



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Stephen P. Lee
President
Baptist Medical Center - Nassau
1250 S. 18th St.
Fernandina Beach, Florida 32034

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101231-00 HCCCB Number: 100140

Dear Mr. Lee:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Stephen P. Lee
December 8, 2017
Page Two

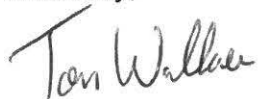
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101231-00** HCCCB Number: **100140**

Hospital Name (Current): **Baptist Medical Center - Nassau**

(Abbreviated Name derived from Cost Report): Baptist Medical Center - Nassau

Charity Care - Other	(A)	\$13,852,229
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	1,284
Total Patient Days (TPD)	(F)	11,442
Total Patient Revenue	(G)	\$239,251,023
Other Operating Revenue	(H)	\$1,493,363
Inpatient Revenue	(I)	\$83,024,982
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.34486778
Adjusted Patient Days	$(F / K) = (L)$	33,178
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,256.16
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,909.03
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.27906
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.054 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$375,052
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$133,477
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$215,847
Total RDSH program amount	$(S + V + W) = (X)$	\$349,324
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$93,053
Federal DSH General Limit	(Z)	\$3,865,293
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,865,293
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$256,271
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$35,556
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$291,827
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$8,889
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$64,068
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$8,889
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$64,068

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Baptist Medical Center - Nassau	Medicaid 0101231-00	Second Quarter Amt \$72,957
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Charles Durant
CEO
Calhoun Liberty Hospital
20370 NE Burns Avenue
Blountstown, Florida 32424

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0100269-00 HCCCB Number: 100112

Dear Mr. Durant:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

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Mr. Charles Durant
December 8, 2017
Page Two

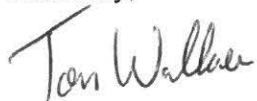
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0100269-00** HCCCB Number: **100112**

Hospital Name (Current): **Calhoun Liberty Hospital**

(Abbreviated Name derived from Cost Report): Calhoun Liberty Hospital

Charity Care - Other	(A)	\$581,587
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	295
Total Patient Days (TPD)	(F)	1,894
Total Patient Revenue	(G)	\$30,487,017
Other Operating Revenue	(H)	\$895,604
Inpatient Revenue	(I)	\$8,859,598
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28230905
Adjusted Patient Days	$(F / K) = (L)$	6,709
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$4,677.72
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	124.33
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.22140
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.423 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$297,555
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$105,896
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$171,247
Total RDSH program amount	$(S + V + W) = (X)$	\$277,143
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$73,825
Federal DSH General Limit	(Z)	\$1,520,050
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,520,050
Annual RDSH program amount [6]	Lesser of $((X - Y + \text{adj}) \text{ or } AB) = (AC)$	\$203,318
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$28,208
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$231,526
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$7,052
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$50,830
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$7,052
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$50,830

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Calhoun Liberty Hospital	Medicaid 0100269-00	Second Quarter Amt \$57,882
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Vincent A. Sica
President / CEO
DeSoto Memorial Hospital
900 N. Robert Avenue
P.O. Box 2180
Arcadia, Florida 34266

**RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101923-00 HCCCB Number: 100175**

Dear Mr. Sica:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Vincent A. Sica
December 8, 2017
Page Two

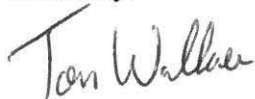
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101923-00** HCCCB Number: **100175**

Hospital Name (Current): **DeSoto Memorial Hospital**

(Abbreviated Name derived from Cost Report): DeSoto Memorial Hospital

Charity Care - Other	(A)	\$6,270,976
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	1,002
Total Patient Days (TPD)	(F)	5,754
Total Patient Revenue	(G)	\$96,660,449
Other Operating Revenue	(H)	\$92,132
Inpatient Revenue	(I)	\$30,103,916
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.31114329
Adjusted Patient Days	$(F / K) = (L)$	18,493
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,231.82
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,198.62
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.38245
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.185 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$514,003
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$182,928
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$295,815
Total RDSH program amount	$(S + V + W) = (X)$	\$478,743
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$127,528
Federal DSH General Limit	(Z)	\$3,304,897
Annual payments under Regular DSH program	(AA)	\$ 979
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,303,918
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$351,215
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$48,729
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$399,944
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$12,182
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$87,804
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$12,182
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$87,804

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, which are the most recent actual data available reported in accordance with 408.061 (4) (A).
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- [3] This facility meets federal OB requirements.
- [4] This amount may have required adjustment to compensate for cumulative effects of rounding.
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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

DeSoto Memorial Hospital	Medicaid 0101923-00	Second Quarter Amt \$99,986
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mrs. JoAnn Baker
Administrator
Doctors Memorial Hospital
P.O. Box 188
2600 Hospital Dr
Bonifay, Florida 32425

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101036-00 HCCCB Number: 100078

Dear Mrs. Baker:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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Mrs. JoAnn Baker
December 8, 2017
Page Two

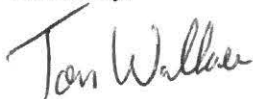
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

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If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101036-00** HCCCB Number: **100078**

Hospital Name (Current): **Doctors Memorial Hospital**

(Abbreviated Name derived from Cost Report): Doctors Memorial Hospital

Charity Care - Other	(A)	\$915,575
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	492
Total Patient Days (TPD)	(F)	2,427
Total Patient Revenue	(G)	\$26,151,889
Other Operating Revenue	(H)	\$876,469
Inpatient Revenue	(I)	\$7,595,170
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28100745
Adjusted Patient Days	$(F / K) = (L)$	8,637
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,129.45
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	292.57
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.32327
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.537 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$434,461
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$154,620
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$250,038
Total RDSH program amount	$(S + V + W) = (X)$	\$404,658
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$107,793
Federal DSH General Limit	(Z)	\$1,046,686
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$921,687
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$296,865
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$41,188
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$338,053
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$10,297
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$74,216
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$10,297
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$74,216

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Doctors Memorial Hospital	Medicaid 0101036-00	Second Quarter Amt \$84,513
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Ms. Mary Lescher
Interim CEO
Doctors' Memorial Hospital
333 N. Byron Butler Parkway
Perry, Florida 32347

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101800-00 HCCCB Number: 100106

Dear Ms. Lescher:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Mary Lescher
December 8, 2017
Page Two

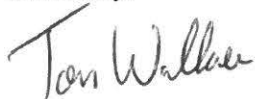
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101800-00** HCCCB Number: **100106**

Hospital Name (Current): **Doctors' Memorial Hospital**

(Abbreviated Name derived from Cost Report): Doctors' Memorial Hospital

Charity Care - Other	(A)	\$1,933,057
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	528
Total Patient Days (TPD)	(F)	3,453
Total Patient Revenue	(G)	\$55,749,755
Other Operating Revenue	(H)	\$309,733
Inpatient Revenue	(I)	\$11,696,676
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.20864757
Adjusted Patient Days	$(F / K) = (L)$	16,549
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,387.40
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	570.66
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.31818
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.482 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$427,620
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$152,185
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$246,101
Total RDSH program amount	$(S + V + W) = (X)$	\$398,286
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$106,095
Federal DSH General Limit	(Z)	\$2,747,736
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,747,736
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$292,191
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$40,539
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$332,730
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$10,135
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$73,048
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$10,135
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$73,048

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Doctors' Memorial Hospital	Medicaid 0101800-00	Second Quarter Amt \$83,183
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Steve Dudley
CFO
Ed Fraser Memorial Hospital
159 North Third Street
Macclenny, Florida 32063

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0100048-00 HCCCB Number: 100134

Dear Mr. Dudley:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Steve Dudley
December 8, 2017
Page Two

Federal funds available for the Rural DSH program are limited. The total of the federal portion 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. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace", written in a cursive style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0100048-00** HCCCB Number: **100134**

Hospital Name (Current): **Ed Fraser Memorial Hospital**

(Abbreviated Name derived from Cost Report): Ed Fraser Memorial Hospital

Charity Care - Other	(A)	\$2,738,218
Charity Care - Hill-Burton	(B)	\$2,263,050
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	11
Total Patient Days (TPD)	(F)	436
Total Patient Revenue	(G)	\$50,676,220
Other Operating Revenue	(H)	\$571,836
Inpatient Revenue	(I)	\$2,523,970
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.04925006
Adjusted Patient Days	$(F / K) = (L)$	8,853
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,788.92
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	863.94
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	2.00674
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	21.959 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$2,596,532
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$959,831
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 = (W)$	\$1,552,158
Total RDSH program amount	$(S + V + W) = (X)$	\$2,511,989
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$669,142
Federal DSH General Limit	(Z)	\$2,534,404
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,534,404
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$1,842,847
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$255,678
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$2,098,525
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$63,920
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$460,712
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$63,920
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$460,712

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Ed Fraser Memorial Hospital	Medicaid 0100048-00	Second Quarter Amt \$524,632
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Hal Leftwich
CEO
Fishermen's Community Hospital
3301 Overseas Highway
Marathon, Florida 33050

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101206-00 HCCCB Number: 100024

Dear Mr. Leftwich:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Hal Leftwich
December 8, 2017
Page Two

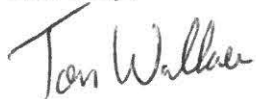
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101206-00** HCCCB Number: **100024**

Hospital Name (Current): **Fishermen's Community Hospital**

(Abbreviated Name derived from Cost Report): Fishermen's Community Hospital

Charity Care - Other	(A)	\$524,875
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	64
Total Patient Days (TPD)	(F)	1,925
Total Patient Revenue	(G)	\$74,793,617
Other Operating Revenue	(H)	\$869,777
Inpatient Revenue	(I)	\$14,059,182
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.18581220
Adjusted Patient Days	$(F / K) = (L)$	10,360
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,303.47
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	71.87
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.07058
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.772 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$94,858
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$92,856
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$33,759
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$204,751
Total RDSH program amount	$(S + V + W) = (X)$	\$331,366
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$88,269
Federal DSH General Limit	(Z)	\$2,109,525
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,109,525
Annual RDSH program amount [6]	Lesser of $((X - Y + \text{adj}) \text{ or } AB) = (AC)$	\$243,097
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$33,728
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$276,825
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$8,432
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$60,774
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$8,432
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$60,774

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Fishermen's Community Hospital	Medicaid 0101206-00	Second Quarter Amt \$69,206
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Dima V Didenko
CFO
Florida Hospital - Wauchula
4200 Sun N Lake Blvd
PO Box 9400
Sebring, Florida 33871-9400

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0102601-00 HCCCB Number: 100282

Dear Mr. Didenko:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Dima V Didenko
December 8, 2017
Page Two

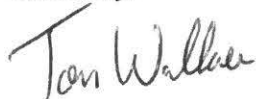
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Wallace", written in a cursive style.

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0102601-00** HCCCB Number: **100282**

Hospital Name (Current): **Florida Hospital - Wauchula**

(Abbreviated Name derived from Cost Report): Florida Hospital - Wauchula

Charity Care - Other	(A)	\$3,539,448
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	74
Total Patient Days (TPD)	(F)	7,698
Total Patient Revenue	(G)	\$78,096,485
Other Operating Revenue	(H)	\$615,270
Inpatient Revenue	(I)	\$25,404,395
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.32275224
Adjusted Patient Days	$(F / K) = (L)$	23,851
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,300.13
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,072.52
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.14894
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.630 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$200,167
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$71,237
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$115,199
Total RDSH program amount	$(S + V + W) = (X)$	\$186,436
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$49,662
Federal DSH General Limit	(Z)	\$1,630,215
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,630,215
Annual RDSH program amount [6]	Lesser of $((X - Y + \text{adj})$ or AB) = (AC)	\$136,774
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$18,976
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$155,750
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$4,744
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$34,194
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$4,744
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$34,194

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Florida Hospital - Wauchula	Medicaid 0102601-00	Second Quarter Amt \$38,938
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Cory Domayer
CFO
Florida Hospital Flagler
60 Memorial Medical Parkway
Palm Coast, Florida 32164

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101893-00 HCCCB Number: 100118

Dear Mr. Domayer:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Cory Domayer
December 8, 2017
Page Two

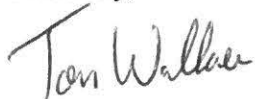
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101893-00** HCCCB Number: **100118**

Hospital Name (Current): **Florida Hospital Flagler**

(Abbreviated Name derived from Cost Report): Florida Hospital Flagler

Charity Care - Other	(A)	\$4,410,368
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	2,786
Total Patient Days (TPD)	(F)	32,026
Total Patient Revenue	(G)	\$515,488,738
Other Operating Revenue	(H)	\$1,793,213
Inpatient Revenue	(I)	\$247,653,313
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.47875885
Adjusted Patient Days	$(F / K) = (L)$	66,894
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,732.88
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	570.34
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.10480
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.147 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$140,849
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$46,865
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$50,126
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$156,846
Total RDSH program amount	$(S + V + W) = (X)$	\$253,837
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$67,617
Federal DSH General Limit	(Z)	\$5,968,377
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$5,968,377
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$186,220
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$25,836
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$212,056
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$6,459
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$46,555
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$6,459
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$46,555

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Florida Hospital Flagler	Medicaid 0101893-00	Second Quarter Amt \$53,014
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Ms. Kim Davis
CFO
George E. Weems Memorial Hospital
135 Avenue G
Apalachicola, Florida 32329

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0100803-00 HCCCB Number: 100153

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Kim Davis
December 8, 2017
Page Two

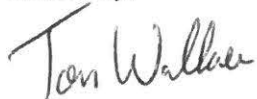
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0100803-00** HCCCB Number: **100153**

Hospital Name (Current): **George E. Weems Memorial Hospital**

(Abbreviated Name derived from Cost Report): George E. Weems Memorial Hospital

Charity Care - Other	(A)	\$1,398,109
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$1,487,166
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	85
Total Patient Days (TPD)	(F)	727
Total Patient Revenue	(G)	\$14,040,405
Other Operating Revenue	(H)	\$653,304
Inpatient Revenue	(I)	\$2,425,457
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.16506772
Adjusted Patient Days	$(F / K) = (L)$	4,404
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,336.25
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	418.62
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.69274
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	7.581 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$931,019
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$331,339
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$535,813
Total RDSH program amount	$(S + V + W) = (X)$	\$867,152
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$230,992
Federal DSH General Limit	(Z)	\$1,565,609
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,440,610
Annual RDSH program amount [6]	Lesser of $((X - Y + \text{adj})$ or AB) = (AC)	\$636,160
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$88,262
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$724,422
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$22,066
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$159,040
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$22,066
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$159,040

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

George E. Weems Memorial Hospital	Medicaid 0100803-00	Second Quarter Amt \$181,106
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. James H. Thompson
Hospital Administrator
Healthmark Regional Medical Center
4413 US Highway 331 S
DeFuniak Springs, Florida 32435

**RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101885-00 HCCCB Number: 100081**

Dear Mr. Thompson:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. James H. Thompson
December 8, 2017
Page Two

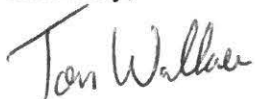
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101885-00** HCCCB Number: **100081**

Hospital Name (Current): **Healthmark Regional Medical Center**

(Abbreviated Name derived from Cost Report): Healthmark Regional Medical Center

Charity Care - Other	(A)	\$ 0
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	428
Total Patient Days (TPD)	(F)	3,516
Total Patient Revenue	(G)	\$38,595,286
Other Operating Revenue	(H)	\$153,599
Inpatient Revenue	(I)	\$12,474,698
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.32193695
Adjusted Patient Days	$(F / K) = (L)$	10,921
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,547.98
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	0.00
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.12173
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.332 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$163,601
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$24,113
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$58,224
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$133,148
Total RDSH program amount	$(S + V + W) = (X)$	\$215,485
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$57,401
Federal DSH General Limit	(Z)	\$1,438,392
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,438,392
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$158,084
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$21,933
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$180,017
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$5,483
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$39,521
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$5,483
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$39,521

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Healthmark Regional Medical Center	Medicaid 0101885-00	Second Quarter Amt \$45,004
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Lynn W Beasley
CEO
Hendry Regional Medical Center
500 W. Sugarland Highway
Clewiston, Florida 33440

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0100862-00 HCCCB Number: 100098

Dear Mr. Beasley:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Lynn W Beasley
December 8, 2017
Page Two

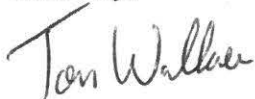
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0100862-00** HCCCB Number: **100098**

Hospital Name (Current): **Hendry Regional Medical Center**

(Abbreviated Name derived from Cost Report): Hendry Regional Medical Center

Charity Care - Other	(A)	\$3,579,119
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$6,661,733
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	252
Total Patient Days (TPD)	(F)	2,406
Total Patient Revenue	(G)	\$57,358,797
Other Operating Revenue	(H)	\$998,982
Inpatient Revenue	(I)	\$7,513,458
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.12874818
Adjusted Patient Days	$(F / K) = (L)$	18,688
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,122.80
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,143.99
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.58021
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	6.349 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$779,789
Annual State Minimum (supplemental) amount [2]	$($187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$($4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$277,518
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$448,779
Total RDSH program amount	$(S + V + W) = (X)$	\$726,297
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$193,470
Federal DSH General Limit	(Z)	\$4,832,140
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$4,707,141
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$532,827
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$73,925
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$606,752
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$18,481
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$133,207
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$18,481
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$133,207

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Hendry Regional Medical Center	Medicaid 0100862-00	Second Quarter Amt \$151,688
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Kevin Rovito
CFO
Jackson Hospital
4250 Hospital Drive
Marianna, Florida 32447

**RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101061-00 HCCCB Number: 100142**

Dear Mr. Rovito:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Kevin Rovito
December 8, 2017
Page Two

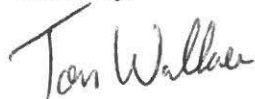
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101061-00** HCCCB Number: **100142**

Hospital Name (Current): **Jackson Hospital**

(Abbreviated Name derived from Cost Report): Jackson Hospital

Charity Care - Other	(A)	\$6,393,711
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	1,993
Total Patient Days (TPD)	(F)	13,279
Total Patient Revenue	(G)	\$129,404,030
Other Operating Revenue	(H)	\$1,591,461
Inpatient Revenue	(I)	\$37,963,344
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28980649
Adjusted Patient Days	$(F / K) = (L)$	45,820
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$2,858.90
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	2,236.42
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.31850
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.485 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$428,061
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$152,342
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$246,355
Total RDSH program amount	$(S + V + W) = (X)$	\$398,697
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$106,205
Federal DSH General Limit	(Z)	\$3,939,919
Annual payments under Regular DSH program	(AA)	\$124,999
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$3,814,920
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$292,492
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$40,581
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$333,073
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$10,145
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$73,123
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$10,145
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$73,123

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018**

Hospital Classification

Please check one

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

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

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

Uses of Funds

Jackson Hospital	Medicaid 0101061-00	Second Quarter Amt \$83,268
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Mike T. Hutchins
Hospital Administrator
Jay Hospital
14114 Alabama Street
Jay, Florida 32565

**RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101737-00 HCCCB Number: 100048**

Dear Mr. Hutchins:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Mike T. Hutchins
December 8, 2017
Page Two

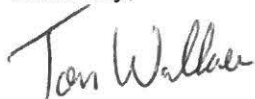
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101737-00** HCCCB Number: **100048**

Hospital Name (Current): **Jay Hospital**

(Abbreviated Name derived from Cost Report): Jay Hospital

Charity Care - Other	(A)	\$1,617,704
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	181
Total Patient Days (TPD)	(F)	2,086
Total Patient Revenue	(G)	\$46,318,420
Other Operating Revenue	(H)	\$1,801,020
Inpatient Revenue	(I)	\$11,326,510
Sub-Acute Revenue	(J)	\$155,405
Adjustment Factor	$(I - J) / (G + H) = (K)$	.23215368
Adjusted Patient Days	$(F / K) = (L)$	8,985
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,355.28
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	302.08
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.23158
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.534 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$311,238
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$110,766
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$179,121
Total RDSH program amount	$(S + V + W) = (X)$	\$289,887
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$77,220
Federal DSH General Limit	(Z)	\$1,288,549
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,288,549
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$212,667
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$29,506
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$242,173
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$7,377
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$53,167
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$7,377
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$53,167

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018**

Hospital Classification

Please check one

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

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

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

Uses of Funds

Jay Hospital	Medicaid 0101737-00	Second Quarter Amt \$60,544
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Ms. Pamela B. Howard
Hospital Administrator
Lake Butler Hospital
850 East Main St.
P.O.Box 748
Lake Butler, Florida 32054

**RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0108227-00 HCCCB Number: 100241**

Dear Ms. Howard:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Pamela B. Howard
December 8, 2017
Page Two

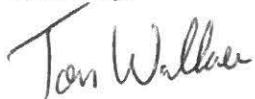
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0108227-00** HCCCB Number: **100241**

Hospital Name (Current): **Lake Butler Hospital**

(Abbreviated Name derived from Cost Report): Lake Butler Hospital

Charity Care - Other	(A)	\$2,946,820
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	33
Total Patient Days (TPD)	(F)	203
Total Patient Revenue	(G)	\$21,502,304
Other Operating Revenue	(H)	\$118,530
Inpatient Revenue	(I)	\$5,931,551
Sub-Acute Revenue	(J)	\$3,457,360
Adjustment Factor	$(I - J) / (G + H) = (K)$	.11443550
Adjusted Patient Days	$(F / K) = (L)$	1,774
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$12,188.13
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	241.78
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	1.35359
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	14.812 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,699,298
Annual State Minimum (supplemental) amount [2]	$($187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$($4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$647,425
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$1,046,962
Total RDSH program amount	$(S + V + W) = (X)$	\$1,694,387
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$451,349
Federal DSH General Limit	(Z)	\$1,625,165
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,625,165
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$1,243,038
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$172,459
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$1,415,497
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$43,115
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$310,760
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$43,115
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$310,760

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018**

Hospital Classification

Please check one

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

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

Please return to:

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

Uses of Funds

Lake Butler Hospital	Medicaid 0108227-00	Second Quarter Amt \$353,875
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Ms. Darcy J. Davis
CEO
Lakeside Medical Center
2601 10th Ave North, Ste 100
Palm Springs, Florida 33462

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101443-00 HCCCB Number: 100130

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Darcy J. Davis
December 8, 2017
Page Two

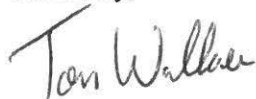
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101443-00** HCCCB Number: **100130**

Hospital Name (Current): **Lakeside Medical Center**

(Abbreviated Name derived from Cost Report): Lakeside Medical Center

Charity Care - Other	(A)	\$1,525,812
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$7,969,419
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	3,890
Total Patient Days (TPD)	(F)	10,296
Total Patient Revenue	(G)	\$121,130,335
Other Operating Revenue	(H)	\$2,280,433
Inpatient Revenue	(I)	\$63,922,890
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.51796850
Adjusted Patient Days	$(F / K) = (L)$	19,878
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$6,208.52
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	244.48
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.40156
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.394 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$539,687
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$192,069
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$310,597
Total RDSH program amount	$(S + V + W) = (X)$	\$502,666
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$133,900
Federal DSH General Limit	(Z)	\$6,048,216
Annual payments under Regular DSH program	(AA)	\$410,939
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$5,637,277
Annual RDSH program amount [6]	Lesser of $((X - Y + \text{adj}) \text{ or } AB) = (AC)$	\$368,766
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$51,163
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$419,929
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$12,791
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$92,192
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$12,791
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$92,192

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Lakeside Medical Center	Medicaid 0101443-00	Second Quarter Amt \$104,983
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Patrick McGee
CFO
Madison County Memorial Hospital
224 NW Crane Avenue
Madison, Florida 32340

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101150-00 HCCCB Number: 100004

Dear Mr. McGee:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Patrick McGee
December 8, 2017
Page Two

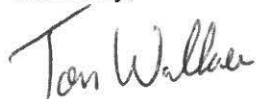
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101150-00** HCCCB Number: **100004**

Hospital Name (Current): **Madison County Memorial Hospital**

(Abbreviated Name derived from Cost Report): **Madison County Memorial Hospital**

Charity Care - Other	(A)	\$242,680
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$204,740
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	162
Total Patient Days (TPD)	(F)	5,277
Total Patient Revenue	(G)	\$21,062,172
Other Operating Revenue	(H)	\$577,186
Inpatient Revenue	(I)	\$8,590,324
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.39697684
Adjusted Patient Days	$(F / K) = (L)$	13,293
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$1,627.88
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	148.95
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.05893
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.645 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$79,195
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$108,519
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$28,184
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$221,065
Total RDSH program amount	$(S + V + W) = (X)$	\$357,769
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$95,303
Federal DSH General Limit	(Z)	\$975,934
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$975,934
Annual RDSH program amount [6]	Lesser of $((X - Y + \text{adj})$ or AB) = (AC)	\$262,466
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$36,416
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$298,882
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$9,104
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$65,617
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$9,104
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$65,617

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Madison County Memorial Hospital	Medicaid 0101150-00	Second Quarter Amt \$74,721
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Rick Freeburg
CEO
Mariners Hospital
91500 Overseas Hwy.
Tavernier, Florida 33070

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101214-00 HCCCB Number: 100160

Dear Mr. Freeburg:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Rick Freeburg
December 8, 2017
Page Two

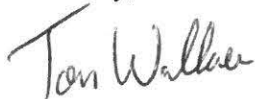
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101214-00** HCCCB Number: **100160**

Hospital Name (Current): **Mariners Hospital**

(Abbreviated Name derived from Cost Report): Mariners Hospital

Charity Care - Other	(A)	\$12,241,170
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	75
Total Patient Days (TPD)	(F)	2,295
Total Patient Revenue	(G)	\$143,990,432
Other Operating Revenue	(H)	\$978,021
Inpatient Revenue	(I)	\$22,621,215
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.15604233
Adjusted Patient Days	$(F / K) = (L)$	14,708
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$9,856.74
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	1,241.91
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.57382
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	6.279 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$771,193
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$274,459
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821) - (S + V) = (W)$	\$443,832
Total RDSH program amount	$(S + V + W) = (X)$	\$718,291
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$191,338
Federal DSH General Limit	(Z)	\$6,835,426
Annual payments under Regular DSH program	(AA)	\$ 27
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$6,835,399
Annual RDSH program amount [6]	Lesser of $((X - Y + adj)$ or AB) = (AC)	\$526,953
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$73,110
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$600,063
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$18,278
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$131,738
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$18,278
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$131,738

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018**

Hospital Classification

Please check one

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

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

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

Uses of Funds

Mariners Hospital	Medicaid 0101214-00	Second Quarter Amt \$150,016
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Jai Kugaraj
Finance
Regional General Hospital - Williston
P.O. Drawer 550
125 SW 7th Street
Williston, Florida 32696

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101141-00 HCCCB Number: 100139

Dear Mr. Kugaraj:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Jai Kugaraj
December 8, 2017
Page Two

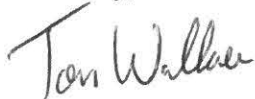
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101141-00** HCCCB Number: **100139**

Hospital Name (Current): **Regional General Hospital - Williston**

(Abbreviated Name derived from Cost Report): Regional General Hospital - Williston

Charity Care - Other	(A)	\$15,113
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	172
Total Patient Days (TPD)	(F)	1,009
Total Patient Revenue	(G)	\$13,062,521
Other Operating Revenue	(H)	\$250,200
Inpatient Revenue	(I)	\$3,696,287
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.27765075
Adjusted Patient Days	$(F / K) = (L)$	3,634
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$3,663.32
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	4.13
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.17455
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.910 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$234,596
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$83,490
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$135,013
Total RDSH program amount	$(S + V + W) = (X)$	\$218,503
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$58,205
Federal DSH General Limit	(Z)	\$1,484,256
Annual payments under Regular DSH program	(AA)	\$ 178
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,484,078
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$160,298
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$22,240
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$182,538
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$5,560
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$40,075
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$5,560
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$40,075

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

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

Uses of Funds

Regional General Hospital - Williston	Medicaid 0101141-00	Second Quarter Amt \$45,635
Account Category	Amounts	
Salaries and Benefits		
Equipment		
Other - (Specify)		
Total (1)		

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Ms. Rhonda Kay Sherrod
Market CEO
Shands Lake Shore Medical Center
368 N.E. Franklin St.
Lake City, Florida 32055

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0100331-00 HCCCB Number: 100102

Dear Ms. Sherrod:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Rhonda Kay Sherrod
December 8, 2017
Page Two

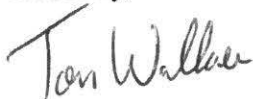
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in black ink that reads "Tom Wallace". The signature is written in a cursive style with a large, stylized "T" and "W".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0100331-00** HCCCB Number: **100102**

Hospital Name (Current): **Shands Lake Shore Medical Center**

(Abbreviated Name derived from Cost Report): Shands Lake Shore Medical Center

Charity Care - Other	(A)	\$6,459,541
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	4,224
Total Patient Days (TPD)	(F)	15,602
Total Patient Revenue	(G)	\$234,060,879
Other Operating Revenue	(H)	\$4,101,188
Inpatient Revenue	(I)	\$121,880,086
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.51175272
Adjusted Patient Days	$(F / K) = (L)$	30,487
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$7,811.82
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	826.89
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.32373
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.543 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$435,089
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$ 0
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$154,843
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$250,399
Total RDSH program amount	$(S + V + W) = (X)$	\$405,242
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$107,948
Federal DSH General Limit	(Z)	\$2,996,159
Annual payments under Regular DSH program	(AA)	\$2,286
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$2,993,873
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$297,294
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$41,247
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$338,541
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$10,312
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$74,324
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$10,312
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$74,324

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

**RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018**

Hospital Classification

Please check one

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

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

Please return to:

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

Uses of Funds

Shands Lake Shore Medical Center	Medicaid 0100331-00	Second Quarter Amt \$84,636
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Ms. Jennifer Grafton
Shands Live Oak Regional Medical Center
1100 SW 11th Street
Live Oak, Florida 32064

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0101796-00 HCCCB Number: 100146

Dear Ms. Grafton:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Ms. Jennifer Grafton
December 8, 2017
Page Two

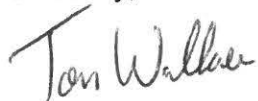
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form **must** be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0101796-00** HCCCB Number: **100146**

Hospital Name (Current): **Shands Live Oak Regional Medical Center**

(Abbreviated Name derived from Cost Report): Shands Live Oak Regional Medical Center

Charity Care - Other	(A)	\$575,492
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	481
Total Patient Days (TPD)	(F)	4,405
Total Patient Revenue	(G)	\$90,443,355
Other Operating Revenue	(H)	\$1,015,881
Inpatient Revenue	(I)	\$23,365,062
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.25546968
Adjusted Patient Days	$(F / K) = (L)$	17,243
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,304.21
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	108.50
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.13382
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.464 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$179,856
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$7,857
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$64,009
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$116,216
Total RDSH program amount	$(S + V + W) = (X)$	\$188,082
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$50,101
Federal DSH General Limit	(Z)	\$1,253,178
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,253,178
Annual RDSH program amount [6]	Lesser of $((X - Y + adj))$ or $(AB) = (AC)$	\$137,981
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$19,143
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$157,124
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$4,786
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$34,495
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$4,786
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$34,495

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
- [6] This includes any additional amounts resulting from Federal Funds Redistributions due to capping.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

Please return to:

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

Uses of Funds

Shands Live Oak Regional Medical Center	Medicaid 0101796-00	Second Quarter Amt \$39,281
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 8, 2017

Mr. Brent Burish
Administrator
Shands Starke Regional Medical Center
922 E. Call Street
Starke, Florida 32091

RE: State Fiscal Year 2017 - 2018
Second Rural Disproportionate Share Payment
Medicaid Number: 0100072-00 HCCCB Number: 100103

Dear Mr. Burish:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Rural Financial Assistance Program (RFAP) and the Medicaid Rural Disproportionate Share (RDSH) Program. These determinations are made based on the formulas found in section 409.9116, Florida Statutes. Additionally, eligibility for the RDSH program is based on your compliance with the requirements of federal law. This includes the certification you provided to this office 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 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 eligible rural hospitals, calculated in accordance with the above referenced Florida statute. Your hospital's payments reflect this proportional amount of indigent and Medicaid care based upon the \$4,692,842 appropriated by the Florida Legislature for the RFAP for state fiscal year 2017-18. In addition, your hospital has met federal requirements mentioned above and therefore is eligible for the RDSH.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for both the RFAP and RDSH programs for state fiscal year 2017-18. The data used to determine the distributions of these funds are an average of the most recent three years' of data reported in accordance with section 408.061(4)(A), Florida Statutes, as specified in section 409.9116, Florida Statutes.



Mr. Brent Burish
December 8, 2017
Page Two

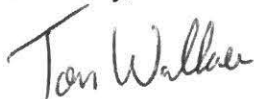
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally to participating hospitals. A separate special payment is included which represents your proportional share of unmatched state funds resulting from this limit having been reached. The procedure used to determine your portion of the RFAP, RDSH and the amount of your special payment is shown on the enclosed calculation sheet.

Also enclosed is a form to be completed and returned to us. If your hospital is owned by a county government and leased to a management company, please use the enclosed form to indicate how the RDSH funds allocated for your facility were spent. If your facility is not owned by a county government and leased to a management company, please indicate that under the "Hospital Classification" section on the form and return it to us. The form is for the enclosed second quarter RDSH payment for state fiscal year 2017-18. This form must be returned to us before any further RDSH payments can be mailed to your facility.

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

If you have any questions regarding the above, please call T.K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number: **0100072-00** HCCCB Number: **100103**

Hospital Name (Current): **Shands Starke Regional Medical Center**

(Abbreviated Name derived from Cost Report): Shands Starke Regional Medical Center

Charity Care - Other	(A)	\$556,445
Charity Care - Hill-Burton	(B)	\$ 0
Unrestricted Funds	(C)	\$ 0
Restricted Funds	(D)	\$ 0
Medicaid Days (MDD)	(E)	444
Total Patient Days (TPD)	(F)	4,999
Total Patient Revenue	(G)	\$98,157,659
Other Operating Revenue	(H)	\$872,636
Inpatient Revenue	(I)	\$28,079,152
Sub-Acute Revenue	(J)	\$ 0
Adjustment Factor	$(I - J) / (G + H) = (K)$	.28354103
Adjusted Patient Days	$(F / K) = (L)$	17,631
Gross revenue Per Adjusted Patient Days	$((G + H) / L) = (M)$	\$5,616.95
Charity Care Days[2]	$((A + B - ((C + D) / 2)) / M) = (N)$	99.07
Total Amount Earned FAP (TAERH)	$((N + E) / F) = (O)$	.10863
Sum of (O) for all rural hospitals	(P)	9.13837
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.189 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$146,002
Annual State Minimum (supplemental) amount [2]	$($187,714 - R) = (S)$	\$41,712
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$321,922
Rural FAP funds Remaining for RDSH distribution	$($4,692,842 - T) = (U)$	\$4,370,920
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$51,960
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$151,479
Total RDSH program amount	$(S + V + W) = (X)$	\$245,151
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$65,303
Federal DSH General Limit	(Z)	\$1,394,007
Annual payments under Regular DSH program	(AA)	\$ 0
DSH General Limit Minus Regular DSH payment	$(Z - AA) = (AB)$	\$1,394,007
Annual RDSH program amount [6]	Lesser of $((X - Y + adj) \text{ or } AB) = (AC)$	\$179,848
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$24,952
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$204,800
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$6,238
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$44,962
Second UMSF Payment [5]	$((AD \times .50) - AG) = (AI)$	\$6,238
Second RDSH Payment [5]	$((AC \times .50) - AH) = (AJ)$	\$44,962

- [1] The above data is based on the average of your three prior-year-actual cost reports for the years 13 14 15, 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 adjustment to compensate for cumulative effects of rounding.
- [5] This payment may be made by check or transferred electronically.
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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
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RURAL DISPROPORTIONATE SHARE/FINANCIAL ASSISTANCE PROGRAM
STATE FISCAL YEAR 2017 - 2018

Hospital Classification

Please check one

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

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

Please return to:

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

Uses of Funds

Shands Starke Regional Medical Center	Medicaid 0100072-00	Second Quarter Amt \$51,200
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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

