



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 27, 2018

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

**RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

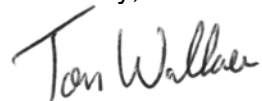
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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". The signature is fluid and cursive, with the first name "Tom" being more prominent than the last name "Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.041 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$373,513
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$128,652
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$208,046
Total RDSH program amount	$(S + V + W) = (X)$	\$336,698
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$89,689
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$247,836
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$33,954
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$281,790
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$17,778
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$128,136
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$7,688
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$57,741

- [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	Third Quarter Amt \$65,429
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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

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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
March 27, 2018
Page Two

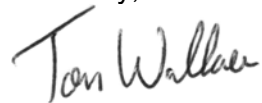
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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,

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Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.413 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$296,334
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$102,069
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$165,058
Total RDSH program amount	$(S + V + W) = (X)$	\$267,127
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$71,157
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$196,627
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$26,938
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$223,565
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$14,104
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$101,660
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$6,100
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$45,810

- [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	Third Quarter Amt \$51,910
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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

March 27, 2018

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
Third 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 \$4,692,841 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. Vincent A. Sica
March 27, 2018
Page Two

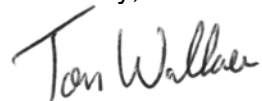
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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", is written over a light blue horizontal line.

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.168 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$511,894
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$176,316
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$285,124
Total RDSH program amount	$(S + V + W) = (X)$	\$461,440
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$122,918
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$339,657
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$46,533
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$386,190
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$24,364
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$175,608
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$10,536
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$79,135

[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.

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

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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	Third Quarter Amt \$89,671
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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

March 27, 2018

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

**RE: State Fiscal Year 2017 - 2018
Third 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
March 27, 2018
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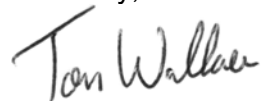
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Sincerely,

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Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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Rural Disproportionate Share Calculations
Payment Calculations with Most Recent Data Elements [1]
State Fiscal Year 2017 - 2018 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.523 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$432,678
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$149,031
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$241,001
Total RDSH program amount	$(S + V + W) = (X)$	\$390,032
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$103,896
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$287,094
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$39,332
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$326,426
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$20,594
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$148,432
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$8,905
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$66,889

- [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	Third Quarter Amt \$75,794
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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

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

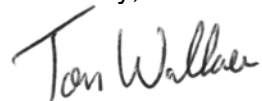
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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 that reads "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.467 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$425,865
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$146,685
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$237,206
Total RDSH program amount	$(S + V + W) = (X)$	\$383,891
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$102,261
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$282,574
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$38,713
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$321,287
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$20,270
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$146,096
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$8,765
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$65,835

- [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	Third Quarter Amt \$74,600
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Account Category	Amounts
Salaries and Benefits	
Equipment	
Other - (Specify)	
Total (1)	

Certification

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

Please Sign & Print Name	Title & email address	Date

Signature and Title of individual completing form.

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





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

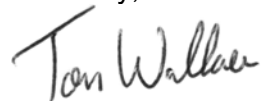
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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". The signature is fluid and cursive, with the first name "Tom" being more prominent than the last name "Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	21.869 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$2,592,303
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$925,141
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$1,496,060
Total RDSH program amount	$(S + V + W) = (X)$	\$2,421,201
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$644,957
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$1,782,194
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$244,164
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$2,026,358
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$127,840
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$921,424
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$55,283
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$415,222

[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	Third Quarter Amt \$470,505
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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

March 27, 2018

Mr. Richard L. Freeburg
CEO
Fishermen's Community Hospital
3301 Overseas Highway
Marathon, Florida 33050

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

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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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. Richard L. Freeburg
March 27, 2018
Page Two

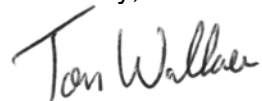
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.769 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$94,468
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$93,245
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$32,539
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$203,407
Total RDSH program amount	$(S + V + W) = (X)$	\$329,191
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$87,690
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$242,310
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$33,197
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$275,507
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$16,864
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$121,548
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$8,034
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$60,185

- [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	Third Quarter Amt \$68,219
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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

March 27, 2018

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
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

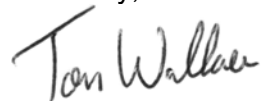
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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". The signature is fluid and cursive, with the first name "Tom" being more prominent than the last name "Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.623 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$199,346
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$68,663
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$111,035
Total RDSH program amount	$(S + V + W) = (X)$	\$179,698
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$47,868
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$132,272
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$18,122
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$150,394
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$9,488
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$68,388
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$4,104
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$30,816

- [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	Third Quarter Amt \$34,920
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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

March 27, 2018

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

**RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

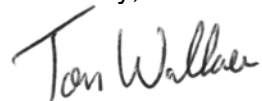
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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", is written over a light blue horizontal line.

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.142 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$140,271
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$47,443
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$48,315
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$154,851
Total RDSH program amount	$(S + V + W) = (X)$	\$250,609
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$66,757
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$184,468
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$25,273
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$209,741
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$12,918
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$93,110
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$6,037
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$45,241

- [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	Third Quarter Amt \$51,278
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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

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

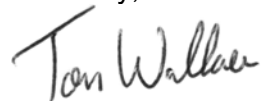
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	7.549 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$927,198
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$319,364
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$516,448
Total RDSH program amount	$(S + V + W) = (X)$	\$835,812
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$222,643
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$615,222
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$84,287
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$699,509
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$44,132
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$318,080
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$19,083
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$143,337

[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	Third Quarter Amt \$162,420
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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

March 27, 2018

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
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

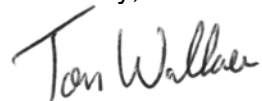
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.327 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$162,929
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$24,784
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$56,119
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$130,831
Total RDSH program amount	$(S + V + W) = (X)$	\$211,735
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$56,402
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$155,854
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$21,352
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$177,206
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$10,966
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$79,042
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$5,048
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$37,849

- [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	Third Quarter Amt \$42,897
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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

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

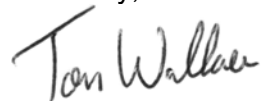
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	6.323 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$776,589
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$267,488
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$432,559
Total RDSH program amount	$(S + V + W) = (X)$	\$700,047
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$186,478
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$515,289
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$70,596
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$585,885
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$36,962
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$266,414
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$15,985
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$120,053

- [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	Third Quarter Amt \$136,038
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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

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

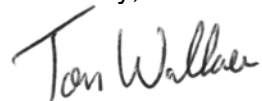
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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", is written over a light blue horizontal line.

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.471 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$426,305
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$146,836
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$237,451
Total RDSH program amount	$(S + V + W) = (X)$	\$384,287
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$102,366
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$282,866
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$38,753
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$321,619
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$20,290
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$146,246
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$8,775
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$65,904

- [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	Third Quarter Amt \$74,679
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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

March 27, 2018

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

**RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

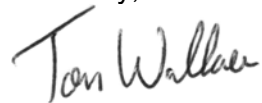
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	2.524 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$309,960
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$106,763
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$172,647
Total RDSH program amount	$(S + V + W) = (X)$	\$279,410
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$74,429
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$205,667
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$28,178
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$233,845
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$14,754
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$106,334
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$6,380
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$47,916

[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	Third Quarter Amt \$54,296
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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

March 27, 2018

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
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

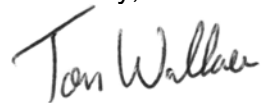
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	14.751 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$1,696,446
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$624,026
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$1,009,122
Total RDSH program amount	$(S + V + W) = (X)$	\$1,633,148
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$435,037
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$1,202,124
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$164,694
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$1,366,818
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$86,230
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$621,520
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$37,291
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$280,073

[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	Third Quarter Amt \$317,364
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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

March 27, 2018

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

**RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

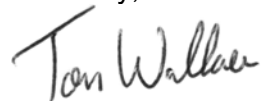
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	4.376 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$537,473
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$185,127
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$299,371
Total RDSH program amount	$(S + V + W) = (X)$	\$484,498
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$129,060
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$356,628
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$48,859
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$405,487
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$25,582
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$184,384
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$11,062
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$83,087

- [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	Third Quarter Amt \$94,149
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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

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

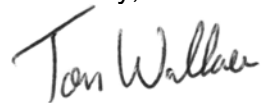
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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". The signature is written in a cursive, flowing style.

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	.642 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$78,870
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$108,844
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$27,166
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$219,944
Total RDSH program amount	$(S + V + W) = (X)$	\$355,954
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$94,819
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$262,011
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$35,895
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$297,906
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$18,208
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$131,234
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$8,713
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$65,274

- [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	Third Quarter Amt \$73,987
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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

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

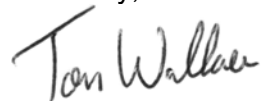
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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 that reads "Tom Wallace". The signature is written in a cursive, flowing style.

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	6.253 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$768,028
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$264,539
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$427,791
Total RDSH program amount	$(S + V + W) = (X)$	\$692,330
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$184,422
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$509,609
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$69,817
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$579,426
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$36,556
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$263,476
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$15,807
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$118,731

[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	Third Quarter Amt \$134,538
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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

March 27, 2018

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
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

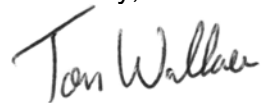
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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", is written over a light blue horizontal line.

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	3.528 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$433,303
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)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$149,247
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$241,349
Total RDSH program amount	$(S + V + W) = (X)$	\$390,596
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$104,047
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$287,509
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$39,390
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$326,899
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$20,624
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$148,648
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$8,919
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$66,984

[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	Third Quarter Amt \$75,903
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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

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

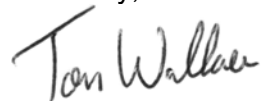
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.458 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$179,118
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$8,595
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$61,695
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$113,668
Total RDSH program amount	$(S + V + W) = (X)$	\$183,959
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$49,003
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$135,407
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$18,552
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$153,959
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$9,572
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$68,990
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$4,342
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$32,568

- [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	Third Quarter Amt \$36,910
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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

March 27, 2018

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

RE: State Fiscal Year 2017 - 2018
Third 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 \$4,692,841 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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
March 27, 2018
Page Two

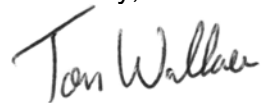
Federal funds available for the Rural DSH program are limited. The total of the federal portion of annual DSH payments to all rural hospitals cannot be allowed to exceed this limit. Unmatched State funds resulting from having reached this aggregate limit will continue to be distributed proportionally 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 third 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". The signature is fluid and cursive, with the first name "Tom" being more prominent than the last name "Wallace".

Tom Wallace, Assistant Deputy Secretary
Medicaid Program Finance and Analytics

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 Third 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)	9.17602
Hospitals's Percentage of TAERH	$(O / P) = (Q)$	1.184 %
Preliminary Annual Total (see AF, using Zero for S and T)	Method in (U) through (AF) = (R)	\$145,403
Annual State Minimum (supplemental) amount [2]	$(\$187,714 - R) = (S)$	\$42,311
Portion of Rural FAP allocated to State minimum amounts	Sum of (S) for all Hospitals = (T)	\$462,536
Rural FAP funds Remaining for RDSH distribution	$(\$4,692,841 - T) = (U)$	\$4,230,305
Portion of the Remaining rural FAP	$(U \times Q) = (V)$	\$50,083
Corresponding Federal Disproportionate Share funds [3]	$(S + V) / 0.3821 - (S + V) = (W)$	\$149,411
Total RDSH program amount	$(S + V + W) = (X)$	\$241,804
Adjustment needed to satisfy Federal Funding Limitations	(Y)	\$64,411
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 $((X - Y + adj) \text{ or } AB) = (AC)$	\$177,987
Annual Un-Matched State Funds (UMSF) amount	$((X - AC) \times 0.3821) = (AD)$	\$24,384
Annual Reduction Resulting from Funding and General Limits	(AE)	\$ 0
Projected Total of Annual amounts [4]	$(AC + AD) = (AF)$	\$202,371
Total of UMSF amounts previously paid in this Fiscal Year	(AG)	\$12,476
Total of RDSH amounts previously paid in this Fiscal Year	(AH)	\$89,924
Third UMSF Payment [5]	$((AD \times .75) - AG) = (AI)$	\$5,812
Third RDSH Payment [5]	$((AC \times .75) - AH) = (AJ)$	\$43,566

- [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 Starke Regional Medical Center	Medicaid 0100072-00	Third Quarter Amt \$49,378
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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.

