



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Jonathan M. Ellen, MD  
President/Vice Dean  
All Children's Hospital  
501 6th Ave South  
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101516-00 HCCCB Number: 103300**

Dear Mr. Ellen:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Jonathan M. Ellen  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101516-00**      HCCCB Number : **103300**

Hospital Name (current) : **All Children's Hospital**

(as audited) : All Children's Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 37,976          |
| Total Patient Days  | (B)                             | 61,565          |
| Charity Care - Inpatient  | (C)                             | \$6,449,353     |
| Charity Care - Total  | (D)                             | \$9,763,626     |
| Total Inpatient Revenue   | (E)                             | \$479,621,978   |
| Total Patient Revenue   | (F)                             | \$697,987,187   |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$1,341.84      |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 61.68%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 50,957,715.8400 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 697,987,187     |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 6,449,353       |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.65%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$21,094</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$21,094</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$5,235         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$5,235</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Stephen M Johnson, FACHE  
President / CEO  
Bay Medical Center Sacred Heart HS  
615 N. Bonita Avenue  
Panama City, Florida 32401

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100064-00 HCCCB Number: 100026**

Dear Mr. Johnson:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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Stephen M Johnson  
January 12, 2016  
Page Two

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Sincerely,

A handwritten signature in dark ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100064-00**      HCCCB Number : **100026**

Hospital Name (current) : **Bay Medical Center Sacred Heart HS**

(as audited) : Bay Medical Center Sacred Heart Health System

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 9,311              |
| Total Patient Days  | (B)                             | 85,628             |
| Charity Care - Inpatient  | (C)                             | \$28,183,487       |
| Charity Care - Total  | (D)                             | \$43,444,373       |
| Total Inpatient Revenue   | (E)                             | \$439,281,707      |
| Total Patient Revenue   | (F)                             | \$848,436,164      |
| Unrestricted Funds  | (G)                             | \$ 0               |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 606.26          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 10.87%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 5,644,886.8600     |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 848,436,164        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 28,183,487         |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 7.08%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00402091          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .03020462          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$4,564,723</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$4,564,723</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$1,132,824        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$1,132,825</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
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- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
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- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Ms. Kathryn Gillette  
President & CEO  
Bayfront Health - St. Petersburg  
701 6th Street South  
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101567-00 HCCCB Number: 100032**

Dear Ms. Gillette:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Kathryn Gillette  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101567-00**      HCCCB Number : **100032**

Hospital Name (current) : **Bayfront Health - St. Petersburg**

(as audited) : Bayfront Health - St Petersburg

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 21,033          |
| Total Patient Days  | (B)                             | 95,179          |
| Charity Care - Inpatient  | (C)                             | \$39,930,096    |
| Charity Care - Total  | (D)                             | \$48,575,091    |
| Total Inpatient Revenue   | (E)                             | \$760,596,455   |
| Total Patient Revenue   | (F)                             | \$1,038,653,607 |
| Unrestricted Funds  | (G)                             | \$2,449,114     |
| Restricted Funds  | (H)                             | \$585,699       |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 786.62       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 22.10%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 19,579,791.4600 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 1,041,688,420   |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 37,707,730      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 6.84%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$11,683</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$11,683</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$2,899         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$2,900</b>  |

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



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Drew Grossman  
CEO  
Broward Health Coral Springs  
3000 Coral Hills Drive  
Coral Springs, Florida 33065

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0120405-00 HCCCB Number: 100276**

Dear Mr. Grossman:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Drew Grossman  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 15 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0120405-00**      HCCCB Number : **100276**

Hospital Name (current) : **Broward Health Coral Springs**

(as audited) : Broward Health Coral Springs

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 6,927              |
| Total Patient Days  | (B)                             | 45,928             |
| Charity Care - Inpatient  | (C)                             | \$10,674,521       |
| Charity Care - Total  | (D)                             | \$18,187,908       |
| Total Inpatient Revenue   | (E)                             | \$301,081,245      |
| Total Patient Revenue   | (F)                             | \$530,082,430      |
| Unrestricted Funds  | (G)                             | \$12,986,367       |
| Restricted Funds  | (H)                             | \$300,320          |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 874.40          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 15.08%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 19,343,655.8000    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 543,369,117        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 3,127,823          |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 4.60%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00299139          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .01264511          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$2,085,469</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$2,085,469</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$517,550          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$517,549</b>   |

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RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Ms. Alice Taylor  
CEO  
Broward Health Imperial Point  
6401 North Federal Hwy.  
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0108219-00 HCCCB Number: 100200**

Dear Ms. Taylor:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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Ms. Alice Taylor  
January 12, 2016  
Page Two

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Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace". The signature is written in dark ink and is positioned above the printed name and title.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0108219-00**      HCCCB Number : **100200**

Hospital Name (current) : **Broward Health Imperial Point**

(as audited) : Broward Health Imperial Point

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 5,457              |
| Total Patient Days  | (B)                             | 37,539             |
| Charity Care - Inpatient  | (C)                             | \$10,587,152       |
| Charity Care - Total  | (D)                             | \$14,782,579       |
| Total Inpatient Revenue   | (E)                             | \$199,587,210      |
| Total Patient Revenue   | (F)                             | \$369,408,498      |
| Unrestricted Funds  | (G)                             | \$9,301,853        |
| Restricted Funds  | (H)                             | \$157,088          |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 711.53          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 14.54%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 13,341,760.2100    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 378,867,439        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 5,476,594          |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 6.27%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00235658          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .01027756          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$1,685,039</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$1,685,039</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$418,175          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$418,175</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Calvin E. Glidewell Jr.  
CEO  
Broward Health Medical Center  
1608 South Andrews Ave.  
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100129-00 HCCCB Number: 100039**

Dear Mr. Glidewell:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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





Mr. Calvin E. Glidewell Jr.  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100129-00**      HCCCB Number : **100039**

Hospital Name (current) : **Broward Health Medical Center**

(as audited) : Broward Health Medical Center

|   |                                 |                     |
|---|---------------------------------|---------------------|
| Medicaid Days   | (A)                             | 50,481              |
| Total Patient Days  | (B)                             | 162,482             |
| Charity Care - Inpatient  | (C)                             | \$130,056,603       |
| Charity Care - Total  | (D)                             | \$202,576,124       |
| Total Inpatient Revenue   | (E)                             | \$1,112,964,402     |
| Total Patient Revenue   | (F)                             | \$1,647,520,516     |
| Unrestricted Funds  | (G)                             | \$71,720,526        |
| Restricted Funds  | (H)                             | \$3,319,952         |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 839.48           |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                     |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                  |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>           |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 31.07%              |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 117,418,267.8800    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 1,722,560,994       |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 79,363,832          |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 13.95%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316           |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                  |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>           |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                     |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                  |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>           |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816             |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .02179998           |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831       |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .1408407            |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847       |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$21,691,687</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$21,691,687</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$5,383,212         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$5,383,212</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Pauline Grant, MS, MBA, CHE  
CEO  
Broward Health North  
201 East Sample Road  
Pompano Beach, Florida 33064

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100218-00 HCCCB Number: 100086**

Dear Ms. Grant:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Pauline Grant  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 23 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100218-00**      HCCCB Number : **100086**

Hospital Name (current) : **Broward Health North**

(as audited) : Broward Health North

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 7,949              |
| Total Patient Days  | (B)                             | 80,919             |
| Charity Care - Inpatient  | (C)                             | \$41,550,336       |
| Charity Care - Total  | (D)                             | \$72,814,293       |
| Total Inpatient Revenue   | (E)                             | \$527,943,814      |
| Total Patient Revenue   | (F)                             | \$780,726,658      |
| Unrestricted Funds  | (G)                             | \$33,900,062       |
| Restricted Funds  | (H)                             | \$638,983          |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 721.59          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 9.82%              |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 40,274,963.9100    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 815,265,703        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 18,194,306         |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.39%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00343274          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .05062401          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$7,209,648</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$7,209,648</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$1,789,214        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$1,789,213</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. H. D. Cannington  
Asst Administrator  
Campbellton-Graceville Hospital  
5429 College Dr.  
Graceville, Florida 32440

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101940-00 HCCCB Number: 101302**

Dear Mr. Cannington:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. H. D. Cannington  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101940-00**      HCCCB Number : **101302**

Hospital Name (current) : **Campbellton-Graceville Hospital**

(as audited) : Campbellton-Graceville Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 37              |
| Total Patient Days  | (B)                             | 922             |
| Charity Care - Inpatient  | (C)                             | \$36,203        |
| Charity Care - Total  | (D)                             | \$92,805        |
| Total Inpatient Revenue   | (E)                             | \$4,020,911     |
| Total Patient Revenue   | (F)                             | \$8,695,210     |
| Unrestricted Funds  | (G)                             | \$312,047       |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 633.57       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 4.01%           |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 335,489.0900    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 9,007,257       |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | -108,096        |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 1.04%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$              |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>       |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             | 8               |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$749,992       |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$93,749</b> |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$93,749</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$23,266        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$23,266</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Benjamin A. Spence  
CFO  
Cape Coral Hospital  
636 Del Prado Blvd  
Cape Coral, Florida 33990

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0119717-00 HCCCB Number: 100244**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Benjamin A. Spence  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 15 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0119717-00**      HCCCB Number : **100244**

Hospital Name (current) : **Cape Coral Hospital**

(as audited) : Cape Coral Hospital

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 4,488              |
| Total Patient Days  | (B)                             | 63,708             |
| Charity Care - Inpatient  | (C)                             | \$10,407,820       |
| Charity Care - Total  | (D)                             | \$17,438,058       |
| Total Inpatient Revenue   | (E)                             | \$326,373,648      |
| Total Patient Revenue   | (F)                             | \$514,382,719      |
| Unrestricted Funds  | (G)                             | \$ 0               |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 990.79          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 7.04%              |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 4,446,665.5200     |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 514,382,719        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 10,407,820         |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 4.05%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00193812          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .01212378          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$1,875,462</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$1,875,462</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$465,432          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$465,433</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Mark Williams  
CFO  
Citrus Memorial Hospital  
502 Highland Blvd.  
Inverness, Florida 34452

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0102199-00 HCCCB Number: 100023**

Dear Mr. Williams:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Mark Williams  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0102199-00**      HCCCB Number : **100023**

Hospital Name (current) : **Citrus Memorial Hospital**

(as audited) : Citrus Memorial Hospital

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 3,507              |
| Total Patient Days  | (B)                             | 50,770             |
| Charity Care - Inpatient  | (C)                             | \$5,918,505        |
| Charity Care - Total  | (D)                             | \$10,001,304       |
| Total Inpatient Revenue   | (E)                             | \$386,086,362      |
| Total Patient Revenue   | (F)                             | \$606,374,891      |
| Unrestricted Funds  | (G)                             | \$10,683,333       |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 764.47          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 6.91%              |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 13,364,329.2900    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 617,058,224        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | -883,705           |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 1.94%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00151448          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .00695339          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$1,129,375</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$1,129,375</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$280,276          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$280,277</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Second Regular 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 disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Vincent A. Sica  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 15 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

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

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

(as audited) : Desoto Memorial Hospital

|   |                                 |                |
|---|---------------------------------|----------------|
| Medicaid Days   | (A)                             | 2,012          |
| Total Patient Days  | (B)                             | 7,101          |
| Charity Care - Inpatient  | (C)                             | \$2,061,655    |
| Charity Care - Total  | (D)                             | \$3,543,441    |
| Total Inpatient Revenue   | (E)                             | \$32,463,877   |
| Total Patient Revenue   | (F)                             | \$81,582,200   |
| Unrestricted Funds  | (G)                             | \$ 0           |
| Restricted Funds  | (H)                             | \$ 0           |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 989.72      |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$             |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>      |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 28.33%         |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 1,991,316.6400 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 81,582,200     |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 2,061,655      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.79%          |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316      |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000    |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$1,118</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$             |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>      |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0             |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0             |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$             |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>      |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$1,118</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$ 278         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$ 277</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101036-00 HCCCB Number: 101307**

Dear Mrs. Baker:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mrs. JoAnn Baker  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101036-00**      HCCCB Number : **101307**

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

(as audited) : Doctors Memorial Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 572             |
| Total Patient Days  | (B)                             | 4,409           |
| Charity Care - Inpatient  | (C)                             | \$540,035       |
| Charity Care - Total  | (D)                             | \$1,052,214     |
| Total Inpatient Revenue   | (E)                             | \$11,850,721    |
| Total Patient Revenue   | (F)                             | \$24,644,338    |
| Unrestricted Funds  | (G)                             | \$12,177        |
| Restricted Funds  | (H)                             | \$10,873        |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 966.69       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 12.97%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 575,996.6800    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 24,667,388      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 528,951         |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 6.80%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$              |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>       |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             | 8               |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$749,992       |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$93,749</b> |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$93,749</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$23,266        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$23,266</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Second Regular 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 disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Steve Dudley  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

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

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

(as audited) : Ed Fraser Memorial Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 11              |
| Total Patient Days  | (B)                             | 116             |
| Charity Care - Inpatient  | (C)                             | \$15,709        |
| Charity Care - Total  | (D)                             | \$2,661,094     |
| Total Inpatient Revenue   | (E)                             | \$3,882,409     |
| Total Patient Revenue   | (F)                             | \$31,774,189    |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$1,148.75      |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 9.48%           |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 12,636.2500     |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 31,774,189      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 15,709          |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 0.44%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$              |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>       |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             | 8               |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$749,992       |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$93,749</b> |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$93,749</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$23,266        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$23,266</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100803-00 HCCCB Number: 101305**

Dear Ms. Davis:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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





Ms. Kim Davis  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100803-00**      HCCCB Number : **101305**

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

(as audited) : George E. Weems Memorial Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 71              |
| Total Patient Days  | (B)                             | 911             |
| Charity Care - Inpatient  | (C)                             | \$47,675        |
| Charity Care - Total  | (D)                             | \$221,402       |
| Total Inpatient Revenue   | (E)                             | \$2,928,479     |
| Total Patient Revenue   | (F)                             | \$14,010,358    |
| Unrestricted Funds  | (G)                             | \$709,109       |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 311.38       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 7.79%           |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 731,216.9800    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 14,719,467      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | -100,545        |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 1.53%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$              |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>       |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             | 8               |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$749,992       |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$93,749</b> |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$93,749</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$23,266        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$23,266</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Benjamin A. Spence  
CFO  
Gulf Coast Medical Center Lee Memorial  
13681 Doctors Way  
Ft Myers, Florida 33912

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0111341-00 HCCCB Number: 100220**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Benjamin A. Spence  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 23 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0111341-00**      HCCCB Number : **100220**

Hospital Name (current) : **Gulf Coast Medical Center Lee Memorial**

(as audited) : Gulf Coast Medical Center Lee Memorial Health System

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 8,241              |
| Total Patient Days  | (B)                             | 80,516             |
| Charity Care - Inpatient  | (C)                             | \$8,215,246        |
| Charity Care - Total  | (D)                             | \$10,874,632       |
| Total Inpatient Revenue   | (E)                             | \$631,155,293      |
| Total Patient Revenue   | (F)                             | \$851,760,362      |
| Unrestricted Funds  | (G)                             | \$ 0               |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 851.07          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 10.24%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 7,013,667.8700     |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 851,760,362        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 8,215,246          |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 2.13%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00355884          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .00756057          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$1,483,016</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$1,483,016</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$368,039          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$368,039</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Jeff Feasel  
CEO  
Halifax Health Medical Center  
303 N. Clyde-Morris Blvd.  
Daytona Beach, Florida 32114-2709

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101842-00 HCCCB Number: 100017**

Dear Mr. Feasel:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Jeff Feasel  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 16 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101842-00**      HCCCB Number : **100017**

Hospital Name (current) : **Halifax Health Medical Center**

(as audited) : Halifax Health Medical Center

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 21,697             |
| Total Patient Days  | (B)                             | 139,027            |
| Charity Care - Inpatient  | (C)                             | \$20,920,673       |
| Charity Care - Total  | (D)                             | \$30,091,601       |
| Total Inpatient Revenue   | (E)                             | \$739,636,928      |
| Total Patient Revenue   | (F)                             | \$1,127,669,291    |
| Unrestricted Funds  | (G)                             | \$47,169,452       |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 794.57          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 15.61%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 64,409,237.2900    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 1,174,838,743      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | -10,017,714        |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 4.13%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00936975          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .02092113          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$4,039,950</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$4,039,950</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$1,002,592        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$1,002,592</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Greg P. Ohe  
President  
Health Central  
10000 West Colonial Drive  
Ocoee, Florida 34761

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101354-00 HCCCB Number: 100030**

Dear Mr. Ohe:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Greg P. Ohe  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101354-00**      HCCCB Number : **100030**

Hospital Name (current) : **Health Central**

(as audited) : Health Central

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 6,987              |
| Total Patient Days  | (B)                             | 41,720             |
| Charity Care - Inpatient  | (C)                             | \$16,313,773       |
| Charity Care - Total  | (D)                             | \$24,754,255       |
| Total Inpatient Revenue   | (E)                             | \$245,420,367      |
| Total Patient Revenue   | (F)                             | \$460,321,373      |
| Unrestricted Funds  | (G)                             | \$ 0               |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$1,007.79         |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 16.75%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 7,041,428.7300     |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 460,321,373        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 16,313,773         |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.18%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0030173           |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .01721035          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$2,697,800</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$2,697,800</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$669,511          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$669,512</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100862-00 HCCCB Number: 101309**

Dear Mr. Beasley:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Lynn W Beasley  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 15 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100862-00**      HCCCB Number : **101309**

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

(as audited) : Hendry Regional Medical Center

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 373             |
| Total Patient Days  | (B)                             | 4,255           |
| Charity Care - Inpatient  | (C)                             | \$1,378,629     |
| Charity Care - Total  | (D)                             | \$2,458,241     |
| Total Inpatient Revenue   | (E)                             | \$13,215,402    |
| Total Patient Revenue   | (F)                             | \$39,415,485    |
| Unrestricted Funds  | (G)                             | \$7,612,709     |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 995.91       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 8.77%           |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 7,984,183.4300  |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 47,028,194      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | -1,173,794      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.10%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$              |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>       |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             | 8               |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$749,992       |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$93,749</b> |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$93,749</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$23,266        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$23,266</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. William M. Duquette  
CEO  
Homestead Hospital  
975 Baptist Way  
Homestead, Florida 33033

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0102261-00 HCCCB Number: 100125**

Dear Mr. Duquette:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. William M. Duquette  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0102261-00**      HCCCB Number : **100125**

Hospital Name (current) : **Homestead Hospital**

(as audited) : Homestead Hospital

|   |                                 |                |
|---|---------------------------------|----------------|
| Medicaid Days   | (A)                             | 10,948         |
| Total Patient Days  | (B)                             | 44,252         |
| Charity Care - Inpatient  | (C)                             | \$45,952,011   |
| Charity Care - Total  | (D)                             | \$57,322,145   |
| Total Inpatient Revenue   | (E)                             | \$377,403,201  |
| Total Patient Revenue   | (F)                             | \$614,224,659  |
| Unrestricted Funds  | (G)                             | \$ 0           |
| Restricted Funds  | (H)                             | \$ 0           |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 857.99      |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$             |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>      |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 24.74%         |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 9,393,274.5200 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 614,224,659    |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 45,952,011     |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 13.71%         |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316      |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000    |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$6,081</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$             |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>      |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0             |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0             |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$             |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>      |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$6,081</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$1,509        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$1,509</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Second Regular 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 disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Kevin Rovito  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

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

Hospital Name (current) : **Jackson Hospital**

(as audited) : Jackson Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 2,636           |
| Total Patient Days  | (B)                             | 14,439          |
| Charity Care - Inpatient  | (C)                             | \$1,563,362     |
| Charity Care - Total  | (D)                             | \$4,365,101     |
| Total Inpatient Revenue   | (E)                             | \$37,370,540    |
| Total Patient Revenue   | (F)                             | \$111,249,580   |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 641.79       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 18.26%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 1,691,758.4400  |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 111,249,580     |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 1,563,362       |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 5.70%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$              |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>       |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             | 8               |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$749,992       |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$93,749</b> |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$93,749</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$23,266        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$23,266</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Carlos Migoya  
President / CEO  
Jackson Memorial Hospital  
1611 N.W. 12th Avenue  
Executive Offices-West Wing117  
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100421-00 HCCCB Number: 100022**

Dear Mr. Migoya:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Carlos Migoya  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100421-00**      HCCCB Number : **100022**

Hospital Name (current) : **Jackson Memorial Hospital**

(as audited) : Jackson Memorial Hospital

|   |                                 |                     |
|---|---------------------------------|---------------------|
| Medicaid Days   | (A)                             | 167,542             |
| Total Patient Days  | (B)                             | 485,621             |
| Charity Care - Inpatient  | (C)                             | \$121,733,185       |
| Charity Care - Total  | (D)                             | \$359,289,004       |
| Total Inpatient Revenue   | (E)                             | \$2,922,626,374     |
| Total Patient Revenue   | (F)                             | \$3,897,058,579     |
| Unrestricted Funds  | (G)                             | \$354,180,291       |
| Restricted Funds  | (H)                             | \$ 0                |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$1,025.56          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                     |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                  |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>           |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 34.50%              |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 526,004,664.5200    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 4,251,238,870       |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | -143,886,805        |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 7.45%               |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316           |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                  |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>           |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                     |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                  |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>           |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816             |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .07235221           |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831       |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .24979505           |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847       |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$42,965,375</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$49,330,632</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$12,242,351        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$12,242,350</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Second Regular 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 disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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





Ms. Darcy J. Davis  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 17 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

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

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

(as audited) : Lakeside Medical Center

|   |                                 |                  |
|---|---------------------------------|------------------|
| Medicaid Days   | (A)                             | 4,659            |
| Total Patient Days  | (B)                             | 10,181           |
| Charity Care - Inpatient  | (C)                             | \$1,843,272      |
| Charity Care - Total  | (D)                             | \$2,236,708      |
| Total Inpatient Revenue   | (E)                             | \$64,335,686     |
| Total Patient Revenue   | (F)                             | \$111,227,041    |
| Unrestricted Funds  | (G)                             | \$ 0             |
| Restricted Funds  | (H)                             | \$ 0             |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$1,416.74       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                  |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$               |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>        |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 45.76%           |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 6,600,591.6600   |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 111,227,041      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 1,843,272        |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.80%            |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316        |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$               |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>        |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                  |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$               |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>        |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816          |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00201197        |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831    |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .00155507        |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847    |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$475,742</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$475,742</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$118,065        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$118,064</b> |

- [1] The above calculations are based on the average of your audited data for the years 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Benjamin A. Spence  
CFO  
Lee Memorial Hospital  
2776 Cleveland Ave  
Ft Myers, Florida 33901

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101109-00 HCCCB Number: 100012**

Dear Mr. Spence:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Benjamin A. Spence  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101109-00**      HCCCB Number : **100012**

Hospital Name (current) : **Lee Memorial Hospital**

(as audited) : Lee Memorial Hospital

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 34,527             |
| Total Patient Days  | (B)                             | 165,233            |
| Charity Care - Inpatient  | (C)                             | \$46,368,839       |
| Charity Care - Total  | (D)                             | \$65,944,452       |
| Total Inpatient Revenue   | (E)                             | \$991,103,245      |
| Total Patient Revenue   | (F)                             | \$1,443,269,130    |
| Unrestricted Funds  | (G)                             | \$ 0               |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 865.08          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 20.90%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 29,868,617.1600    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 1,443,269,130      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 46,368,839         |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 6.75%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .01491032          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .04584776          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$8,103,418</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$8,103,418</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$2,011,020        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$2,011,020</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Frank V Sacco  
President / CEO  
Memorial Hospital Miramar  
1901 SW 172nd Avenue  
Miramar, Florida 33029

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0103454-00 HCCCB Number: 100285**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Frank V Sacco  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 15 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0103454-00**      HCCCB Number : **100285**

Hospital Name (current) : **Memorial Hospital Miramar**

(as audited) : Memorial Hospital Miramar

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 3,630              |
| Total Patient Days  | (B)                             | 26,942             |
| Charity Care - Inpatient  | (C)                             | \$4,900,463        |
| Charity Care - Total  | (D)                             | \$10,029,537       |
| Total Inpatient Revenue   | (E)                             | \$182,788,614      |
| Total Patient Revenue   | (F)                             | \$344,598,631      |
| Unrestricted Funds  | (G)                             | \$1,051,770        |
| Restricted Funds  | (H)                             | \$54,904           |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 0.00            |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 13.47%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 1,106,674.0000     |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 345,705,305        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 4,313,440          |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 2.68%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0015676           |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .00697302          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$1,139,078</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$1,139,078</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$282,684          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$282,685</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
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- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Frank V. Sacco  
President / CEO  
Memorial Hospital Pembroke  
7800 Sheridan Street  
Pembroke Pines, Florida 33024

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0102229-00 HCCCB Number: 100230**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Frank V. Sacco  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0102229-00**      HCCCB Number : **100230**

Hospital Name (current) : **Memorial Hospital Pembroke**

(as audited) : Memorial Hospital Pembroke

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 2,976           |
| Total Patient Days  | (B)                             | 29,930          |
| Charity Care - Inpatient  | (C)                             | \$17,587,959    |
| Charity Care - Total  | (D)                             | \$35,977,281    |
| Total Inpatient Revenue   | (E)                             | \$232,049,927   |
| Total Patient Revenue   | (F)                             | \$455,599,746   |
| Unrestricted Funds  | (G)                             | \$3,262,809     |
| Restricted Funds  | (H)                             | \$16,206        |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 971.22       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 9.94%           |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 6,169,365.7200  |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 458,878,761     |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 15,917,863      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.20%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$              |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>       |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             | 8               |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$749,992       |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$93,749</b> |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$93,749</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$23,266        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$23,266</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Frank V. Sacco  
President / CEO  
Memorial Hospital West  
703 North Flamingo Road  
Pembroke Pines, Florida 33028

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0102521-00 HCCCB Number: 100281**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Frank V. Sacco  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 15 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0102521-00**      HCCCB Number : **100281**

Hospital Name (current) : **Memorial Hospital West**

(as audited) : Memorial Hospital West

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 11,864             |
| Total Patient Days  | (B)                             | 91,348             |
| Charity Care - Inpatient  | (C)                             | \$15,011,887       |
| Charity Care - Total  | (D)                             | \$32,831,732       |
| Total Inpatient Revenue   | (E)                             | \$593,031,776      |
| Total Patient Revenue   | (F)                             | \$1,016,015,103    |
| Unrestricted Funds  | (G)                             | \$3,575,333        |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 808.78          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 12.99%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 13,170,698.9200    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 1,019,590,436      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 12,925,022         |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 3.47%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00512341          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0228262           |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$3,727,692</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$3,727,692</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$925,099          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$925,099</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
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- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
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- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Frank V. Sacco  
President / CEO  
Memorial Regional Hospital  
3501 Johnson St.  
Hollywood, Florida 33021

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100200-00 HCCCB Number: 100038**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Frank V. Sacco  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100200-00**      HCCCB Number : **100038**

Hospital Name (current) : **Memorial Regional Hospital**

(as audited) : Memorial Regional Hospital

|   |                                 |                     |
|---|---------------------------------|---------------------|
| Medicaid Days   | (A)                             | 40,816              |
| Total Patient Days  | (B)                             | 214,007             |
| Charity Care - Inpatient  | (C)                             | \$106,460,163       |
| Charity Care - Total  | (D)                             | \$203,128,363       |
| Total Inpatient Revenue   | (E)                             | \$1,466,687,274     |
| Total Patient Revenue   | (F)                             | \$2,327,834,983     |
| Unrestricted Funds  | (G)                             | \$34,876,156        |
| Restricted Funds  | (H)                             | \$11,388,695        |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 807.75           |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                     |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                  |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>           |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 19.07%              |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 79,233,975.0000     |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 2,374,099,834       |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 77,310,301          |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.61%               |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316           |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                  |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>           |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                     |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                  |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>           |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816             |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .01762619           |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831       |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .14122464           |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847       |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$21,186,229</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$21,186,229</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$5,257,773         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$5,257,772</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Jon Kurtz  
Hospital Administrator  
Munroe Regional Medical Center  
1121 SW 1st Ave  
Ocala, Florida 34471

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101176-00 HCCCB Number: 100062**

Dear Mr. Kurtz:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Jon Kurtz  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101176-00**      HCCCB Number : **100062**

Hospital Name (current) : **Munroe Regional Medical Center**

(as audited) : **Munroe Regional Medical Center**

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 12,372             |
| Total Patient Days  | (B)                             | 107,061            |
| Charity Care - Inpatient  | (C)                             | \$11,468,031       |
| Charity Care - Total  | (D)                             | \$15,272,607       |
| Total Inpatient Revenue   | (E)                             | \$665,268,388      |
| Total Patient Revenue   | (F)                             | \$985,125,655      |
| Unrestricted Funds  | (G)                             | \$ 0               |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 810.64          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 11.56%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 10,029,238.0800    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 985,125,655        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 11,468,031         |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 2.74%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00534279          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .01061825          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$2,128,754</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$2,128,754</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$528,292          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$528,291</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Timothy Birkenstock  
Senior Vice President / CFO  
Nicklaus Children's Hospital  
3100 S.W. 62nd Avenue  
Miami, Florida 33155-3009

**RE: State Fiscal Year 2015 - 2016**  
**Second Regular Disproportionate Share Payment**  
**Medicaid Number: 0100609-00 HCCCB Number: 103301**

Dear Mr. Birkenstock:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Timothy Birkenstock  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100609-00**      HCCCB Number : **103301**

Hospital Name (current) : **Nicklaus Children's Hospital**

(as audited) : Nicklaus Children's Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 35,467          |
| Total Patient Days  | (B)                             | 66,559          |
| Charity Care - Inpatient  | (C)                             | \$5,904,891     |
| Charity Care - Total  | (D)                             | \$8,538,239     |
| Total Inpatient Revenue   | (E)                             | \$581,330,141   |
| Total Patient Revenue   | (F)                             | \$900,215,227   |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$1,552.32      |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 53.29%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 55,056,133.4400 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 900,215,227     |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 5,904,891       |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 7.13%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$19,700</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$19,700</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$4,889         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$4,889</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Manny Linares  
CEO  
North Shore Medical Center  
1100 N.W. 95th Street  
Miami, Florida 33150-2098

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100498-00 HCCCB Number: 100029**

Dear Mr. Linares:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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





Mr. Manny Linares  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100498-00**      HCCCB Number : **100029**

Hospital Name (current) : **North Shore Medical Center**

(as audited) : North Shore Medical Center

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 20,263          |
| Total Patient Days  | (B)                             | 63,687          |
| Charity Care - Inpatient  | (C)                             | \$15,744,504    |
| Charity Care - Total  | (D)                             | \$17,335,202    |
| Total Inpatient Revenue   | (E)                             | \$391,435,244   |
| Total Patient Revenue   | (F)                             | \$576,195,919   |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 721.87       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 31.82%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 14,627,251.8100 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 576,195,919     |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 15,744,504      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 6.56%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$11,255</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$11,255</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$2,793         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$2,794</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Joseph A Infantino  
Hospital Administrator  
Northeast Florida State Hospital  
7487 South State Road 121  
Macclenny, Florida 32063

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0260029-00 HCCCB Number: 104007**

Dear Mr. Infantino:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Joseph A Infantino  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0260029-00**      HCCCB Number : **104007**

Hospital Name (current) : **Northeast Florida State Hospital**

(as audited) : Northeast Florida State Hospital

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 7,002              |
| Total Patient Days  | (B)                             | 144,489            |
| Charity Care - Inpatient  | (C)                             | \$5,541            |
| Charity Care - Total  | (D)                             | \$5,541            |
| Total Inpatient Revenue   | (E)                             | \$5,307,477        |
| Total Patient Revenue   | (F)                             | \$6,631,355        |
| Unrestricted Funds  | (G)                             | \$ 0               |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 302.91          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             | 11,536             |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$1,979,518        |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$1,201,507</b> |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 4.85%              |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 2,120,975.8200     |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 6,631,355          |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 5,541              |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 32.09%             |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000        |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$3,889</b>     |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                    |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0                 |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                    |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0                 |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$                 |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>          |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$1,205,396</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$299,142          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$299,143</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Mark Bush  
CEO  
Northwest Florida Community Hospital  
P.O. Box 889  
Chipley, Florida 32428

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101907-00 HCCCB Number: 101308**

Dear Mr. Bush:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Mark Bush  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101907-00**      HCCCB Number : **101308**

Hospital Name (current) : **Northwest Florida Community Hospital**

(as audited) : Northwest Florida Community Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 230             |
| Total Patient Days  | (B)                             | 1,860           |
| Charity Care - Inpatient  | (C)                             | \$322,841       |
| Charity Care - Total  | (D)                             | \$1,262,158     |
| Total Inpatient Revenue   | (E)                             | \$6,644,153     |
| Total Patient Revenue   | (F)                             | \$34,909,146    |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 613.62       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 12.37%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 141,132.6000    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 34,909,146      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 322,841         |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 5.26%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$              |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>       |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             | 8               |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$749,992       |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$93,749</b> |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$93,749</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$23,266        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$23,266</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Ms. Robin Gaffney  
Director of Reimbursement  
Palms West Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016**  
**Second Regular Disproportionate Share Payment**  
**Medicaid Number: 0120260-00 HCCCB Number: 100269**

Dear Ms. Gaffney:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Robin Gaffney  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0120260-00**      HCCCB Number : **100269**

Hospital Name (current) : **Palms West Hospital**

(as audited) : Palms West Hospital

|   |                                 |                |
|---|---------------------------------|----------------|
| Medicaid Days   | (A)                             | 10,093         |
| Total Patient Days  | (B)                             | 46,376         |
| Charity Care - Inpatient  | (C)                             | \$11,764,290   |
| Charity Care - Total  | (D)                             | \$18,570,552   |
| Total Inpatient Revenue   | (E)                             | \$384,130,451  |
| Total Patient Revenue   | (F)                             | \$594,506,203  |
| Unrestricted Funds  | (G)                             | \$1,434,109    |
| Restricted Funds  | (H)                             | \$ 0           |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 841.97      |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$             |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>      |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 21.76%         |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 9,932,112.2100 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 595,940,312    |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 10,837,664     |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 4.49%          |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316      |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000    |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$5,606</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$             |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>      |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0             |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0             |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$             |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>      |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$5,606</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$1,391        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$1,392</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Michael B. Sitowitz  
Controller  
Parrish Medical Center  
951 North Washington Avenue  
Titusville, Florida 32796

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100102-00 HCCCB Number: 100028**

Dear Mr. Sitowitz:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Michael B. Sitowitz  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100102-00**      HCCCB Number : **100028**

Hospital Name (current) : **Parrish Medical Center**

(as audited) : Parrish Medical Center

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 4,381              |
| Total Patient Days  | (B)                             | 38,383             |
| Charity Care - Inpatient  | (C)                             | \$8,832,391        |
| Charity Care - Total  | (D)                             | \$17,915,814       |
| Total Inpatient Revenue   | (E)                             | \$161,156,974      |
| Total Patient Revenue   | (F)                             | \$419,621,974      |
| Unrestricted Funds  | (G)                             | \$ 0               |
| Restricted Funds  | (H)                             | \$ 0               |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 689.70          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 11.41%             |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 3,021,575.7000     |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 419,621,974        |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 8,832,391          |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 6.20%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00189191          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .01245594          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$1,913,600</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$1,913,600</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$474,897          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$474,897</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Irfan Mirza  
CFO  
Plantation General Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0120006-00 HCCCB Number: 100167**

Dear Mr. Mirza:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Irfan Mirza  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0120006-00**      HCCCB Number : **100167**

Hospital Name (current) : **Plantation General Hospital**

(as audited) : Plantation General Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 21,441          |
| Total Patient Days  | (B)                             | 48,967          |
| Charity Care - Inpatient  | (C)                             | \$5,479,691     |
| Charity Care - Total  | (D)                             | \$7,674,398     |
| Total Inpatient Revenue   | (E)                             | \$391,329,125   |
| Total Patient Revenue   | (F)                             | \$537,642,532   |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 820.11       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 43.79%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 17,583,978.5100 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 537,642,532     |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 5,479,691       |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 4.67%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$11,910</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$11,910</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$2,956         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$2,956</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Henry Stovall  
President  
Sacred Heart Hospital  
5151 N 9th Avenue  
Pensacola, Florida 32504

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100765-00 HCCCB Number: 100025**

Dear Mr. Stovall:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Henry Stovall  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100765-00**      HCCCB Number : **100025**

Hospital Name (current) : **Sacred Heart Hospital**

(as audited) : Sacred Heart Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 32,234          |
| Total Patient Days  | (B)                             | 117,674         |
| Charity Care - Inpatient  | (C)                             | \$14,656,053    |
| Charity Care - Total  | (D)                             | \$24,062,160    |
| Total Inpatient Revenue   | (E)                             | \$562,487,139   |
| Total Patient Revenue   | (F)                             | \$1,041,691,790 |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 806.86       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 27.39%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 26,008,325.2400 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 1,041,691,790   |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 14,656,053      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 5.10%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$17,905</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$17,905</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$4,444         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$4,443</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Ms. Janet Krail  
Sarasota Memorial Hospital  
1700 S. Tamiami Trail  
Sarasota, Florida 34239

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101761-00 HCCCB Number: 100087**

Dear Ms. Krail:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Janet Krail  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101761-00**      HCCCB Number : **100087**

Hospital Name (current) : **Sarasota Memorial Hospital**

(as audited) : Sarasota Memorial Hospital

|   |                                 |                    |
|---|---------------------------------|--------------------|
| Medicaid Days   | (A)                             | 11,980             |
| Total Patient Days  | (B)                             | 125,490            |
| Charity Care - Inpatient  | (C)                             | \$16,844,843       |
| Charity Care - Total  | (D)                             | \$27,821,487       |
| Total Inpatient Revenue   | (E)                             | \$786,420,745      |
| Total Patient Revenue   | (F)                             | \$1,353,084,782    |
| Unrestricted Funds  | (G)                             | \$53,666,681       |
| Restricted Funds  | (H)                             | \$203,746          |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 682.03          |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                    |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$                 |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>          |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 9.55%              |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 62,041,146.4000    |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 1,406,955,209      |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | -14,464,962        |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 2.57%              |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316          |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$                 |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>          |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                    |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$                 |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>          |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             | 416,816            |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .00517351          |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             | 1,179,434,831      |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .01934284          |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$133,371,847      |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$3,269,790</b> |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$3,269,790</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$811,462          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$811,462</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Second Regular 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 disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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





Ms. Rhonda Kay Sherrod  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

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

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

(as audited) : Shands Lake Shore Regional Medical Center

|   |                                 |                |
|---|---------------------------------|----------------|
| Medicaid Days   | (A)                             | 4,221          |
| Total Patient Days  | (B)                             | 17,591         |
| Charity Care - Inpatient  | (C)                             | \$5,376,254    |
| Charity Care - Total  | (D)                             | \$14,171,840   |
| Total Inpatient Revenue   | (E)                             | \$74,090,629   |
| Total Patient Revenue   | (F)                             | \$140,039,338  |
| Unrestricted Funds  | (G)                             | \$ 0           |
| Restricted Funds  | (H)                             | \$2,506,295    |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 778.42      |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$             |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>      |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 24.00%         |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 5,792,005.8200 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 142,545,633    |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 4,050,248      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 9.53%          |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316      |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000    |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$2,345</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$             |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>      |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0             |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0             |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$             |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>      |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$2,345</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$ 582         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$ 582</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Ms. Lee Packer  
Hospital Administrator  
South Florida State Hospital  
800 East Cypress Drive  
Pembroke Pines, Florida 33025

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0260045-00 HCCCB Number: 104001**

Dear Ms. Packer:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Ms. Lee Packer  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 15 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0260045-00**      HCCCB Number : **104001**

Hospital Name (current) : **South Florida State Hospital**

(as audited) : South Florida State Hospital

|   |                                 |                  |
|---|---------------------------------|------------------|
| Medicaid Days   | (A)                             | 4,534            |
| Total Patient Days  | (B)                             | 117,487          |
| Charity Care - Inpatient  | (C)                             | \$ 0             |
| Charity Care - Total  | (D)                             | \$ 0             |
| Total Inpatient Revenue   | (E)                             | \$3,008,003      |
| Total Patient Revenue   | (F)                             | \$29,055,592     |
| Unrestricted Funds  | (G)                             | \$ 0             |
| Restricted Funds  | (H)                             | \$ 0             |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 359.37        |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             | 11,536           |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$1,979,518      |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$778,011</b> |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 3.86%            |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 1,629,383.5800   |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 29,055,592       |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 0                |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 5.61%            |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316        |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$               |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$</b>        |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                  |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$               |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>        |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                  |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0               |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                  |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0               |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$               |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>        |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$778,011</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$193,079        |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$193,078</b> |

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Tom Schlemmer  
CFO  
St. Mary's Medical Center  
901 45th St.  
West Palm Beach, Florida 33407

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0101486-00 HCCCB Number: 100288**

Dear Mr. Schlemmer:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Tom Schlemmer  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 15 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0101486-00**      HCCCB Number : **100288**

Hospital Name (current) : **St. Mary's Medical Center**

(as audited) : St Mary's Medical Center

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 38,367          |
| Total Patient Days  | (B)                             | 100,078         |
| Charity Care - Inpatient  | (C)                             | \$24,776,201    |
| Charity Care - Total  | (D)                             | \$27,948,581    |
| Total Inpatient Revenue   | (E)                             | \$594,966,899   |
| Total Patient Revenue   | (F)                             | \$788,138,029   |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 877.10       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 38.34%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 33,651,695.7000 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 788,138,029     |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 24,776,201      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.43%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$21,311</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$21,311</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$5,289         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$5,289</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Carl Tremonti  
CFO  
St. Joseph's Hospital  
3003 W. Dr. M. L. King Blvd.  
3rd Floor, Medical Arts Bldg.  
Tampa, Florida 33607-4227

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100978-00 HCCCB Number: 100175**

Dear Mr. Tremonti:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

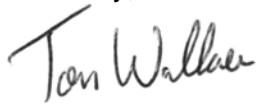
I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.



Mr. Carl Tremonti  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 15 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100978-00**      HCCCB Number : **100175**

Hospital Name (current) : **St. Joseph's Hospital**

(as audited) : St. Josephs Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 52,938          |
| Total Patient Days  | (B)                             | 224,205         |
| Charity Care - Inpatient  | (C)                             | \$67,773,991    |
| Charity Care - Total  | (D)                             | \$101,350,404   |
| Total Inpatient Revenue   | (E)                             | \$1,443,634,034 |
| Total Patient Revenue   | (F)                             | \$2,085,450,788 |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 825.39       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 23.61%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 43,694,495.8200 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 2,085,450,788   |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 67,773,991      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 6.79%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$29,405</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$29,405</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$7,298         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$7,297</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Steve L. Short  
Senior Vice President / CFO  
Tampa General Hospital  
P.O. Box 1289  
Tampa, Florida 33601

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100994-00 HCCCB Number: 100128**

Dear Mr. Short:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Steve L. Short  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100994-00**      HCCCB Number : **100128**

Hospital Name (current) : **Tampa General Hospital**

(as audited) : Tampa General Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 54,594          |
| Total Patient Days  | (B)                             | 239,364         |
| Charity Care - Inpatient  | (C)                             | \$175,592,854   |
| Charity Care - Total  | (D)                             | \$271,702,592   |
| Total Inpatient Revenue   | (E)                             | \$2,507,279,203 |
| Total Patient Revenue   | (F)                             | \$3,275,255,817 |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$16,500,000    |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$ 990.20       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 22.81%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 70,558,978.8000 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 3,291,755,817   |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 162,961,747     |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 8.64%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$30,325</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$30,325</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$7,526         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$7,526</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Russell Armistead  
CEO  
UF Health Hospital  
655 West 8th Street  
Jacksonville, Florida 32209

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100676-00 HCCCB Number: 100001**

Dear Mr. Armistead:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Russell Armistead  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100676-00**      HCCCB Number : **100001**

Hospital Name (current) : **UF Health Hospital**

(as audited) : **Uf Health Jacksonville**

|   |                                 |                  |
|---|---------------------------------|------------------|
| Medicaid Days   | (A)                             | 52,139           |
| Total Patient Days  | (B)                             | 140,272          |
| Charity Care - Inpatient  | (C)                             | \$150,549,570    |
| Charity Care - Total  | (D)                             | \$228,143,809    |
| Total Inpatient Revenue   | (E)                             | \$971,156,534    |
| Total Patient Revenue   | (F)                             | \$1,597,129,636  |
| Unrestricted Funds  | (G)                             | \$79,797,974     |
| Restricted Funds  | (H)                             | \$ 0             |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$1,099.18       |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                  |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$               |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>        |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 37.17%           |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 137,108,120.0200 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 1,676,927,610    |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 102,027,320      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 18.68%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316        |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000      |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$28,961</b>  |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                  |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$               |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>        |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                  |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0               |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                  |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0               |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$               |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>        |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$28,961</b>  |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$7,187          |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$7,188</b>   |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 12, 2016

Mr. Timothy M. Goldfarb  
CEO  
Shands Teaching Hospital & Clinic  
Box 100326  
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2015 - 2016  
Second Regular Disproportionate Share Payment  
Medicaid Number: 0100030-00 HCCCB Number: 100113**

Dear Mr. Goldfarb:

Your hospital has been determined eligible to receive the associated payment under the Medicaid disproportionate share (DSH) program. This determination is made based on the formula found in section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are proportional to a hospital's relative effort compared to all other eligible hospitals for providing indigent and Medicaid care. Payments are made from a fixed sum of money. Thus, any adjustments to the amount received by one hospital affects the amounts received by all other hospitals.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) plus any previous payments for this fiscal year represents 50% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$142,723,153. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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



Mr. Timothy M. Goldfarb  
January 12, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in dark ink that reads "Tom Wallace". The signature is written in a cursive, slightly slanted style.

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution  
Payment Calculations with 24 Audited Data Elements  
State Fiscal Year 2015 - 2016, Second Payment

Medicaid Number : **0100030-00**      HCCCB Number : **100113**

Hospital Name (current) : **Shands Teaching Hospital & Clinic**

(as audited) : Uf Health Shands Hospital

|   |                                 |                 |
|---|---------------------------------|-----------------|
| Medicaid Days   | (A)                             | 61,122          |
| Total Patient Days  | (B)                             | 268,358         |
| Charity Care - Inpatient  | (C)                             | \$96,856,433    |
| Charity Care - Total  | (D)                             | \$127,348,381   |
| Total Inpatient Revenue   | (E)                             | \$1,566,349,412 |
| Total Patient Revenue   | (F)                             | \$2,227,109,428 |
| Unrestricted Funds  | (G)                             | \$ 0            |
| Restricted Funds  | (H)                             | \$ 0            |
| Medicaid PerDiem (January, 1999)  | (I)                             | \$1,329.55      |
| Total Medicaid Days, All Mental Health Hospitals                        | (J)                             |                 |
| Total Allocation for Mental Health Hospitals                            | (K)                             | \$              |
| <b>Proportional Share of Mental Health Allocation [6]</b>               | <b>(A / J) x K = (L)</b>        | <b>\$</b>       |
| Medicaid Utilization Percentage [2]                                     | (A / B) = (M)                   | 22.78%          |
| Low Income Utilization - Calculation Factor 1                           | ((A x I) + G + H) = (N)         | 81,264,755.1000 |
| Low Income Utilization - Calculation Factor 2                           | (F + G + H) = (O)               | 2,227,109,428   |
| Low Income Utilization - Calculation Factor 3                           | (C - ((E / F) x (G + H))) = (P) | 96,856,433      |
| Low Income Utilization Percentage [3]                                   | (N / O) + (P / E) = (Q)         | 9.83%           |
| Total of Medicaid Days, All Audited Hospitals                           | (R)                             | 1,800,316       |
| Total Allocation for Federal Minimum Hospitals                          | (S)                             | \$1,000,000     |
| <b>Proportional Share of Federal Minimum Allocation [4] [6]</b>         | <b>((A / R) x S) = (T)</b>      | <b>\$33,951</b> |
| Number of Qualified Low Medicaid Utilization Hospitals                  | (U)                             |                 |
| Total Allocation for Low Medicaid Utilization Hospitals                 | (V)                             | \$              |
| <b>Proportional Share of Low Medicaid Utilization Allocation [5, 6]</b> | <b>(V / U) = (W)</b>            | <b>\$</b>       |
| Total Medicaid Days - All High Medicaid Utilization Hospitals           | (X)                             |                 |
| Proportional Factor for High Medicaid Utilization Medicaid Days         | ((A / X) x .18) = (Y)           | .0              |
| Total Charity Care - All High Medicaid Utilization Hospitals            | (Z)                             |                 |
| Proportional Factor for High Medicaid Utilization Charity Care          | ((D / Z) x .82) = (AA)          | .0              |
| Total Allocation for High Medicaid Utilization Hospitals                | (AB)                            | \$              |
| <b>Calculated Share of High Medicaid Utilization Allocation [5, 6]</b>  | <b>((Y + AA) x AB) = (AC)</b>   | <b>\$</b>       |
| <b>Projected Net Annual Amount [7]</b>                                  | <b>(L + T + W + AC) = (AD)</b>  | <b>\$33,951</b> |
| Total Public Hospital DSH amount previously paid in this fiscal year    | (AE)                            | \$8,426         |
| <b>Second Public Hospital DSH Payment [8]</b>                           | <b>((AD x .50) - AE) = (AF)</b> | <b>\$8,425</b>  |

- [1] The above calculations are based on the average of your audited data for the years 07 08 09.
- [2] If this value is 21.61% or greater, you may qualify for payments under the Federal Minimum formula.
- [3] If this value is 25% or greater, you may qualify for payments under the Federal Minimum formula.
- [4] If you qualify for payments as a non-state public hospital, you will not also receive payments under the Federal Minimum Formula.
- [5] Non-state public hospitals with 3200 or more medicaid days are considered to be High Medicaid Utilization hospitals.
- [6] Calculations and amounts appear only for payment categories where your hospital is eligible to receive such payments.
- [7] This amount may have required adjustment to compensate for cumulative effects of rounding.
- [8] This payment may be made by check or transferred electronically.