190700 Facility Number: 100147**

Dear Mr / Ms: Michael Kozar

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

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

The RFAP is based upon a fixed sum of money. Therefore, the annual RFAP distribution received by a hospital represents an amount proportional to the hospital's contribution for providing indigent and Medicaid care as compared to all other RFAP eligible rural hospitals, and is calculated in accordance with the above referenced Florida statute. Your hospital's state fiscal year (SFY) 2024 RDSH distribution reflects your proportional payment of the \$10,260,193 appropriated by the Florida Legislature.

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

The enclosed calculation sheet shows the procedure used to prepare a preliminary estimate of the annual amounts for the RDSH program as well as any unmatched state funds payable to you for SFY 2024. The data used to determine the distributions of these funds are an average of the three most recent years of data reported in accordance with section 408.061(4), Florida Statutes, as specified in section 409.9116, Florida Statutes. You have thirty (30) days to review the preliminary estimate and report any errors to the Agency for Health Care Administration.

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



Michael Kozar
July 25, 2024

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Staci Griffis', with a long horizontal flourish extending to the right.

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:mm

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Estimated Payment Calculations with Most recent Data Elements [1]
State Fiscal Year 2024

Medicaid Number: **010190700**

Facility Number: **100147**

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

Charity Care - Other	(A)	\$353,047
Charity Care - Hill - Burton	(B)	\$0
Unrestricted Funds	(C)	\$0
Restricted Funds	(D)	\$0
Medicaid Days (MDD)	(E)	9,188
Total Patient Days (TPD)	(F)	5,539
Total Patient Revenue	(G)	\$109,545,774
Other Operating Revenue	(H)	\$3,017,130
Inpatient Revenue	(I)	\$19,976,909
Sub-Acute Revenue	(J)	\$2,356,747
Adjustment Factor	$(I - J) / (G + H) = (K)$	0.15653614
Adjusted Patient Days	$(F / K) = (L)$	35,385
Gross Revenue per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,181
Charity Care Days [2]	$((A + B - ((C + D) / 2)) / M) = (N)$	111
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	1.67881971
Sum of (O) for All Rural Hospitals	(P)	7.35792858
Hospital's Percentage of TAERH	$(O / P) = (Q)$	24.379%
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$2,721,732
Annual State Minimum (supplemental) Amount [2]	$(\$204,364 - R) = (S)$	\$0
Portion of Rural FAP Allocated to State Minimum Amounts	Sum of (S) for all Hospitals = (T)	\$234,271
Rural FAP Funds Remaining for RDSH Distribution	$(\$5,109,107 - T) = (U)$	\$4,874,836
Portion of the Remaining Rural FAP	$(U \times Q) = (V)$	\$1,112,266
Corresponding Federal Disproportionate Share Funds [3]	$(S + V) / 0.428300 - (S + V) = (W)$	\$1,484,666
Total RDSH Program Amount	$(S + V + W) = (X)$	\$2,596,931
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$635,404
Federal DSH General Limit	(Z)	\$3,076,407
Annual Payment under Regular DSH Program	(AA)	\$0
DSH General Limit Minus Regular DSH Payment	$(Z - AA) = (AB)$	\$3,076,407
Estimated Annual RDSH Program Amount [5]	Lesser of $((X - Y + adj)$ or $AB) = (AC)$	\$1,961,527
Estimated Annual Un-Matched State Funds (UMSF) Amount	$((X - AD) \times 0.428300) = (AD)$	\$272,143
Annual Reduction Resulting from Funding and General Limits	(AE)	\$0
Estimated Projected Total of Annual Amounts [4]	$(AC + AD) = (AF)$	\$2,233,670
Estimated Quarterly Un-Matched State Funds Amount	$(AD \times .25) = (AG)$	\$68,036
Estimated Quarterly RDSH Payment	$(AC \times .25) = (AH)$	\$490,382

[1] The above data is based on the average of your prior-year-actual cost reports for the years 2020 2021 2022, which are the most recent actual data available reported in accordance with 408.061(4)(A).

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