FW: FW: New Proposal - Alaska revising 2023 TMAC Plan

From:	"Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov></stephanie.kaminsky@cms.hhs.gov>
То:	"McGuire, Frankeena (CMS/CMCS)" <frankeena.mcguire@cms.hhs.gov></frankeena.mcguire@cms.hhs.gov>
Date:	Mon, 22 Apr 2024 11:47:33 +0000
Attachments:	RE_Alaska Tribal Medicaid Administrative Claimpdf (349.27 kB)

FYI

From: Garza, Maria (CMS/CMCS) <Maria.Garza@cms.hhs.gov> Sent: Friday, April 19, 2024 9:12 AM To: Raymundo, Joe (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-Dung.Ta@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov> Cc: Redlinski, Justyna (CMS/CMCS) <Justyna.Redlinski@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Prehmus, Barbara (CMS/CMCS) <Barbara.Prehmus@cms.hhs.gov> Subject: FYI: New Proposal - Alaska revising 2023 TMAC Plan

Good morning all,

Please be advised that Alaska will be submitting a new amendment request to update their 2023 approval. Alaska is updating as they indicate the demand for the outreach currently authorized is not sufficient as initially requested – the revised proposal may come in as early as today by COB.

I will forward the proposal to this team that was involved in the review and approval of the Alaska TMAC last year. Please let me know if there are others that may need to participate in the review.

Attached is the 2023 Alaska TMAC for your reference.

Respectfully,

Maria Garza

Maria Garza Health Insurance Specialist - Alaska State Lead & Acting Oregon State Lead Medicaid & CHIP Operations Group Division of Program Operations – West Branch Centers for Medicare & Medicaid Services Office: (206) 615-2542 | fax: (443) 380-6147 | email: maria.garza@cms.hhs.gov

*Alternative Work Schedule Mondays-Fridays 6:00am to 3:30pm PST (2nd & 4th Fridays OFF)

From: Garza, Maria (CMS/CMCS) < Maria.Garza@cms.hhs.gov> Sent: Tuesday, May 30, 2023 12:18 PM To: Raymundo, Joseph (CMS/CMCS) < Joseph. Raymundo@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) < TODD.MCMILLION@cms.hhs.gov>

Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Thank you Joe. This is good news and I am happy to inform the SMD of the pending official notification.

Regards, Maria

<<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <<u>TODD.MCMILLION@cms.hhs.gov</u>>

Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Hi all.

FMG leadership is ok with proposal and our issue brief. You can tell AK to expect a formal approval letter this week originating from DRR.

-Joe

From: Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>> Sent: Thursday, May 25, 2023 10:51 AM To: Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <<u>TODD.MCMILLION@cms.hhs.gov</u>>; Marx, Kitty CDI amandment

Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Thanks for the update Joe.

Alaska is anxiously awaiting FMG leadership decision as to the acceptance/approval of their proposal. It is my understanding from SMD that she raised this pending decision with Ann Marie and leadership during NAMD and was planning on sending an email on Friday to check on status. They want to move forward with this collaboration asap, appreciate the work on this matter.

I understand FMG was in Baltimore this week so I appreciate your status update and hope to hear back soon.

Respectfully, Maria (Alaska State Lead)

From: Raymundo, Joseph (CMS/CMCS) < Joseph.Raymundo@cms.hhs.gov>

Sent: Thursday, May 25, 2023 7:41 AM

To: Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Garza, Maria (CMS/CMCS)

<<u>Maria.Garza@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <<u>TODD.MCMILLION@cms.hhs.gov</u>>

Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Hi all.

I just pinged FMG leadership for an update on whether they concurrence on our recommendation.

-Joe

From: Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>

Sent: Thursday, May 25, 2023 10:13 AM

To: Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>>; Raymundo, Joseph (CMS/CMCS)

<Joseph.Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <<u>TODD.MCMILLION@cms.hhs.gov</u>>;

Subject: RE: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Thanks Maria. Just a reminder that this is a process the State proposed for Unwinding so time is of the essence.

Cyndi Gillaspie

Technical Director Centers for Medicaid and CHIP Services Division of Program Operations Medicaid and CHIP Operations Group Centers for Medicaid and CHIP Services **Centers for Medicare & Medicaid Services** Phone (720)347-8661

From: Garza, Maria (CMS/CMCS) < Maria.Garza@cms.hhs.gov> Sent: Thursday, May 25, 2023 8:11 AM To: Raymundo, Joseph (CMS/CMCS) < Joseph. Raymundo@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) < TODD.MCMILLION@cms.hhs.gov> Subject: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Good Morning Joe

The state is anxious to move forward with their unwinding activities and seek an update on the TMAC decision. Appreciate any status update to share or just to know internally where we are in finalizing this decision. Please let me know if any additional information is needed or if you want to speak with the state directly to obtain some additional clarifications.

Respectfully,

Maria Garza

Maria Garza Health Insurance Specialist - Alaska State Lead Centers for Medicare & Medicaid Services Medicaid & CHIP Operations Group | Division of Program Operations - West Branch Office: (206) 615-2542 | fax: (443) 380-6147 | email: maria.garza@cms.hhs.gov

*Alternative Work Schedule Mondays-Fridays 6:00am to 3:30pm PST (2nd & 4th Fridays OFF)

From: Garza, Maria (CMS/CMCS) Sent: Wednesday, May 17, 2023 11:15 AM To: Raymundo, Joseph (CMS/CMCS) < <u>Joseph.Raymundo@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: DPO request for FMG Update - Alaska's proposed TMAC Plan amendment

Good Morning Joe

FYI: Alaska SMD is at NAMD this week and on her agenda is to ask about their TMAC request. I know the team was planning to review on Tuesday and I wanted to follow up to see if I can offer any update to the state. I look forward to hearing back or if your team wants to share its information with the Deputy Commissioner, Emily Ricci, directly you can reach her at emily.ricci@alaska.gov. The state has begun unwinding efforts and would like to have this CMS decision to initiate their discussions with the tribes.

Thanks to all those who are reviewing this proposal. I look forward to hearing back if the team has arrived at a decision or if there are additional steps to meet before review is complete.

Respectfully, Maria

From: Garza, Maria (CMS/CMCS) Sent: Thursday, May 11, 2023 7:17 AM To: Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <<u>TODD.MCMILLION@cms.hhs.gov</u>> Subject: RE: Alaska's proposed TMAC Plan amendment

Thanks Joe

Appreciate the update and will continue to communicate to the state that this is under review and will be in touch next week with any update shared by FMG.

Regards, Maria

From: Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>> Sent: Thursday, May 11, 2023 7:12 AM To: Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <<u>TODD.MCMILLION@cms.hhs.gov</u>> Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Maria.

Time has run out on the last couple calls so we haven't been able to present it. We're at the top of the list next Tuesday. We've also passed around an issue paper on it for FMG leadership's and OGD's awareness.

-Joe

From: Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>> Sent: Wednesday, May 10, 2023 11:07 AM To: Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <<u>TODD.MCMILLION@cms.hhs.gov</u>> Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Joe

Any news on the FMG team presentation from yesterday and any next steps for the Alaska TMAC proposal?

Respectfully, Maria

From: Garza, Maria (CMS/CMCS)

Sent: Friday, May 5, 2023 12:15 PM

To: Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <<u>TODD.MCMILLION@cms.hhs.gov</u>>

Subject: RE: Alaska's proposed TMAC Plan amendment

Joe many thanks for this update we look forward to hearing back after your presentation.

Respectfully, Maria

From: Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov> Sent: Friday, May 5, 2023 11:33 AM To: Garza, Maria (CMS/CMCS) < Maria.Garza@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Brown, Sharon (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <Cynthia.Lemesh@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov> Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Maria.

We are presenting our recommendation on Tuesday's 3:4 FMG call. We will hopefully have a decision from leadership afterwards.

-Joe

From: Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>> Sent: Friday, May 5, 2023 2:01 PM To: Kaminsky, Stephanie (CMS/CMCS) < Stephanie.Kaminsky@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-</p> Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) < Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Joe

Wondering if the financial team has a decision for Alaska. They are eagerly waiting on this decision to formalize their partnership with the tribes. Appreciate any update on the status of the review.

Respectfully,

Maria Garza

Maria Garza Health Insurance Specialist - Alaska State Lead Centers for Medicare & Medicaid Services Medicaid & CHIP Operations Group | Division of Program Operations – West Branch Office: (206) 615-2542 | fax: (443) 380-6147 | email: maria.garza@cms.hhs.gov *Alternative Work Schedule Mondays-Fridays 6:00am to 3:30pm PST (2nd & 4th Fridays OFF)

From: Garza, Maria (CMS/CMCS) Sent: Monday, April 24, 2023 2:56 PM To: Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Raymundo, Joseph (CMS/CMCS) <Joseph.Raymundo@cms.hhs.gov>; Kokkeler, Traci (CMS/CMCS) <Traci.Kokkeler@cms.hhs.gov>; Ta, Anh (CMS/CMCS) <Anh-</p> Dung.Ta@cms.hhs.gov>; Gillaspie, Cynthia (CMS/CMCS) < Cynthia.Gillaspie@cms.hhs.gov>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>

Subject: RE: Alaska's proposed TMAC Plan amendment

Good Morning

Alaska is asking if we may have some feedback for them on this request. They are anxious as unwinding is underway and they would like to know if CMS has any concerns regarding this request or if it might have some final guidance to allow them to move forward.

Appreciate any information on the leadership discussion on any remaining concerns-questions to share with the state.

Respectfully, Maria

From: Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>> Sent: Thursday, April 20, 2023 9:39 AM To: Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Mcmillion, Todd (CMS/CMCS) <<u>TODD.MCMILLION@cms.hhs.gov</u>> Subject: RE: Alaska's proposed TMAC Plan amendment

Hi Maria-

I think Joe Raymundo is planning on raising to leadership....

Stephanie

 Stephanie Kaminsky
 Senior Policy Advisor, Financial Management Group
 CENTERS FOR MEDICARE & MEDICAID SERVICES | desk

 410.786.4653 | cell
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 | email: stephanie.kaminsky@cms.hhs.gov

From: Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>>

Sent: Thursday, April 20, 2023 11:52 AM To: Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>; Subject: FW: Alaska's proposed TMAC Plan amendment

Good morning Stephanie, at.el

Please advise on the status of the financial review of this proposal. The last response from Alaska was on April 10th so I am following up as to next steps.

If the team would like to meet with the state one more time before finalizing a decision, I am happy to coordinate this discussion or if you need additional clarification from the state let me know.

Respectfully, Maria

From: Beaulieu, Emily A (DOH) <<u>emily.beaulieu@alaska.gov</u>> Sent: Monday, April 10, 2023 3:06 PM

To: Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>

Cc: Moon, Clarissa S (DOH) <<u>clarissa.moon@alaska.gov</u>>; Gayhart, Renee A (DOH) <<u>renee.gayhart@alaska.gov</u>>; Walker, Jamie E (DOH) <<u>jamie.walker@alaska.gov</u>>; Etheridge, Deb J (DOH) <<u>deb.etheridge@alaska.gov</u>>; Sherwood, Jon M (DOH) <<u>jon.sherwood@alaska.gov</u>>; Ricci, Emily K (DOH) <<u>emily.ricci@alaska.gov</u>>; Serpette, Terra E (DOH) <<u>terra.serpette@alaska.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>> Subject: RE: Alaska's proposed TMAC Plan amendment

Good afternoon, Stephanie and team,

The state responses to your questions are below. If further clarification is needed, please let me know.

Thank you,

Emily

From: Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>> Sent: Thursday, April 6, 2023 8:19 AM To: Beaulieu, Emily A (DOH) <<u>emily.beaulieu@alaska.gov</u>>; Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>;

Cc: Moon, Clarissa S (DOH) <<u>clarissa.moon@alaska.gov</u>>; Gayhart, Renee A (DOH) <<u>renee.gayhart@alaska.gov</u>>; Walker, Jamie E (DOH) <<u>jamie.walker@alaska.gov</u>>; Etheridge, Deb J (DOH) <<u>deb.etheridge@alaska.gov</u>>; Sherwood, Jon M (DOH) <<u>jon.sherwood@alaska.gov</u>>; Ricci, Emily K (DOH) <<u>emily.ricci@alaska.gov</u>>; Serpette, Terra E (DOH) <<u>terra.serpette@alaska.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>> Subject: RE: Alaska's proposed TMAC Plan amendment

Thanks Emily- that is helpful.

Two more questions:

1. When you say that the suspension of MMIS records is to allow more tribes to participate, I am not sure I am following. Don't all Tribes use the MMIS to submit claims to Medicaid?

Yes, all tribes use MMIS and the ASO to submit service claims. The temporary revision in TMAC process will have no impact on service claims submission. The state would like to waive the need to verify that a service claim was submitted in order to claim the administrative amount. During the temporary process, tribes would be able to submit all members receiving an activity that falls within the approved list of TMAC initiatives.

 I thought I understood from the call that the state is proposing to pay for administrative activities targeted to individuals who may not be Medicaid eligible- i.e., outreach activities. Is that correct? Yes, this is correct.

Why doesn't the state pay Tribes for that type of outreach today?

The state currently does pay for outreach activities as defined in the linkage plan. It states that a service claim reconciliation/ audit process must be conduct via the TMAC attestation report. A summary of the process below, with a request to waive c/d during the term of the redetermination process:

- a. Ensure member exists in MMIS (i.e., member has a matching name and DOB, and assigned a Medicaid ID),
- b. Remove duplicate members from the TMAC attestation report,
- c. Verify initially if member has a service claim within the submission quarter, and
- d. At the end of each 12-month timely filing period, perform another audit and reconcile/match the member list with claims in MMIS. This allows Alaska Medicaid to determine if there are any recoupments and that fees are offset against TMAC payments issued for the quarter.

Thanks, Stephanie

 Stephanie Kaminsky |
 Senior Policy Advisor, Financial Management Group | CENTERS FOR MEDICARE & MEDICAID SERVICES | desk

 410.785.4653 | cell
 (b)(6)
 | email: stephanie.kaminsky@cms.hhs.gov

From: Beaulieu, Emily A (DOH) <<u>emily.beaulieu@alaska.gov</u>> Sent: Tuesday, April 4, 2023 2:41 PM

To: Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>

Cc: Moon, Clarissa S (DOH) <<u>clarissa.moon@alaska.gov</u>>; Gayhart, Renee A (DOH) <<u>renee.gayhart@alaska.gov</u>>; Walker, Jamie E (DOH) <<u>jamie.walker@alaska.gov</u>>; Etheridge, Deb J (DOH) <<u>deb.etheridge@alaska.gov</u>>; Sherwood, Jon M (DOH) <<u>jon.sherwood@alaska.gov</u>>; Ricci, Emily K (DOH) <<u>emily.ricci@alaska.gov</u>>; Serpette, Terra E (DOH) <<u>terra.serpette@alaska.gov</u>>

Subject: RE: Alaska's proposed TMAC Plan amendment

Good afternoon, Stephanie, and all,

I added responses to the questions (blue font) below.

Please let me know if there are additional questions.

Thank you,

Emily

Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>; Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>; Marx, Kitty (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>; Marx, Kitty (CMS/CMCS)

Cc: Moon, Clarissa S (DOH) <<u>clarissa.moon@alaska.gov</u>>; Gayhart, Renee A (DOH) <<u>renee.gayhart@alaska.gov</u>>; Walker, Jamie E (DOH) <<u>jamie.walker@alaska.gov</u>>; Etheridge, Deb J (DOH) <<u>deb.etheridge@alaska.gov</u>>; Sherwood, Jon M (DOH) <<u>jon.sherwood@alaska.gov</u>>; Ricci, Emily K (DOH) <<u>emily.ricci@alaska.gov</u>>; Serpette, Terra E (DOH) <<u>terra.serpette@alaska.gov</u>>

Subject: RE: Alaska's proposed TMAC Plan amendment

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Emily-

Than you very much for this information.

A couple of questions:

1. When we spoke a couple of weeks ago, I thought I understood that the state was going to change its methodology for Tribal administrative activities- by multiplying the outreach rate by the number of applications/renewals received. However, I only saw language in the attached that seemed to still multiply the admin rate by the number of Tribal members. Can you help me understand better? Section III states, "TMAC payment will be at the current rate for FFY23 (10/1/22 – 9/30/23) which is \$15.58 per unduplicated member per quarter." Besides adding Tribes that did not participate in the original time study, how is this payment approach any different than what AK does today?

In the current process, tribes are paid for each unduplicated member included in the TMAC attestation report if the tribes performed an approved TMAC activity with or on behalf of the member <u>and</u> if the member has a supporting claim submitted in MMIS. Each unduplicated member is paid at \$15.58 per quarter.

During the redetermination period/temporary change in TMAC process, the methodology/requirement remains the same except for the need to match each unduplicated member with a submitted claim in MMIS. This step in the process will be suspended for the time being to allow more tribes to participate in the program and to ease the administrative burden on tribal and state for requiring the claims submission.

2. You have also provided your PACAP to us. However, I did not see any changes in the PACAP. Were you planning on making any or were you just providing as background?

There are no changes to the PACAP at this time. The document was provided as background.

Thank you!

Stephanie

 Stephanie Kaminsky |
 Senior Policy Advisor, Financial Management Group | CENTERS FOR MEDICARE & MEDICAID SERVICES | desk

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From: Beaulieu, Emily A (DOH) <<u>emily.beaulieu@alaska.gov</u>>

Sent: Wednesday, March 22, 2023 9:03 PM

To: Garza, Maria (CMS/CMCS) <<u>Maria.Garza@cms.hhs.gov</u>>; Heitt, Melissa (CMS/FCHCO) <<u>Melissa.Heitt@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>>; Brown, Sharon (CMS/CMCS) <<u>Sharon.Brown@cms.hhs.gov</u>>; Raymundo, Joseph (CMS/CMCS) <<u>Joseph.Raymundo@cms.hhs.gov</u>>; Kokkeler, Traci (CMS/CMCS) <<u>Traci.Kokkeler@cms.hhs.gov</u>>; Ta, Anh (CMS/CMCS) <<u>Anh-Dung.Ta@cms.hhs.gov</u>>; Gillaspie, Cynthia (CMS/CMCS) <<u>Cynthia.Gillaspie@cms.hhs.gov</u>>; Lemesh, Cynthia (CMS/CMCS) <<u>Cynthia.Lemesh@cms.hhs.gov</u>>; Marx, Kitty (CMS/CMCS) <<u>kitty.marx@cms.hhs.gov</u>>

Cc: Moon, Clarissa S (DOH) <<u>clarissa.moon@alaska.gov</u>>; Gayhart, Renee A (DOH) <<u>renee.gayhart@alaska.gov</u>>; Walker, Jamie E (DOH) <<u>jamie.walker@alaska.gov</u>>; Etheridge, Deb J (DOH) <<u>deb.etheridge@alaska.gov</u>>; Sherwood, Jon M (DOH) <<u>jon.sherwood@alaska.gov</u>>; Ricci, Emily K (DOH) <<u>emily.ricci@alaska.gov</u>>; Serpette, Terra E (DOH) <terra.serpette@alaska.gov>

Subject: Alaska's proposed TMAC Plan amendment

Good afternoon, Maria, and CMS team,

The Alaska Department of Health (department) and Alaska Tribal Health System partners are collaborating on efforts to ensure the success of the unwinding redetermination efforts. The department is seeking approval of a proposed amendment to the Tribal Administrative Medicaid Claiming (TMAC) plan.

Please review the following attached documents.

- "RE: Tribal Medicaid Administrative Claiming (TMAC) Revised Outreach and Linkage Plan Information Requested"
 The department found a record of a 10/10/2018 approval of the most recent TMAC Plan from 2018. The proposed amendments are on the redline version of the approved 2018 TMAC Plan.
- 2. "Tribal-Medicaid-Outreach-and Linkage-Plan-Complete-FFY19_Q1 (03.21.23)" Addendums A, B, D, E, and F are included in this document.

Proposed revisions include

- updated department logo,
- updated department name and acronym,
- correction of minor typos and punctuation changes, and
- added section VI which includes proposed temporary changes to TMAC process during redetermination period.
- 3. "AKDHSSS PACAP (USDHHS approved 02.15.22)"
 - No proposed changes.

CMS is reviewing a request for additional months to complete redeterminations. If the request is approved, the department also asks to extend the timeframe for the proposed TMAC amendment.

The department appreciates CMS's consideration of the proposal and looks forward to your response.

Thank you,

Emily

Emily Beaulieu Medicaid State Plan Coordinator Department of Health – Commissioner's Office 3601 C Street, Suite 902 Anchorage, AK 99503 Phone: 907-538-7665 Work Hours: 7:30 AM – 4:00 PM

Medicaid State Plan

From: To: Cc:	Gavino, Ysabel (CMS/CMCS) emily.ricci@alaska.gov; emily.beaulieu@alaska.gov Mcmillion, Todd (CMS/CMCS); Sampson, Tamara (CMS/CMCS); Knight, Gary (CMS/CMCS); Raymundo, Joseph (CMS/CMCS); Garza, Maria (CMS/CMCS); Gillaspie, Cynthia (CMS/CMCS); Kaminsky, Stephanie (CMS/CMCS); Heitt, Melissa (CMS/FCHCO); Brown, Sharon (CMS/CMCS); Kokkeler, Traci (CMS/CMCS); Ta, Anh (CMS/CMCS); Lemesh, Cynthia (CMS/CMCS); Marx, Kitty (CMS/CMCS); Spitler, Douglas (CMS/CMCS)
Subject:	RE: Alaska Tribal Medicaid Administrative Claiming (TMAC) Implementation Plan - APPROVAL LETTER
Date:	Friday, June 2, 2023 4:07:14 AM
Attachments:	[APPROVAL LETTER] AK TRIBAL MAC 2023.pdf

Greetings State of Alaska.

Attached is your approved MAC Plan.

All the best.

Ysabel

Ysabel Gavino Management and Program Analyst/Division of Reimbursement Review/Financial Management Group/Centers for Medicaid and CHIP Services/CMS 7500 Security Boulevard, Woodlawn, MD 21244 🖙: <u>maria.gavino@cms.hhs.gov</u> Time Zone: Eastern Standard Time DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

June 1, 2023

Heidi Hedberg, Commissioner Department of Health 3601 C Street, Suite 902 Anchorage, Alaska 99503-5923

RE: Alaska Tribal Medicaid Administrative Claiming (TMAC) Implementation Plan

Dear Ms. Hedberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Alaska (AK) Department of Health for Medicaid administrative activities delegated to participating Tribes and Tribal Health Organizations. The MAC plan titled, "Tribal Medicaid Outreach and Linkage Plan Tribal Medicaid Administrative Claiming", submitted on March 22, 2023, is hereby approved. The effective date of this MAC plan is April 1, 2023.

With this submission, AK proposes a temporary amendment to allow all interested tribes to participate in the linkage agreement and receive payments for outreach and enrollment activities performed. This allows for Alaska Tribal Health Organizations to assist with redetermination efforts and ensure recipients in their areas, both American Indian/Alaska Native (AI/AN), and non-AI/AN, reenroll for Medicaid and do not lose eligibility as a result of unwinding.

The MAC plan approved via this letter requires AK update its public assistance cost allocation plan to the HHS/PSC Division of Cost Allocation Services as necessary. AK should notify CMS when program changes occur, found to be materially incomplete or inaccurate, or the previously approved plan is later found to violate a Federal statute or regulation.

Any unapproved changes to agreements or memorandums of understanding referenced within but not submitted with this MAC plan are not approved; existing approved version(s), as applicable, remain in effect. It should be noted that this area is subject to review by CMS, the OIG, and other applicable agencies. As per 2 CFR Part 200 Subpart F, if a review is conducted and finds that the state's agency claimed activities not allocable to Medicaid, then those claims will be disallowed. If you have any questions about this approval letter, please call me or have your staff contact Joseph Raymundo at (404) 562-7406 or joseph.raymundo@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion Director, Division of Reimbursement Review

CC: Emily Ricci, Deputy Commissioner Emily Beaulieu, SPA Coordinator Tammy Sampson, CMCS, CMS Gary Knight, CMCS, CMS Maria Garza, CMCS, CMS Cynthia Gillaspie, CMCS, CMS

RE: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

From:	CMS State Directed Payment <statedirectedpayment@cms.hhs.gov></statedirectedpayment@cms.hhs.gov>
То:	"Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>, CMS CMCS Tax Waiver <taxwaiver@cms.hhs.gov></taxwaiver@cms.hhs.gov></jonathan.endelman@cms.hhs.gov>
Cc:	"Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>, "Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>, "Mosley, Elle (CMS/CMCS)" <larrica.mosley@cms.hhs.gov>, "Schoonover, Matthew (CMS/CMCS)" <matthew.schoonover@cms.hhs.gov>, CMS State Directed Payment <statedirectedpayment@cms.hhs.gov></statedirectedpayment@cms.hhs.gov></matthew.schoonover@cms.hhs.gov></larrica.mosley@cms.hhs.gov></richard.cuno@cms.hhs.gov></stuart.goldstein@cms.hhs.gov>
Date:	Fri, 28 Jun 2024 15:27:04 +0000
Attachments:	FL_Fee_IPH.OPH4_Renewal_20231001-20240930 Revised Preprint 6.28.24.pdf (1.43 MB); FL_Fee_IPH.OPH4_Renewal_20231001-20240930 - Round 2 State Responses.docx (35.65 kB); FL_Fee_IPH.OPH4_Renewal_20231001-20240930 - HDPP Preprint Round 2 Questions.xlsx (390.67 kB)

Hello FMG,

Florida submitted the attached responses and corresponding documents related to CMS' Round 2 questions. The files are available at the following link: <u>Box File</u>

The following documents are saved in the Box folder:

- Round 2 State Responses
- Revised Preprint 6.28.24
- FL_Fee_IPH.OPH4_Renewal_20231001-20240930 HDPP Preprint Round 2 Questions

Please let us know if FMG has any concerns with this funding source and/or has follow up questions that you would like us to send the state by <u>July 8, 2024</u>. If DMCP does not receive a response by this deadline, we will assume that you have no questions for the state on the financing of this payment arrangement and concur with the approval of the preprint.

Thanks,

Lovie Davis

From: CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov> Sent: Thursday, April 25, 2024 2:48 PM To: Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov> Cc: Thompson, Christopher (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov> Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Hi Jonathan,

Thanks for the prompt review. We'll share FMG's questions with the state.

Lovie

From: Endelman [he/him], Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>> Sent: Wednesday, April 24, 2024 3:17 PM Sent: Wednesday, April 24, 2024 5.17 FW To: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>; Briggs, Lydia (CMS/CMCS) <<u>lydia.briggs@cms.hhs.gov</u>; Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; CMS CMCS Tax Waiver <<u>TaxWaiver@cms.hhs.gov</u>>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>> Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Lovie,

DFP has reviewed the spreadsheet sent by the state in support of its responses and we are very confused. The more I look at it, the more confused I get. I think right now, we have four questions:

- 1. In the Spreadsheet labeled attachment 2, under the tab labeled "Question 16- Tax by Provider" in the column labeled "Inpatient %" and "Outpatient %" the state gives various percentages for each hospital. However, it is unclear what the unit is being taxed. Is this net patient revenue? Gross patient revenue etc.?
- 2. Can Florida please clarify, for each LPPF, what unit or units is being taxed i.e. bed days, net patient revenues, discharges, hospital costs, etc for each LPPF? 3. Can Florida please clarify, for each LPPF, what the tax rate or rates is for each tax? For example 4% of net patient
- revenues, \$50 per bed day, 3% of inpatient hospital costs, etc.?
- 4. Florida has indicated that the tax within each LPPF is both broad-based and uniform. This means that the tax is applied in the same dollar amount or percentage to each provider included within the tax and that no non-public provider is excluded from the tax. However, in the two columns that give the tax rates provided in the spreadsheet, "Inpatient %" and "Outpatient %" the rates seem to very considerably between providers within the same LPPF. Are these supposed to be the tax rates for each provider?
- 5. If so, why are there such wide disparities for separate providers within the same LPPF tax? For instance, in Bay County LPPF, the tax rate for inpatient hospital services is 100% (unit unclear) and for outpatient hospital services is 0% (unit unclear). However, for HCA Florida Gulf Coast Hospital, also in Bay County LPPF, the tax rate is 47% (unit unclear) and for outpatient hospital services the tax rate is 53% (unit unclear). If this tax was truly uniform, meaning that all providers were taxed at the same rate, these two providers should have identical inpatient hospital services tax rates and identical outpatient hospital services tax rates. Can Florida please explain why that does not appear to be the case?

Best,

Jonathan

Jonathan Endelman (he/him), PhD

Social Science Research Analyst

Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and CHIP Services (CMCS)

Financial Management Group (FMG)

Division of Financial Policy (DFP)

410.786.4738

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7500 Security Blvd.

Mail Stop, S3-14-28

Baltimore, MD 21244-1850

From: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Sent: Wednesday, April 24, 2024 2:22 PM To: Briggs, Lydia (CMS/CMCS) <<u>lydia.briggs@cms.hhs.gov</u>>; Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; CMS CMCS Tax Waiver <<u>TaxWaiver@cms.hhs.gov</u>>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Endelman [he/him], Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>> Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>>; CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Afternoon FMG,

Florida submitted the attached responses, a revised preprint, and corresponding documents. The files are also available at the following link: <u>Box File</u>

Please let us know if FMG has any concerns with this funding source and/or has follow up questions that you would like us to send the state by <u>April 8, 2024</u>. If DMCP does not receive a response by this deadline, we will assume that you have no questions for the state on the financing of this payment arrangement and concur with the approval of the preprint.

Thank you,

Lovie

From: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Sent: Wednesday, March 20, 2024 12:48 PM To: Briggs, Lydia (CMS/CMCS) <<u>Iydia.briggs@cms.hhs.gov</u>>; Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; CMS CMCS Tax Waiver <<u>TaxWaiver@cms.hhs.gov</u>>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Endelman (he/him), Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>>; Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>>; CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Afternoon Lydia,

Thanks for the review. We'll share FMG's questions with the state.

Thank you,

Lovie

From: Briggs, Lydia (CMS/CMCS) <<u>lydia.briggs@cms.hhs.gov</u>> Sent: Tuesday, March 19, 2024 4:45 PM To: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>>; Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; CMS CMCS Tax Waiver <<u>TaxWaiver@cms.hhs.gov</u>>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Endelman (he/him), Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>>; Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>> Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Hi Lovie,

Here are the questions we would like posed to the State:

1. The preprint indicates that "The State cannot call for intergovernmental transfers to fund the non-federal share until a) first, CMS approves the Preprint for the contract rating period and, b) after federal approval, the State's legislature (through the Legislative Budget Commission) authorizes budget authority for both the collection of non-federal funds and the payment to the MCOs." Can the State please affirm your understanding that Section 1902(a)(2) of the Social Security Act obligates you the State to pay the specified amount regardless of the availability of IGT funds or other non-federal share received from other sources?

2. According to attachment Question 35 Table 4.A there are IGT entities, specifically Lake County and Lee Health that do not have general taxing authority and do not have access to state or local appropriation. Can the State please indicate the source of IGT funding for those entities?

Sorry again about the confusion.

Thanks,

Lydia

Lydia Briggs (She/Her)

Health Insurance Specialist

Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and CHIP Services (CMCS)

Financial Management Group (FMG)

(667) 290-8765 <u>Lydia.Briggs@cms.hhs.gov</u>

7500 Security Blvd.

Mail Stop, S3-14-28 Baltimore, MD 21244-1850

From: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Sent: Tuesday, March 19, 2024 12:54 PM To: Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; Briggs, Lydia (CMS/CMCS) <<u>lydia.briggs@cms.hhs.gov</u>>; CMS CMCS Tax Waiver <<u>TaxWaiver@cms.hhs.gov</u>>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Endelman (he/him), Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>> Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>>; CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Subject: RE: FL Fee IPH.OPH4 Renewal 20231001-20240930

From: Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>> Sent: Tuesday, March 19, 2024 12:07 PM

Sent: Tuesday, March 19, 2024 12:07 PM To: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>>; Briggs, Lydia (CMS/CMCS) <<u>lydia.briggs@cms.hhs.gov</u>>; CMS CMCS Tax Waiver <<u>TaxWaiver@cms.hhs.gov</u>>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Endelman (he/him), Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>> Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>>; Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Hi Lovie,

Thank you for that clarification we see where our misunderstanding was between the two preprints. We will provide questions for this particular preprint shortly.

Thanks,

Tia

From: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>>

Sent: Tuesday, March 19, 2024 11:38 AM

To: Briggs, Lydia (CMS/CMCS) <<u>lydia.briggs@cms.hhs.gov</u>>; CMS CMCS Tax Waiver <<u>TaxWaiver@cms.hhs.gov</u>>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Endelman (he/him), Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>> Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS)

<<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>>; CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>>; Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Morning Lydia,

The DRP questions referenced in your email below were submitted regarding the FL_Fee_IPH.OPH3_Renewal_20231001-20240930 state directed payment preprint. Please see the attached email. The questions have been sent to the state. A response is due from the state by April 4, 2024. Once we receive the responses we'll share them with FMG.

Although the control names are similar, the state directed payment that I'm requesting feedback on during this review is different. The control name for this specific preprint under review is FL_Fee_IPH.OPH4_Renewal_20231001-20240930. We have not received feedback or questions from DRP regarding this preprint to my knowledge. If DRP wishes to ask the state the same questions for both preprints FL_Fee_IPH.OPH4_Renewal_20231001-20240930 and FL_Fee_IPH.OPH3_Renewal_20231001-20240930 please confirm. We appreciate your review as always.

Thanks,

Lovie

From: Briggs, Lydia (CMS/CMCS) <lydia.briggs@cms.hhs.gov>
Sent: Tuesday, March 19, 2024 10:08 AM
To: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>>; CMS CMCS Tax Waiver
<<u>TaxWaiver@cms.hhs.gov</u>>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Endelman (he/him),
Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>>
Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS)
<<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS)
Subject: RE: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Morning,

I don't see where we ever received a response from the State regarding the below questions sent on 1/29/2024. Please resubmit to the State for response.

Questions from DRP -

1. In the IGT form provided by the State, the State Board of Education appears to be providing \$20.1 million out of their \$20.5 million in appropriated funding from the State. It is not clear how the Board of Education is able to support a payment at this level, giving up such a significant portion of their appropriated funds, for a payment that does not appear to be within the scope of the Board of Education's responsibilities. Please describe the relationship, if any, between the State Board of Education and the participating hospitals.

2. Please confirm that there are no agreements, written or otherwise, that would provide for a return of either cash or inkind provider-related donations that could be seen as returning the School Board-funded non-federal share funding back to the Board. We want to ensure that the funding provided by the Board of Education is not, or does not become, a non-bona fide provider related donation if the providers return funding, via cash or in-kind services, to offset the funding provided by the Board in the form of an IGT in a manner that is similar to those described in SMDL #14-004 and DAB case #2886.

Thanks,

Lydia

Lydia Briggs (She/Her)

Health Insurance Specialist

Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and CHIP Services (CMCS)

Financial Management Group (FMG)

🖉 (667) 290-8765 🔤 Lydia.Briggs@cms.hhs.gov

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Mail Stop, S3-14-28 Baltimore, MD 21244-1850

From: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Sent: Monday, March 18, 2024 12:25 PM To: CMS CMCS Tax Waiver < TaxWaiver@cms.hhs.gov >; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Endelman (he/him), Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>> Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>; Briggs, Lydia (CMS/CMCS) <<u>lydia.briggs@cms.hhs.gov</u>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>; Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>>; CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Subject: RE: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Afternoon FMG,

We're following up with the DRP team to see if there are questions for FL regarding this state directed payment. We note that we've already received questions from the DFP team. Please let us know if you have any questions or feedback for the state by March 21, 2024. We appreciate your review.

Thank you,

Lovie

From: CMS CMCS Tax Waiver <TaxWaiver@cms.hhs.gov>

Sent: Tuesday, February 20, 2024 3:46 PM

Sent: Tuesday, February 20, 2024 5.46 PM To: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>; Endelman (he/him), Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>> Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Briggs, Lydia (CMS/CMCS) <<u>lydia.briggs@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>>; Lyles, Tia Subject: RE: RE: FL Fee IPH.OPH4 Renewal 20231001-20240930

Lovie.

- 1. In Table 5, Florida lists the permissible class as "Non-public." However, non-public is not one of the permissible classes listed at section 1903 (w)(7) of the Social Security Act or federal regulation at 42 CFR § 433.56. Does Florida mean inpatient hospital services or outpatient hospital services?
- 2. If the tax is separated out into components of inpatient hospital services and outpatient hospital services, can the state
- please provide the tax amount for inpatient hospital services and outpatient hospital services, can the state please provide the tax amount for inpatient hospital services and outpatient hospital services separately?
 For the purposes of the 6% threshold found at 42 CFR § 433.68(f)(3)(i)(A) can the state of Florida please provide a 6% number for each permissible class taxed. For example, inpatient hospital services and outpatient hospital services. To calculate this number Florida should add up all of the taxes imposed on the permissible class in the state. Florida should then divide that sum by the net patient revenue for all services included within the permissible class in the state. The resulting number should be given in percentage form. If the state taxes inpatient hospital services and outpatient hospital services, separate percentages should be given for inpatient hospital services and outpatient hospital services.

Can DMCP please confirm the number of SDPs in house that have yet to be approved for the state of Florida that are funded by LPPFs and what their control numbers are? Thank you.

Best,

Jonathan

From: CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Sent: Tuesday, February 20, 2024 1:26 PM To: CMS CMCS Tax Waiver <<u>TaxWaiver@cms.hhs.gov</u>>; Badaracco, Andrew (CMS/CMCS) <<u>Andrew.Badaracco@cms.hhs.gov</u>>; Endelman (he/him), Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>> Cc: Thompson, Christopher (CMS/CMCS) <<u>Christopher.Thompson@cms.hhs.gov</u>>; Briggs, Lydia (CMS/CMCS) <<u>lydia.briggs@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cuno, Richard (CMS/CMCS) <<u>Richard.Cuno@cms.hhs.gov</u>>; Lyles, Tia (CMS/CMCS) <<u>Tia.Lyles@cms.hhs.gov</u>>; Loizias, Alex (CMS/CMCS) <<u>Alexandra.Loizias@cms.hhs.gov</u>>; CMS State Directed Payment <<u>StateDirectedPayment@cms.hhs.gov</u>> Subject: RE: FL_Fee_IPH.OPH4_Renewal_20231001-20240930

Good Afternoon FMG,

Florida has submitted a state directed payment preprint for formal CMS approval pursuant to 42 CFR 438.6(c). I have attached the preprint and corresponding documents for review. The documents are also available at the following link: <u>Box File</u>

The state has indicated the source of the non-federal share of the state directed payment is IGTs and health care related provider taxes/assessments.

Please let us know if FMG has any concerns with this funding source and/or has follow up questions that you would like us to send the state by <u>March 12, 2024</u>. If DMCP does not receive a response by this deadline, we will assume that you have no questions for the state on the financing of this payment arrangement and concur with the approval of the preprint.

Thank you,

Lovie

Lovie Davis, MPH

Division of Managed Care Policy Center for Medicaid and CHIP Services Centers for Medicare & Medicaid Services

Section 438.6(c) Preprint

42 C.F.R. § 438.6(c) provides States with the flexibility to implement delivery system and provider payment initiatives under MCO, PIHP, or PAHP Medicaid managed care contracts (i.e., state directed payments). 42 C.F.R. § 438.6(c)(1) describes types of payment arrangements that States may use to direct expenditures under the managed care contract. Under 42 C.F.R. § 438.6(c)(2)(ii), contract arrangements that direct an MCO's, PIHP's, or PAHP's expenditures under paragraphs (c)(1)(i) through (c)(1)(ii) and (c)(1)(iii)(B) through (D) must have written approval from CMS prior to implementation and before approval of the corresponding managed care contract(s) and rate certification(s). This preprint implements the prior approval process and must be completed, submitted, and approved by CMS before implementing any of the specific payment arrangements described in 42 C.F.R. § 438.6(c)(1)(i) through (c)(1)(ii) and (c)(1)(iii)(B) through (D). Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules using State plan approved rates as defined in 42 C.F.R. § 438.6(a).

Submit all state directed payment preprints for prior approval to: <u>StateDirectedPayment@cms.hhs.gov</u>.

SECTION I: DATE AND TIMING INFORMATION

1. Identify the State's managed care contract rating period(s) for which this payment arrangement will apply (for example, July 1, 2020 through June 30, 2021):

October 1, 2023 ⁻ September 30, 2024

- 2. Identify the State's requested start date for this payment arrangement (for example, January 1, 2021). Note, this should be the start of the contract rating period unless this payment arrangement will begin during the rating period. October 1, 2023
- 3. Identify the managed care program(s) to which this payment arrangement will apply: Florida's Statewide Medicaid Managed Care (SMMC) Program
- 4. Identify the estimated total dollar amount (federal and non-federal dollars) of this state directed payment: \$3,362,969,548
 - a. Identify the estimated federal share of this state directed payment: \$1,924,900,311
 - b. Identify the estimated non-federal share of this state directed payment: \$1,438,069,237

Please note, the estimated total dollar amount and the estimated federal share should be described for the rating period in Question 1. If the State is seeking a multi-year approval (which is only an option for VBP/DSR payment arrangements (42 C.F.R. 438.6(c)(1)(i)-(ii))), States should provide the estimates per rating period. For amendments, states should include the change from the total and federal share estimated in the previously approved preprint.

5. Is this the initial submission the State is seeking approval under 42 C.F.R. § 438.6(c) for this state directed payment arrangement? ☐ Yes imes No

- 6. If this is not the initial submission for this state directed payment, please indicate if:
 - **a.** The State is seeking approval of an amendment to an already approved state directed payment.
 - **b.** X The State is seeking approval for a renewal of a state directed payment for a new rating period.
 - i. If the State is seeking approval of a renewal, please indicate the rating periods for which previous approvals have been granted: October 1, 2020 through September 30, 2021, October 1, 2021 through September 30, 2022, October 1, 2022 through September 30, 2023
 - c. Please identify the types of changes in this state directed payment that differ from
 - what was previously approved.
 - Payment Type Change
 - Provider Type Change
 - Quality Metric(s) / Benchmark(s) Change
 - Other; please describe:

Removal of cancer hospitals. Because cancer hospitals are eligible for a separate directed payment arrangement that provides for total payments to the average commercial rate in RY 23/24, cancer hospitals are not eligible for pay

 \Box No changes from previously approved preprint other than rating period(s).

7. X Please use the checkbox to provide an assurance that, in accordance with 42 C.F.R. § 438.6(c)(2)(ii)(F), the payment arrangement is not renewed automatically.

SECTION II: TYPE OF STATE DIRECTED PAYMENT

8. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(A), describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., utilization of services by managed care enrollees, meet or exceed a performance benchmark on provider quality metrics).

Each hospital's payments under the directed payment will be based on the hospital's actual paid Medicaid managed care claims for utilization for the contract rate period, multiplied by the uniform rate increase percentage. Payments required under this payment arrangement will only be made for Medicaid services on behalf of Medicaid beneficiaries covered under the Medicaid managed care contract for the SFY 2024 rating period only. At no time will payments be made on behalf of individuals who are uninsured, covered for such services by another insurer (e.g. Medicare), nor Medicaid services provided through the state fee-for-service program.

- a. X Please use the checkbox to provide an assurance that CMS has approved the federal authority for the Medicaid services linked to the services associated with the SDP (i.e., Medicaid State plan, 1115(a) demonstration, 1915(c) waiver, etc.).
- **b.** Please also provide a link to, or submit a copy of, the authority document(s) with initial submissions and at any time the authority document(s) has been renewed/revised/updated.

The model contract with the SMMC plans can be found at this link: https://ahca.myflorida.com/medicaid/statewide_mc/model_health_FY18-24.shtml

The approval of the section 1115(a) demonstration titled Managed Medical Assistance (MMA) (Project Number 11-W-00206/4) can be found here:

 $https://ahca.my'florida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/docs/FL_MMA_CMS_Technical_Corrections_Memo_SIGNED_01.19.21.pdf$

An amendment to the section 1115(a) demonstration titled Managed Medical Assistance (MMA) (Project Number 11-W-00206/4) can be found here: https://ahca.myflorida.com/content/download/20392/file/FL_MMA_Approval_Package_20220525.pdf

- **9.** Please select the general type of state directed payment arrangement the State is seeking prior approval to implement. (Check all that apply and address the underlying questions for each category selected.)
 - a. VALUE-BASED PAYMENTS / DELIVERY SYSTEM REFORM: In accordance with 42 C.F.R. § 438.6(c)(1)(i) and (ii), the State is requiring the MCO, PIHP, or PAHP to implement value-based purchasing models for provider reimbursement, such as alternative payment models (APMs), pay for performance arrangements, bundled payments, or other service payment models intended to recognize value or outcomes over volume of services; or the State is requiring the MCO, PIHP, or PAHP to participate in a multi-payer or Medicaid-specific delivery system reform or performance improvement initiative.

If checked, please answer all questions in Subsection IIA.

b. EE SCHEDULE REQUIREMENTS: In accordance with 42 C.F.R. § 438.6(c)(1)(iii)(B) through (D), the State is requiring the MCO, PIHP, or PAHP to adopt a minimum or maximum fee schedule for network providers that provide a particular service under the contract; or the State is requiring the MCO, PIHP, or PAHP to provide a uniform dollar or percentage increase for network providers that provide a particular service under the contract. [Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules using State plan approved rates as defined in 42 C.F.R. § 438.6(a).]

If checked, please answer all questions in Subsection IIB.

SUBSECTION IIA: VALUE-BASED PAYMENTS (VBP) / DELIVERY SYSTEM REFORM (DSR):

This section must be completed for all state directed payments that are VBP or DSR. This section does not need to be completed for state directed payments that are fee schedule requirements.

- **10.** Please check the type of VBP/DSR State directed payment the State is seeking prior approval for. *Check all that apply; if none are checked, proceed to Section III.*
 - Quality Payment/Pay for Performance (Category 2 APM, or similar)
 - Bundled Payment/Episode-Based Payment (Category 3 APM, or similar)
 - Population-Based Payment/Accountable Care Organization (Category 4 APM, or similar)
 - Multi-Payer Delivery System Reform
 - Medicaid-Specific Delivery System Reform
 - Performance Improvement Initiative
 - Other Value-Based Purchasing Model

- 11. Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services. If "other" was checked above, identify the payment model. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., meet or exceed a performance benchmark on provider quality metrics).
- 12. In Table 1 below, identify the measure(s), baseline statistics, and targets that the State will tie to provider performance under this payment arrangement (provider performance measures). Please complete all boxes in the row. To the extent practicable, CMS encourages states to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the <u>CMS</u> <u>Adult and Child Core Set Measures</u> when applicable. If the state needs more space, please use Addendum Table 1.A and check this box:

Measure Name and NQF # (if applicable)	Measure Steward/ Developer ¹	Baseline ² Year	Baseline ² Statistic	Performance Measurement Period ³	Performance Target	Notes⁴
Example: Percent of High-Risk Residents with Pressure Ulcers – Long Stay	CMS	CY 2018	9.23%	Year 2	8%	Example notes
a.						
b.						
с.						
d.						
е.						

TABLE 1: Payment Arrangement Provider Performance Measures

1. Baseline data must be added after the first year of the payment arrangement

2. If state-developed, list State name for Steward/Developer.

^{3.} If this is planned to be a multi-year payment arrangement, indicate which year(s) of the payment arrangement that performance on the measure will trigger payment.

^{4.} If the State is using an established measure and will deviate from the measure steward's measure specifications, please describe here. Additionally, if a state-specific measure will be used, please define the numerator and denominator here.

- **13.** For the measures listed in Table 1 above, please provide the following information:
 - **a.** Please describe the methodology used to set the performance targets for each measure.

b. If multiple provider performance measures are involved in the payment arrangement, discuss if the provider must meet the performance target on each measure to receive payment or can providers receive a portion of the payment if they meet the performance target on some but not all measures?

c. For state-developed measures, please briefly describe how the measure was developed?

- 14. Is the State seeking a multi-year approval of the state directed payment arrangement?Yes No
 - **a.** If this payment arrangement is designed to be a multi-year effort, denote the State's managed care contract rating period(s) the State is seeking approval for.
 - **b.** If this payment arrangement is designed to be a multi-year effort and the State is <u>NOT</u> requesting a multi-year approval, describe how this application's payment arrangement fits into the larger multi-year effort and identify which year of the effort is addressed in this application.
- 15. Use the checkboxes below to make the following assurances:
 - **a.** In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(A), the state directed payment arrangement makes participation in the value-based purchasing initiative, delivery system reform, or performance improvement initiative available, using the same terms of performance, to the class or classes of providers (identified below) providing services under the contract related to the reform or improvement initiative.
 - **b.** In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(B), the payment arrangement makes use of a common set of performance measures across all of the payers and providers.
 - **c.** In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(C), the payment arrangement does not set the amount or frequency of the expenditures.
 - **d.** In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(D), the payment arrangement does not allow the State to recoup any unspent funds allocated for these arrangements from the MCO, PIHP, or PAHP.

SUBSECTION IIB: STATE DIRECTED FEE SCHEDULES:

This section must be completed for all state directed payments that are fee schedule requirements. This section does not need to be completed for state directed payments that are VBP or DSR.

- 16. Please check the type of state directed payment for which the State is seeking prior approval. *Check all that apply; if none are checked, proceed to Section III.*
 - a. Minimum Fee Schedule for providers that provide a particular service under the contract using rates other than State plan approved rates ¹ (42 C.F.R. § 438.6(c)(1)(iii)(B))
 - **b.** Maximum Fee Schedule (42 C.F.R. § 438.6(c)(1)(iii)(D))
 - c. X Uniform Dollar or Percentage Increase (42 C.F.R. § 438.6(c)(1)(iii)(C))

¹ Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules that use State plan approved rates as defined in 42 C.F.R. § 438.6(a).

- 17. If the State is seeking prior approval of a fee schedule (options a or b in Question 16):
 - a. Check the basis for the fee schedule selected above.
 - i. The State is proposing to use a fee schedule based on the State-plan approved rates as defined in 42 C.F.R. § 438.6(a).²
 - ii. The State is proposing to use a fee schedule based on the Medicare or Medicare-equivalent rate.
 - iii. The State is proposing to use a fee schedule based on an alternative fee schedule established by the State.
 - 1. If the State is proposing an alternative fee schedule, please describe the alternative fee schedule (e.g., 80% of Medicaid State-plan approved rate)
 - **b.** Explain how the state determined this fee schedule requirement to be reasonable and appropriate.
- **18.** If using a maximum fee schedule (option b in Question 16), please answer the following additional questions:
 - **a.** Use the checkbox to provide the following assurance: In accordance with 42 C.F.R. § 438.6(c)(1)(iii)(C), the State has determined that the MCO, PIHP, or PAHP has retained the ability to reasonably manage risk and has discretion in accomplishing the goals of the contract.
 - **b.** Describe the process for plans and providers to request an exemption if they are under contract obligations that result in the need to pay more than the maximum fee schedule.
 - c. Indicate the number of exemptions to the requirement:
 - i. Expected in this contract rating period (estimate)
 - ii. Granted in past years of this payment arrangement
 - d. Describe how such exemptions will be considered in rate development.

² Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules that use State plan approved rates as defined in 42 C.F.R. § 438.6(a).

- **19.** If the State is seeking prior approval for a uniform dollar or percentage increase (option c in Question 16), please address the following questions:
 - **a.** Will the state require plans to pay a uniform dollar amount **or** a 🛛 uniform percentage increase? (Please select only one.)
 - **b.** What is the magnitude of the increase (e.g., \$4 per claim or 3% increase per claim?) The uniform percentage increases may vary by region, class, and/or eligible service. Please see the attachment labeled "Question 19_Y4 Submission.xlsx".
 - c. Describe how will the uniform increase be paid out by plans (e.g., upon processing the initial claim, a retroactive adjustment done one month after the end of quarter for those claims incurred during that quarter).

Eligible hospitals will receive payments under the arrangement upon the conclusion of certain intervals of time during the rating period, as set by the State. After an interval period concludes, the State will collect from the health plans a report in a standard format (to be set by the State) that details utilization and associated base payment data for the interval period for each eligible hospital contracted with the reports will be used by the State is the primary source to determine the payments the health plan will be directed to pay to eligible hospital. Due to the payment amounts being accludated on a trateoperior (and not upon processing of the initial claims), the health plans will effectively be making additional payments on claims for which initial payments at base contracts have previously been made.

The Uniform Percentage Increase payments will be made based only on the utilization of eligible hospital services at an eligible hospital by Medicaid managed care plan earollees covered under the Medicaid managed care contract for the 2023 - 2024 rating period.

d. Describe how the increase was developed, including why the increase is reasonable and appropriate for network providers that provide a particular service under the contract

The total value of the anticipated payments to be made under the arrangement will be equal to 100% of the estimated Medicaid shortfall for all hospitals in regions/classes participating in the directed payment. Allocation of funds across hospital classes and regions will be proportional to the combined estimated Medicaid shortfall for each class within the Medicaid region to the total estimated Medicaid shortfall of all hospital classes within the region. The Uniform Percentage Increase payments will be made based only on the utilization of eligible hospital services at an eligible hospital by Medicaid managed care plan enrollees covered under the Medicaid managed care contract for the SFY 2024 rating period. The Medicaid shortfall is defined as the uncompensated costs associated with inpatient and outpatient services provided to all Medicaid patients, inclusive of both traditional and managed care Medicaid plans.

SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS

- 20. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(B), identify the class or classes of providers that will participate in this payment arrangement by answering the following auestions:
 - a. Please indicate which general class of providers would be affected by the state directed payment (check all that apply):
 - inpatient hospital service
 - X outpatient hospital service
 - professional services at an academic medical center

primary care services

specialty physician services

nursing facility services

HCBS/personal care services

behavioral health inpatient services

behavioral health outpatient services

dental services

Other:

b. Please define the provider class(es) (if further narrowed from the general classes indicated above).

This payment arrangement will affect providers that meet the following three criteria

Fall into one of the following exclusive provider classes: (a) private hospital class, (b) public hospitals (including state government and non-state government hospitals);
 Operate in one of Florida's eleven SMMC regions;
 Synthesis the sine or eligible hospital service or Florida Medicaid managed care carollese pursuant to a fully executed contract that complies with all State Medicaid Managed Care (SMMC) program requirements

Note, because cancer hospitals are eligible for a separate directed payment arrangement that provides for total payments to the average commercial rate in RY 23/24, cancer hospitals are not eligible for payments under DPP for this rate year.

The payment arrangement varies by provider class by region

c. Provide a justification for the provider class defined in Question 20b (e.g., the provider class is defined in the State Plan.) If the provider class is defined in the State Plan, please provide a link to or attach the applicable State Plan pages to the preprint submission. Provider classes cannot be defined to only include providers that provide intergovernmental transfers.

The classes are consistent with the provider classes discussed in prior communication with CMS for the October 1, 2022, through September 30, 2023, period. .

Note, because cancer hospitals are eligible for a separate directed payment arrangement that provides for total payments to the average commercial rate in RY 23/24, cancer hospitals are not eligible for payments under DPP for this rate year.

21. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(B), describe how the payment arrangement directs expenditures equally, using the same terms of performance, for the class or classes of providers (identified above) providing the service under the contract.

Please see the attachment labeled "Question 21".

- 22. For the services where payment is affected by the state directed payment, how will the state directed payment interact with the negotiated rate(s) between the plan and the provider? Will the state directed payment:
 - **a.** Replace the negotiated rate(s) between the plan(s) and provider(s).
 - **b.** \Box Limit but not replace the negotiated rate(s) between the plans(s) and provider(s).
 - c. Require a payment be made in addition to the negotiated rate(s) between the plan(s) and provider(s).
- 23. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22), please provide an analysis in Table 2 showing the impact of the state directed payment on payment levels for each provider class. This provider payment analysis should be completed distinctly for each service type (e.g., inpatient hospital services, outpatient hospital services, etc.).

This should include an estimate of the base reimbursement rate the managed care plans pay to these providers as a percent of Medicare, or some other standardized measure, and the effect the increase from the state directed payment will have on total payment. *Ex: The average base payment level from plans to providers is 80% of Medicare and this SDP is expected to increase the total payment level from 80% to 100% of Medicare.*

If the state needs more space, please use Addendum 2.A and check this box:

Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of State Directed Payment (SDP)	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass- Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs
Ex: Rural Inpatient Hospital Services	80%	20%	N/A	N/A	100%
a. See attachment labeled "sdp-4386c-preprint-ad dendum.xlsx"					
b.					
с.					
d.					
е.					
f,					
g.					

TABLE 2: Provider Payment Analysis

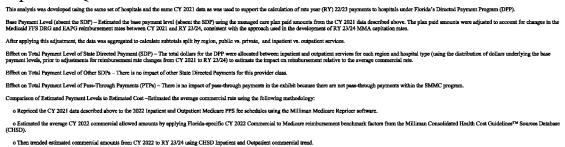
- 24. Please indicate if the data provided in Table 2 above is in terms of a percentage of:
 - **a.** [] Medicare payment/cost
 - **b.** State-plan approved rates as defined in 42 C.F.R. § 438.6(a) (*Please note, this rate cannot include supplemental payments.*)
 - c. X Other; Please define: Average Commercial Rate
- **25.** Does the State also require plans to pay any other state directed payments for providers eligible for the provider class described in Question 20b? ☐ Yes imes No

If yes, please provide information requested under the column "Other State Directed Payments" in Table 2.

26. Does the State also require plans to pay pass-through payments as defined in 42 C.F.R. § 438.6(a) to any of the providers eligible for any of the provider class(es) described in Question 20b? ☐ Yes X No

If yes, please provide information requested under the column "Pass-Through Payments" in Table 2.

27. Please describe the data sources and methodology used for the analysis provided in response to Question 23.



28. Please describe the State's process for determining how the proposed state directed payment was appropriate and reasonable.

The total value of the DPP will be up to 100% of the estimated Medicaid shortfall for all hospitals in regions/classes participating in the directed payment. Allocation of funds across hospitals will be proportional to each region's Medicaid shortfall to total Medicaid shortfall.

SECTION IV: INCORPORATION INTO MANAGED CARE CONTRACTS

- 29. States must adequately describe the contractual obligation for the state directed payment in the state's contract with the managed care plan(s) in accordance with 42 C.F.R. § 438.6(c). Has the state already submitted all contract action(s) to implement this state directed payment? Yes X No
 - a. If yes:
 - i. What is/are the state-assigned identifier(s) of the contract actions provided to CMS?
 - ii. Please indicate where (page or section) the state directed payment is captured in the contract action(s).
 - **b.** If no, please estimate when the state will be submitting the contract actions for review.

June 30, 2024.

SECTION V: INCORPORATION INTO THE ACTUARIAL RATE CERTIFICATION

Note: Provide responses to the questions below for the first rating period if seeking approval for multi-year approval.

- **30.** Has/Have the actuarial rate certification(s) for the rating period for which this state directed payment applies been submitted to CMS? ⊠ Yes □ No
 - **a.** If no, please estimate when the state will be submitting the actuarial rate certification(s) for review.
 - **b.** If yes, provide the following information in the table below for each of the actuarial rate certification review(s) that will include this state directed payment.

Table 3: Actuarial Rate Certification(s)

Control Name Provided by CMS (List each actuarial rate certification separately)	Date Submitted to CMS	Does the certification incorporate the SDP?	If so, indicate where the state directed payment is captured in the certification (page or section)
i.Florida_MMA_20231001-2024093 0_Certification_20230918	09/18/2023	No	
ii.			
iii.			
iv.			
V.			

Please note, states and actuaries should consult the most recent <u>Medicaid Managed Care Rate</u> <u>Development Guide</u> for how to document state directed payments in actuarial rate certification(s). The actuary's certification must contain all of the information outlined; if all required documentation is not included, review of the certification will likely be delayed.)

c. If not currently captured in the State's actuarial certification submitted to CMS, note that the regulations at 42 C.F.R. § 438.7(b)(6) requires that all state directed payments are documented in the State's actuarial rate certification(s). CMS will not be able to approve the related contract action(s) until the rate certification(s) has/have been amended to account for all state directed payments. Please provide an estimate of when the State plans to submit an amendment to capture this information.

June 30, 2024

- **31.** Describe how the State will/has incorporated this state directed payment arrangement in the applicable actuarial rate certification(s) (please select one of the options below):
 - **a.** An adjustment applied in the development of the monthly base capitation rates paid to plans.
 - **b.** Separate payment term(s) which are captured in the applicable rate certification(s) but paid separately to the plans from the monthly base capitation rates paid to plans.
 - **c.** Other, please describe:
- **32.** States should incorporate state directed payment arrangements into actuarial rate certification(s) as an adjustment applied in the development of the monthly base capitation rates paid to plans as this approach is consistent with the rate development requirements described in 42 C.F.R. § 438.5 and consistent with the nature of risk-based managed care. For state directed payments that are incorporated in another manner, particularly through separate payment terms, provide additional justification as to why this is necessary and what precludes the state from incorporating as an adjustment applied in the development of the monthly base capitation rates paid to managed care plans.

The directed payment is incorporated through a separate payment term for administrative simplicity related to the validation of data from the health plans, the timing of payments, and the receipt of Intergovernmental Transfer.

The State cannot call for intergovernmental transfers to fund the non-federal share until a) first, CMS approves the Preprint for the contract rating period and, b) after federal approval, the State's legislature (through the Legislative Budget Commission) authorizes both the collection of non-federal funds and the payment to the MCOs.

33. X In accordance with 42 C.F.R. § 438.6(c)(2)(i), the State assures that all expenditures for this payment arrangement under this section are developed in accordance with 42 C.F.R. § 438.4, the standards specified in 42 C.F.R. § 438.5, and generally accepted actuarial principles and practices.

SECTION VI: FUNDING FOR THE NON-FEDERAL SHARE

34. Describe the source of the non-federal share of the payment arrangement. Check all that apply:

- **a.** State general revenue
- **b.** Intergovernmental transfers (IGTs) from a State or local government entity
- **c.** Health Care-Related Provider tax(es) / assessment(s)
- **d.** Provider donation(s)
- e. Other, specify:

35. For any payment funded by IGTs (option b in Question 34),

a. Provide the following (respond to each column for all entities transferring funds). If the state needs more space, please use Addendum Table 4.A and check this box:

Table 4: IGT Transferring Entities

Name of Entities transferring funds (enter each on a separate line)	Operational nature of the Transferring Entity (State, County, City, Other)	Total Amounts Transferred by This Entity	Does the Transferring Entity have General Taxing Authority? (Yes or No)	Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations	Is the Transferring Entity eligible for payment under this state directed payment? (Yes or No)
j. Sce attachment labeled "sdp-4386c-preprint-add					
ii.					
iii.					
iv.					
v.					
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vii.					
viii.					
ix.					
х.					

- **b.** X Use the checkbox to provide an assurance that no state directed payments made under this payment arrangement funded by IGTs are dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.
- c. Provide information or documentation regarding any written agreements that exist between the State and healthcare providers or amongst healthcare providers and/or related entities relating to the non-federal share of the payment arrangement. This should include any written agreements that may exist with healthcare providers to support and finance the non-federal share of the payment arrangement. Submit a copy of any written agreements described above.

The State is not aware of and/or party to any such written agreements.

36. For any state directed payments funded by provider taxes/assessments (option c in Question 34),

a. Provide the following (respond to each column for all entries). If there are more entries than space in the table, please provide an attachment with the information requested in the table.

Name of the Health Care- Related Provider Tax / Assessment (enter each on a separate line)	Identify the permissible class for this tax / assessment	Is the tax / assessment broad- based?	Is the tax / assessment uniform?	Is the tax / assessment under the 6% indirect hold harmless limit?	If not under the 6% indirect hold harmless limit, does it pass the "75/75" test?	Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer?
i. See attachment labeled "sdp-4386c- preprint-add endum.xlsx"						
ii.						
iii.						
iv.						
v.						

Table 5: Health Care-Related Provider Tax/Assessment(s)

b. If the state has any waiver(s) of the broad-based and/or uniform requirements for any of the health care-related provider taxes/assessments, list the waiver(s) and its current status:

Name of the Health Care-Related Provider Tax/Assessment Waiver (enter each on a separate line)	Submission Date	Current Status (Under Review, Approved)	Approval Date
i.			
ii.			
iii.			
iv.			
v.			

Table 6: Health Care-Related Provider Tax/Assessment Waivers

- 37. For any state directed payments funded by **provider donations (option d in Ouestion 34)**, please answer the following questions:
 - **a.** Is the donation bona-fide? \Box Yes \Box No
 - b. Does it contain a hold harmless arrangement to return all or any part of the donation to the donating entity, a related entity, or other provider furnishing the same health care items or services as the donating entity within the class?

 Yes
 No
- 38. X For all state directed payment arrangements, use the checkbox to provide an assurance that in accordance with 42 C.F.R. § 438.6(c)(2)(ii)(E), the payment arrangement does not condition network provider participation on the network provider entering into or adhering to intergovernmental transfer agreements.

SECTION VII: QUALITY CRITERIA AND FRAMEWORK FOR ALL PAYMENT ARRANGEMENTS

- **39.** ⊠ Use the checkbox below to make the following assurance, "In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(C), the State expects this payment arrangement to advance at least one of the goals and objectives in the quality strategy required per 42 C.F.R. § 438.340."
- **40.** Consistent with 42 C.F.R. § 438.340(d), States must post the final quality strategy online beginning July 1, 2018. Please provide:
 - a. A hyperlink to State's most recent quality strategy: https://alica.mnyflorida.com/conlent/download/8651/file/2023%20CQS%20Final.pdf
 - b. The effective date of quality strategy. April 1, 2024
- **41.** If the State is currently updating the quality strategy, please submit a draft version, and provide:
 - **a.** A target date for submission of the revised quality strategy (month and year):
 - **b.** Note any potential changes that might be made to the goals and objectives. N/A

Note: The State should submit the final version to CMS as soon as it is finalized. To be in compliance with 42 C.F.R. § 438.340(c)(2) the quality strategy must be updated no less than once every 3-years.

42. To obtain written approval of this payment arrangement, a State must demonstrate that each state directed payment arrangement expects to advance at least one of the goals and objectives in the quality strategy. In the Table 7 below, identify the goal(s) and objective(s), as they appear in the Quality Strategy (include page numbers), this payment arrangement is expected to advance. If additional rows are required, please attach.

Goal(s)	Objective(s)	Quality strategy page
Example: Improve care coordination for enrollees with behavioral health conditions	Example: Increase the number of managed care patients receiving follow-up behavior health counseling by 15%	5
 Reduce potentially preventable hospital events (PPEs) 	Reduce potentially preventable readmissions	4
^b •Improve birth outcomes	Reduce cesarean sections	4
^{c.} Reduce potentially preventable hospital events (PPEs)	Improve follow-up after mental illness hospitalization	4
d.		

- **43.** Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. If this is part of a multi-year effort, describe this both in terms of this year's payment arrangement and in terms of that of the multi-year payment arrangement.
 - In order to improve health outcomes for Medicaid recipients enrolled in managed care, the State is deploying a Hospital Quality Improvement and Measures Monitoring Program.
 - Calendar Year 2019 is the baseline year for calculating three performance metrics by Medicaid region and determining improvement targets for each region.
 - o Cesarean Sections (C-sections)
 - o Potentially Preventable Hospital Readmissions
 - o Follow-up After Hospitalization for Mental Illness

-The Agency has established improvement targets for each region based upon the baseline data.

- Hospitals must participate in the Agency's quality initiatives related to reducing preventable hospital readmissions, emergency department diversion, and reducing C-sections. Hospitals that participate in these initiatives are eligible to receive the payment increases. Hospital must continue to participate for the duration of the initiatives, which may extend across program years.

See the attachment titled, "Hospital DPP-QMs Baselines+1920+2021+2122+Targets MCO Only 121323.docx" for additional information related to the payment withhold for failure to meet the quality metric targets.

- 44. Please complete the following questions regarding having an evaluation plan to measure the degree to which the payment arrangement advances at least one of the goals and objectives of the State's quality strategy. To the extent practicable, CMS encourages States to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the <u>CMS Adult and Child Core Set Measures</u>, when applicable.
 - a. X In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(D), use the checkbox to assure the State has an evaluation plan which measures the degree to which the payment arrangement advances at least one of the goals and objectives in the quality strategy required per 42 C.F.R. § 438.340, and that the evaluation conducted will be *specific* to this payment arrangement. *Note:* States have flexibility in how the evaluation is conducted and may leverage existing resources, such as their 1115 demonstration evaluation if this payment arrangement is tied to an 1115 demonstration or their External Quality Review validation activities, as long as those evaluation or validation activities are *specific* to this payment arrangement and its impacts on health care quality and outcomes.

b. Describe how and when the State will review progress on the advancement of the State's goal(s) and objective(s) in the quality strategy identified in Question 42. For each measure the State intends to use in the evaluation of this payment arrangement, provide in Table 8 below: 1) the baseline year, 2) the baseline statistics, and 3) the performance targets the State will use to track the impact of this payment arrangement arrangement on the State's goals and objectives. Please attach the State's evaluation plan for this payment arrangement.

Measure Name and NQF # (if applicable)	Baseline Year	Baseline Statistic	Performance Target	Notes ¹
Example: Flu Vaccinations for Adults Ages 19 to 64 (FVA-AD); NQF # 0039	CY 2019	34%	Increase the percentage of adults 18–64 years of age who report receiving an influenza vaccination by 1 percentage point per year	Example notes
i. Cesarean Sections (C-sections)	CY 2019	See attachme nt for regional baseline rates	See the attachment for regional target rates.	Specifications are in attachment.
ii. Potentially Preventable Hospital Readmissions	CY 2019	See attachme nt for regional baseline rates	See the attachment for regional target rates.	3M metric - description is in attachment.
iii. Follow-up after Hospitalization for Mental Illness	CY 2019	See attachme nt for regional baseline rates	See the attachment for regional target rates.	Adult and Child Core Set metric - brief description is in attachment.
iv.				

TABLE 8: Evaluation Measures, Baseline and Performance Targets

1. If the State will deviate from the measure specification, please describe here. If a State-specific measure will be used, please define the numerator and denominator here. Additionally, describe any planned data or measure stratifications (for example, age, race, or ethnicity) that will be used to evaluate the payment arrangement.

c. If this is any year other than year 1 of a multi-year effort, describe (or attach) prior year(s) evaluation findings and the payment arrangement's impact on the goal(s) and objective(s) in the State's quality strategy. Evaluation findings must include 1) historical data; 2) prior year(s) results data; 3) a description of the evaluation methodology; and 4) baseline and performance target information from the prior year(s) preprint(s) where applicable. If full evaluation findings from prior year(s) are not available, provide partial year(s) findings and an anticipated date for when CMS may expect to receive the full evaluation findings.

The calendar year (CY) 2019 baseline data for each metric are included in the attachment. Year 2 (FFY 2021-2022) was the first year in which hospitals' performance on the metrics is compared to the targets to evaluate hospitals' efforts to improve Medicaid members' experiences of care and to improve the health of the Medicaid population, through reducing PPEs and reducing C-Sections. The metrics by region and statewide for FFY 2019-2020, FFY 2020-2021, FFY 2021-2022, and FFY 2022-2023 are included in the attachment.

Cesarean Sections: In FFY 2019-20 (the year prior to this payment arrangement starting), the C-Section rates improved (dropped) compared to the CY 2019 baseline in nine of the eleven regions. In FFY 2020-21 (the first year of the payment arrangement), the C-section rates improved (dropped) in all 11 regions, compared to the FFY 2019-20 rates. The FFY 2020-21 regional rates have surpassed the targets for FFY 2021-22. In FFY 2021-22, rates declined (increased) in six regions compared to FFY 2020-21, stayed about the same in three regions, and improved (dropped) in two regions. Ten of the 11 regions met their targets for FFY 2021-22 and Region 1 was less than one percentage point away from its target. In FFY 2022-23, C-Section rates declined (increased) in four regions, improved (dropped) in three regions, and stayed about the same in four regions, compared to the prior year. As in the previous year, ten of the 11 regions met their targets for FFY 2022-23 and Region 1 was less than one percentage point away from its target. In simplex the previous year, ten of the 11 regions met their targets for FFY 2022-23 and Region 1 was less than one percentage point away form its target.

Potentially Preventable Hospital Readmissions (PPRs): In FFY 2019-20 (the year prior to this payment arrangement starting), the PPR rates declined (increased) compared to the CY 2019 baseline in all 11 regions. In FFY 2020-21 (the first year of the payment arrangement), the PPR rates improved (dropped) in all 11 regions compared to the FFY 2019-20 rates. The FFY 2020-21 rates are higher (worse) than the CY 2019 baseline rates in nine of the 11 regions. In FFY 2021-22, the PPR rates declined (increased) in six regions compared to FFY 2020-21 rates and improved (dropped) in five regions. While no regions met their targets, two regions performed better than their baseline rates. In FFY 2022-23, the PPR rates declined (increased) in ten of the 11 regions compared to the prior year. One region's rate improved (dropped). No regions met their targets and they all performed worse than their baseline rates.

Follow-up After Hospitalization for Mental Illness: In FFY 2019-20 (the year prior to this payment arrangement starting), rates improved in four of the 11 regions compared to the CY 2019 baselines. In FFY 2020-21 (the first year of the payment arrangement), rates improved in seven of the 11 regions compared to the FFY 2019-20 rates. In FFY 2021-22, rates improved in five of the regions compared to FFY 2020-21. Eight regions' rates for FFY 2021-22 are better than their baseline rates, though only four regions met their targets for the year. In FFY 2022-23, rates improved in two of the regions compared to the prior year. Three regions' rates for FFY 2022-23 are better than their baseline rates and met their targets for the year.

Due to fluctuations in rates between the CY 2019, FFY 2019-20, FFY 2020-21, and FFY 2021-22 rates for the metrics, the state proposes to maintain the FFY 2021-22 and FFY 2022-23 targets for FFY 2023-24.

Accessibility Report

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Summary

The checker found no problems in this document.

- Needs manual check: 5
 Passed manually: 0
 Failed manually: 0
 Skipped: 0
 Passed: 27
 Failed: 0

Detailed Report

Document

Rule Name	Status	Description
Accessibility permission flag	Passed	Accessibility permission flag must be set
Image-only PDF	Passed	Document is not image-only PDF
Tagged PDF	Passed	Document is tagged PDF
Logical Reading Order	Needs manual check	Document structure provides a logical reading order
Primary language	Passed	Text language is specified
<u>Title</u>	Passed	Document title is showing in title bar
<u>Bookmarks</u>	Passed	Bookmarks are present in large documents
Color contrast	Needs manual check	Document has appropriate color contrast

Page Content

Rule Name	Status	Description
Tagged content	Passed	All page content is tagged
Tagged annotations	Passed	All annotations are tagged
<u>Tab order</u>	Passed	Tab order is consistent with structure order
Character encoding	Passed	Reliable character encoding is provided
Tagged multimedia	Passed	All multimedia objects are tagged
Screen flicker	Needs manual check	Page will not cause screen flicker
<u>Scripts</u>	Needs manual check	No inaccessible scripts
Timed responses	Needs manual check	Page does not require timed responses
Navigation links	Passed	Navigation links are not repetitive

Forms

Rule Name Status	Description
Tagged form fields Passed All form fields	are tagged
Field descriptions Passed All form fields	have description

Alternate Text

Rule Name	Status Description

<u>Figures alternate text</u>	Passed	Figures require alternate text
Nested alternate text	Passed	Alternate text that will never be read
Associated with content	Passed	Alternate text must be associated with some content
Hides annotation	Passed	Alternate text should not hide annotation
Other elements alternate text	Passed	Other elements that require alternate text

Tables

Rule Name	e Status	Description
<u>Rows</u>	Passed	TR must be a child of Table, THead, TBody, or TFoot
TH and TD	Passed	TH and TD must be children of TR
<u>Headers</u>	Passed	Tables should have headers
<u>Regularity</u>	Passed	Tables must contain the same number of columns in each row and rows in each column
<u>Summary</u>	Passed	Tables must have a summary

Lists

Rule Name	Status	Description
<u>List items</u>	Passed	LI must be a child of L
Lbl and LBody	Passed	Lbl and LBody must be children of LI

Headings

Rule Name Status Description
Rule Name Status Description
Appropriate nesting Passed Appropriate nesting

Back to Top

👡 **🍱 Common**Look

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Name of Verified File:

438.6(c) Rev Preprint Template.pdf

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Friday, January 15, 2021

Results Summary:

Number of Pages: 21

Total number of tests requested: 50

Total of Failed statuses: 0

Total of Warning statuses: 0

Total of Passed statuses: 1293

Total of User Verify statuses: 0

Total of Not Applicable statuses: 11

Structural Results

Accessibility Results

HHS (2018 regulations)

Serial	Page No.	Element Path	Checkpoint Name	Test Name	Status	Reason	Comments
1		Doc	Additional Checks	1. Special characters in file names	Passed	The document name 438.6(c) Rev Preprint Template contains special characters.	Verification result set by user.
2		Doc	Additional Checks	2. Concise file names	Passed	Please verify that a document name of 438.6(c) Rev Preprint Template is concise and makes the	Verification result set by user.

						contents of the file clear.	
3			Additional Checks	2. Concise file names	Passed	The file name is meaningful and restricted to 20-30 characters	
4			Section A: All PDFs	A1. Is the PDF tagged?	Passed	The PDF document is tagged.	
5		MetaData	Section A: All PDFs	A2. Is the Document Title filled out in the Document Properties?	Passed	Please verify that a document title of State Directed Payment 42 CFR 438.6(c) Proposal Preprint is appropriate for this document.	Verification result set by user.
6		MetaData	Section A: All PDFs	A3. Is the correct language of the document set?	Passed	Please ensure that the specified language (EN-US) is appropriate for the document.	Verification result set by user.
7		Doc	Section A: All PDFs	A4. Did the PDF fully pass the Adobe Accessibility Checker?	Passed	Did the PDF fully pass the Adobe Accessibility Checker?	Verification result set by user.
8	1,17	Tags->0->9- >0->1->3- >0,Tags->0- >9->0->1- >5->0,Tags- >0->9->1- >1->3- >0,Tags->0- >28->1->1- >1->1->1- >1->1->1->1- >1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFDate_For matEx("mm mm d, yyyy");
9	1,17	Tags->0->9- >0->1->3- >0,Tags->0- >9->0->1- >5->0,Tags- >0->9->1- >1->3- >0,Tags->0- >28->1->1-	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has	AFDate_Keys trokeEx("m mmm d, yyyy");

		10 1,2,3,6,7,10 ,11,12,13
>1->0->1 >1->1->1->1- >0->0,Tags- >0->17->1- >1->1->0- >1->1->2- >1->2->1- >1->2- >1->2->1- >1->2->1- >1->2->1- >1->2->1- >1->2->1- >1->2->1->2->1- >1->2->1-	>14->0->1 >0,Tags->0 >13- >0,Tags->0- >14->0->1 >0->0,Tags->0- >1->1->0- >1->1->0- >1->1->1- >1->1->0- >1->1->1->0- >1->1->1->1- >1->1->1->1->1->1->1->1->1->1->1->1->1->	<pre>>1->1->1- >1->0 Tags->0->9- >4->1->3- >0,Tags->0- >9->4->1->1- >1->12- >0->9->4->1->1- >1->12- >0->9->4->1->1- >1->12- >0->0,Tags->0- >11->12- >0->0,Tags->0- >11->1- >1->1->1->1- >1->1->1->1- >1->1->1->1- >1->1->1->1- >1->1->1->1- >1->1->1->1- >1->1->1->1- >1->1->1->1- >1->1->1->1- >1->1->1->1->1- >1->1->1->1->1- >1->1->1->1->1- >1->1->1->1->1->1->1- >1->1->1->1->1->1->1->1->1->1->1->1->1-></pre>
		All PDFs
		A5. Is the document free from than 3 times per second?
		Prese and a second s
		detected. An action of verification type Run a verification the Mouse up trigger of the Mouse user. been detected.

		>0->19->5- >1->3- >0,Tags->0- >19->6->1- >1->0,Tags- >0->19->6- >1->3- >0,Tags->0- >21->0->1- >7->0,Tags- >0->24->0- >1->3- >0,Tags->0- >24->0->1- >5->0,Tags- >0->26->0- >1->2->1- >1->0- >0,Tags->0- >26->0-1- >2->2->1- >0->26->0- >1->2->1- >0->26->0- >1->2->1- >0->26->0- >1->2->1- >0->26->0- >1->2->1- >0->26->0- >1->2->1- >0->26->0- >1->2->1- >0->26->0- >1->2->1- >0->26->0- >1->2->3- >0->26->0- >1->2->3- >0->26->0- >1->2->3- >1->0->0					
11	2	Tags->0->9- >5->1->1- >0->1->0- >0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	<pre>var a = this.getField("6.b1-Text"); a.hidden = true; this.getField("6.b1- Text").value = "";</pre>
12	2	Tags->0->9- >5->1->1- >1->1->0- >0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("6.b1-Text"); a.hidden = false;
13	2	Tags->0->9- >5->1->1- >2->1->3- >0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	if(this.getFiel d("6.c1- Check").isBo xChecked(0)) { this.getField("6.c5- Check").valu e = "Off"; }
14	2	Tags->0->9- >5->1->1-	Section A: All PDFs	A5. Is the document free from	Passed	An action of type Run a JavaScript	if(this.getFiel d("6.c2- Check").isBo

		>2->1->5- >0		content that flashes more than 3 times per second?		attached to the Mouse Up trigger of the highlighted element has been detected.	<pre>xChecked(0)) { this.getField("6.c5- Check").valu e = "Off"; }</pre>
15	2	Tags->0->9- >5->1->1- >2->1->7- >0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	<pre>if(this.getFiel d("6.c3- Check").isBo xChecked(0)) { this.getField("6.c5- Check").valu e = "Off"; }</pre>
16	2	Tags->0->9- >5->1->1- >2->1->9- >0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	<pre>var a = this.getField("6.c4-Text"); if(this.getFiel d("6.c4- Check").isBo xChecked(0)){ a.hidden = false; this.getField("6.c5- Check").valu e = "Off"; } else { a.hidden = true; this.getField("6.c4- Text").value = ""; }</pre>
17	6	Tags->0- >14->4->1- >1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	<pre>var a = this.getField("14.a- MultiText"); var b = this.getField("14.b- MultiText"); /* show a */ a.hidden = false; /* clear and hide b */ b.value = ""; b.hidden = true;</pre>
18	6	Tags->0- >14->4->1- >3->0	Section A: All PDFs	A5. Is the document free from content that flashes more	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of	var a = this.getField("14.a- MultiText"); var b = this.getField(

				than 3 times per second?		the highlighted element has been detected.	"14.b- MultiText"); /* show b */ b.hidden = false; /* clear and hide a */ a.value = ""; a.hidden = true;
19	7	Tags->0- >17->2->1- >3->2->1- >1->0->1- >1->0,Tags- >0->17->2- >1->3->2- >1->3->2- >1->1->1- >1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFNumber_F ormat(0, 0, 3, 0, "", true);
20	7	Tags->0- >17->2->1- >3->2->1- >1->0->1- >1->0,Tags- >0->17->2- >1->3->2- >1->3->2- >1->1->1->1- >1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has been detected.	AFNumber_K eystroke(0, 0, 3, 0, "", true);
21	8	Tags->0- >19->0->1- >5->0->1- >23->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	<pre>var a = this.getField("20.a11- Text"); if (this.getField ("20.a11- Check").isBo xChecked(0)){ a.hidden = false; } else { a.value = ""; a.hidden = true; }</pre>
22	10	Tags->0- >19->3->1- >3->2->1- >0->0,Tags- >0->19->3- >1->3->2- >2->0- >0,Tags->0- >19->3->1- >3->2->3- >0->0,Tags- >0->0,Tags- >0->0,Tags- >0->19->3- >1->3->2- >1->3->2- >4->0-	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFPercent_F ormat(2, 0);

>0,Tags->0- >19->3->1- >3->2->5- >0->0,Tags-
>0->19->3- >1->3->3- >1->0- >0,Tags->0-
>19->3->1- >3->3->2- >0->0,Tags- >0->19->3-
>1->3->3- >3->0- >0,Tags->0- >19->3->1-
>3->3->4- >0->0,Tags- >0->19->3- >1->3->3-
>5->0- >0,Tags->0- >19->3->1- >3->4->1-
>0->0,Tags- >0->19->3- >1->3->4- >2->0-
>0,Tags->0- >19->3->1- >3->4->3- >0->0,Tags-
>0->19->3- >1->3->4- >4->0- >0,Tags->0-
>19->3->1- >3->4->5- >0->0,Tags- >0->19->3-
>1->3->5- >1->0- >0,Tags->0- >19->3->1- >3->5->2-
>3->5->2- >0->0,Tags- >0->19->3- >1->3->5- >3->0-
>0,Tags->0- >19->3->1- >3->5->4- >0->0,Tags-
>0->19->3- >1->3->5- >5->0- >0,Tags->0-
>19->3->1- >3->6->1- >0->0,Tags- >0->19->3-
>1->3->6- >2->0-

	>0,Tags->0- >19->3->1-					
	>3->6->3- >0->0,Tags-					
	>0->19->3- >1->3->6-					
	>4->0- >0,Tags->0-					
	>19->3->1- >3->6->5- >0->0,Tags-					
	>0->19->3- >1->3->7-					
	>1->0- >0,Tags->0-					
	>19->3->1-					
	>0->0,Tags- >0->19->3-					
	>1->3->7- >3->0-					
	>0,Tags->0- >19->3->1-					
	>3->7->4- >0->0,Tags-					
	>0->19->3- >1->3->7- >5->0-					
	>0,Tags->0- >19->3->1-					
	>3->8->1- >0->0,Tags-					
	>0->19->3- >1->3->8-					
	>2->0- >0,Tags->0-					
	>19->3->1- >3->8->3-					
	>0->0,Tags- >0->19->3- >1->3->8-					
	>4->0- >0,Tags->0-					
	>19->3->1- >3->8->5-					
	>0->0	Contion A:	AE Is the	Decod	An action of	AEDoneont K
	Tags->0- >19->3->1- >3->2->1-	Section A: All PDFs	A5. Is the document free from	Passed	An action of type Run a JavaScript	AFPercent_K eystroke(2, 0);
	>0->0,Tags- >0->19->3-		content that flashes more		attached to the Value	0),
	>1->3->2- >2->0-		than 3 times per second?		modified trigger of	
	>0,Tags->0- >19->3->1-		p		the highlighted	
	>3->2->3- >0->0,Tags-				element has been	
	>0->19->3-				detected.	
	F da F lagt F dan					
1 1	>4->0- >0,Tags->0-					

	>0->0,Tags-				
	>0->19->3-				
	>1->3->3-				
	>1->0-				
	>0,Tags->0-				
	>19->3->1-				
	>3->3->2-				
	>0->0,Tags-				
	>0->19->3-				
	>1->3->3-				
	>3->0-				
	>0,Tags->0-				
	>19->3->1-				
	>3->3->4-				
	>0->0,Tags-				
	>0->19->3-				
	>1->3->3-				
	>5->0-				
	>0,Tags->0-				
	>19->3->1-				
	>3->4->1-				
	>0->0,Tags-				
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	>1->3->4-				
	>2->0-				
	>0,Tags->0-				
	>19->3->1-				
	>3->4->3-				
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	>0,Tags->0-				
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	>19->3->1-				
	>3->5->2-				
	>0->0,Tags-				
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	>3->5->4-				
	>0->0,Tags-				
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	>0,Tags->0-				
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	>3->6->1-				
	>0->0,Tags-				
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	>1->3->6-				
	>2->0-				
	>0,Tags->0-				
	>19->3->1-				
	>3->6->3-				
1	1	l	1	I	I

25	10	Tags->0- >19->4->1- >1->2->1- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	detected. An action of type Run a JavaScript attached to the Mouse Up trigger of the	var a = this.getField("24.c-Text"); a.hidden = false;
24	10	Tags->0- >19->4->1- >1->0->1- >0->0,Tags- >0->19->4- >1->1->1- >1->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been	<pre>var a = this.getField("24.c-Text"); a.value = ""; a.hidden = true;</pre>
		>0->19->3- >1->3->6- >4->0- >0,Tags->0- >19->3->1- >3->6->5- >0->0,Tags- >0->19->3- >1->3->7- >1->0- >0,Tags->0- >0,Tags->0- >0,Tags->0- >0,Tags->0- >0,Tags->0- >0,Tags->0- >0,Tags->0- >0,Tags->0- >19->3->1- >3->7->4- >0->0,Tags->0- >19->3->1- >3->7->4- >0->0,Tags->0- >19->3->1- >3->7->4- >0->0,Tags->0- >19->3->1- >3->7->4- >0->0,Tags->0- >19->3->1- >3->8->1- >3->8->1- >3->8->3- >0->19->3->1- >3->8->3- >0->19->3->1- >3->8->1- >3->8->3- >0->0,Tags->0- >19->3->1- >3->8->3- >0->0,Tags->0- >19->3->1- >3->8->3- >0->0,Tags->0- >19->3->1- >3->8->3- >0->0,Tags->0- >19->3->1- >3->8->3- >0->0,Tags->0- >19->3->1- >3->8->3- >0->0,Tags->0- >19->3->1- >3->8->3- >0->0,Tags->0- >19->3->1- >3->8->3- >0->0,Tags->0- >0,Tags				An action of	

						element has been detected.	
26	11	Tags->0- >21->0->1- >5->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	<pre>var a = this.getField("29.ai- Text"); var b = this.getField("29.aii- Text"); var c = this.getField("29.b- MultiText"); /* if yes is checked, show a */ a.hidden = false; b.hidden = false; /* clear out and hide b */ c.value = ""; c.hidden = true;</pre>
27	12,16	Tags->0- >24->0->1- >7->0->1- >3->0,Tags- >0->24->0- >1->7->1- >1->2->1- >1->0- >0,Tags->0- >24->0->1- >7->1->1- >2->2->1- >0->0,Tags- >0->24->0- >1->7->1- >1->2->3- >1->0- >0,Tags->0- >24->0->1- >7->1->1- >1->2->3- >1->0- >0,Tags->0- >24->0->1- >7->1->1- >1->2->3- >1->0- >0,Tags->0- >24->0->1->7->1- >1->2->5- >1->0- >0,Tags->0- >1->7->1- >1->2->5- >1->0- >0,Tags->0- >26->2->1- >1->1->1- >1->1->3- >0->0,Tags- >0->26->2->1- >1->1->1- >1->1->1->1- >1->6->1->3- >0->0,Tags- >0->26->2- >1->1->1->1- >1->6->2- >1->1->1->1- >1->6->2- >3->0-	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFDate_For matEx("mm/ dd/yyyy");

	>0,Tags->0- >26->2->1- >1->1->1- >6->3->3- >0->0,Tags- >0->26->2- >1->1->1- >1->6->4- >3->0- >0,Tags->0- >26->2->1- >1->1->1- >1->1->1- >6->5->3- >0->0					
28 12,16	Tags>0- >24->0->1- >3->0,Tags- >0->24->0- >1->7->1- >1->2->1- >1->0- >0,Tags->0- >24->0->1- >1->1- >1->2->1- >1->0- >0,Tags->0- >24->0->1- >7->1->1- >2->2->1- >0->0,Tags- >0->24->0- >1->7->1- >2->2->1- >0->0,Tags- >0->24->0- >1->7->1- >2->2->1- >0,Tags->0- >0,Tags->0- >0->0,Tags->0- >1->7->1- >1->2->5- >1->0- >0,Tags->0- >0,Tags->0- >0,Ta	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has been detected.	AFDate_Keys trokeEx("m m/dd/yyyy") ;

29	13	Tags->0- >24->1->1- >0->0,Tags- >0->24->1- >1->3->1- >1->0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	<pre>var a = this.getField("31.c-Text"); a.value = ""; a.hidden = true;</pre>
30	13	Tags->0- >24->1->1- >3->2->1- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	var a = this.getField("31.c-Text"); a.hidden = false;
31	13	Tags->0- >26->0->1- >2->4->1- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Mouse Up trigger of the highlighted element has been detected.	<pre>var a = this.getField("34.e-Text"); /* if checked, show box */ if (this.getField ("34.e- Check").isBo xChecked(0)){ a.hidden = false; } /* if uncheck, clear and hide */ else { a.value = ""; a.hidden = true; }</pre>
32	14	Tags->0- >26->1->1- >1->0->1- >6->1->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->2- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >6->3->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->4- >2->0- >0,Tags->0- >26->1->1- >1->6->4- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >1->0->1- >1->0->1- >1->0->1- >1->0->1- >1->0->1- >1->0->1- >1->0->1- >1->0->1- >1->0->1- >1->0->1-	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFNumber_F ormat(2, 0, 0, 0, "\u0024 ", true);

	>6->5->2- >0->0,Tags- >1->1->0- >1->6->6- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >6->7->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->8- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >6->9->2- >0->0,Tags- >0->26->1->1- >1->0->1- >6->9->2- >0->0,Tags- >0->26->1->1- >1->1->0- >1->1->0->1- >6->9->2- >0->0,Tags- >0->26->1->1- >1->1->0->1- >6->9->2- >0->0,Tags- >0->26->1->1- >1->1->0->1- >6->9->2- >0->0,Tags- >0->26->1->1- >1->1->0->1- >1->0->1->0->1- >1->0->1->0->1->0->1->0->1->0->1->0->1->0->0->0->0->0->0->0->0->0->0,Tags->0->0->0->0->0->0->0->0->0->0->0->0->0-					
33 14	Tags->0- >26->1->1- >1->0->1- >6->1->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->2- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >6->3->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->4- >2->0- >0,Tags->0- >26->1->1- >1->1->0->1- >6->5->2- >0->0,Tags- >0->26->1->1- >1->6->5->2- >0->0,Tags- >0->26->1->1- >1->6->6->1- >1->6->6->2->0- >0,Tags->0- >26->1->1- >1->6->6->2->0- >0,Tags->0- >26->1->1- >1->6->6->2->0- >0,Tags->0- >26->1->1- >1->6->7->2- >0->0,Tags->0- >26->1->1- >1->6->8- >2->0- >0,Tags->0- >26->1->1- >1->6->8- >2->0- >0,Tags->0- >26->1->1- >1->6->8- >2->0- >0,Tags->0- >26->1->1- >1->6->8- >2->0- >0,Tags->0- >26->1->1- >1->6->8- >2->0- >0,Tags->0- >26->1->1- >1->0->1- >1->6->8- >2->0- >0,Tags->0- >26->1->1->1->1->0->1- >1->6->8- >2->0- >0,Tags->0->26->1->1->1->1->0->1->1->0->1->1->0->1->1->0->1->1->0->1->1->0->1->1->0->1->1->0->1->1->0->1->1->1->0->1->1->0->1->1->0->1->1->0->1->1->0->1->1->0->1->1->0->1->0->1->1->0->1->1->0->1->0->1->0->1->1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has been detected.	AFNumber_K eystroke(2, 0, 0, 0, "\u0024 ", true);

		>6->9->2- >0->0,Tags- >0->26->1- >1->1->0- >1->6->10- >2->0->0					
34	15	Tags->0- >26->2->1- >1->0->1- >2->1->4- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	<pre>/* if this field = "NO" then show column 5 */ a = this.getField("36.ai4- List"); b = this.getField("36.ai5- List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }</pre>
35	15	Tags->0- >26->2->1- >1->0->1- >2->2->4- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	<pre>/* if this field = "NO" then show column 5 */ a = this.getField("36.aii4- List"); b = this.getField("36.aii5- List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }</pre>
36	15	Tags->0- >26->2->1- >1->0->1- >2->3->4- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	<pre>/* if this field = "NO" then show column 5 */ a = this.getField("36.aiii4- List"); b = this.getField("36.aiii5- List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }</pre>

37	15	Tags->0- >26->2->1- >1->0->1- >2->4->4- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	<pre>/* if this field = "NO" then show column 5 */ a = this.getField("36.aiv4- List"); b = this.getField("36.aiv5- List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }</pre>
38	15	Tags->0- >26->2->1- >1->0->1- >2->5->4- >0->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the On Blur trigger of the highlighted element has been detected.	<pre>/* if this field = "NO" then show column 5 */ a = this.getField("36.av4- List"); b = this.getField("36.av5- List"); if (a.value == "No") { b.hidden = false; } else { b.value = " "; b.hidden = true; }</pre>
39	17	Tags->0- >28->2->1- >1->0->1- >1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Format trigger of the highlighted element has been detected.	AFDate_For matEx("mm m-yy");
40	17	Tags->0- >28->2->1- >1->0->1- >1->0	Section A: All PDFs	A5. Is the document free from content that flashes more than 3 times per second?	Passed	An action of type Run a JavaScript attached to the Value modified trigger of the highlighted element has been detected.	AFDate_Keys trokeEx("m mm-yy");
41			Section A: All PDFs	A6. Are accurate	Passed	Bookmarks are logical	

				bookmarks provided for documents greater than 9 pages?		and consistent with Heading Levels.	
42		Doc	Section A: All PDFs	A7. Review- related content	Passed	Is the document free from review- related content carried over from Office or other editing tools such as comments, track changes, embedded Speaker Notes?	Verification result set by user.
43	1,2,3,4,5,6, 7,8,9,10,11, 12,13,14,15, 16,17,18,19, 20,21	Tags	Section A: All PDFs	A8. Logically ordered tags	Passed	Is the order in the tag structure accurate and logical? Do the tags match the order they should be read in?	Verification result set by user.
44			Section A: All PDFs	A9. Tagged content	Passed	No Untagged annotations were detected, and no elements have been untagged in this session.	
45			Section A: All PDFs	A10. Role mapped custom tags	Passed	Passed Role Map tests.	
46			Section A: All PDFs	A11. Text correctly formatted	Passed	All words were found in their correspondin g language's dictionary	
47	1,3,6,12,2,4 ,8,9,10,11,1 4,15,16,17,1 8,20	Tags->0- >0,Tags->0- >1,Tags->0- >2,Tags->0- >3,Tags->0- >4,Tags->0- >6,Tags->0- >7,Tags->0- >13,Tags- >0-	Section A: All PDFs	A12. Paragraph text	Passed	Do paragraph tags accurately represent visual paragraphs?	Verification result set by user.

	>16,Tags-					
	>0-					
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ensure that all information conveyed with color is also available without color. Page 2	Passed	B1. Color alone	Section B: PDFs containing Color	Pages->0	49
Page 1 contains color. Please					
Text can be resized and is readable.	Passed	A13. Resizable text	Section A: All PDFs	>1->2->0- >3->0,Tags- >0->28->5- >1->11->1- >1->2->0- >4->0,Tags- >0->28->5- >1->11->1- >1->2->1- >0->0,Tags- >0->28->5- >1->11->1- >1->2->1- >1->0,Tags- >0->28->5- >1->11->1- >1->2->1- >1->0,Tags- >0->28->5- >1->11->1- >1->2->1- >2->0,Tags- >0->28->5- >1->11->1- >1->2->1- >2->0,Tags- >0->28->5- >1->11->1- >1->2->1- >2->0,Tags- >0->28->5- >1->11->1- >1->2->1- >3->0,Tags- >0->28->5- >1->11->1- >1->2->1- >3->0,Tags- >0->28->5- >1->11->1- >1->2->1- >3->0,Tags- >0->28->5- >1->11->1->1- >1->2->1- >3->0,Tags- >0->28->5- >1->11->1->1->2->1- >3->0,Tags- >0->28->5- >1->11->1->1->2->1- >3->0,Tags- >0->28->5- >1->11->1->1->2->1- >3->0,Tags- >0->28->5- >1->11->1->1->2->1- >3->0,Tags->0->28->5- >1->11->1->1->2->1- >1->2->1->1->1->1->2->1- >3->0,Tags->0,Tags->0->28->5- >1->11->1->1->2->1- >3->0,Tags->0,Tags->0->28->5->1->11->1->1->2->1->2->1->2->1->2->1->1->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->1->2->2->2->2->2->2->2->2->2->2->2->2->2-	48

					with color is also available without color.	
52	Pages->3	Section B: PDFs containing Color	B1. Color alone	Passed	Page 4 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
53	Pages->4	Section B: PDFs containing Color	B1. Color alone	Passed	Page 5 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
54	Pages->5	Section B: PDFs containing Color	B1. Color alone	Passed	Page 6 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
55	Pages->6	Section B: PDFs containing Color	B1. Color alone	Passed	Page 7 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
56	Pages->7	Section B: PDFs containing Color	B1. Color alone	Passed	Page 8 contains color. Please ensure that all information conveyed with color is	Verification result set by user.

					also available without color.	
57	Pages->8	Section B: PDFs containing Color	B1. Color alone	Passed	Page 9 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
58	Pages->9	Section B: PDFs containing Color	B1. Color alone	Passed	Page 10 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
59	Pages->10	Section B: PDFs containing Color	B1. Color alone	Passed	Page 11 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
60	Pages->11	Section B: PDFs containing Color	B1. Color alone	Passed	Page 12 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
61	Pages->12	Section B: PDFs containing Color	B1. Color alone	Passed	Page 13 contains color. Please ensure that all information conveyed with color is also	Verification result set by user.

					available without color.	
62	Pages->13	Section B: PDFs containing Color	B1. Color alone	Passed	Page 14 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
63	Pages->14	Section B: PDFs containing Color	B1. Color alone	Passed	Page 15 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
64	Pages->15	Section B: PDFs containing Color	B1. Color alone	Passed	Page 16 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
65	Pages->16	Section B: PDFs containing Color	B1. Color alone	Passed	Page 17 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
66	Pages->17	Section B: PDFs containing Color	B1. Color alone	Passed	Page 18 contains color. Please ensure that all information conveyed with color is also available	Verification result set by user.

						without color.	
67		Pages->18	Section B: PDFs containing Color	B1. Color alone	Passed	Page 19 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
68		Pages->19	Section B: PDFs containing Color	B1. Color alone	Passed	Page 20 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
69		Pages->20	Section B: PDFs containing Color	B1. Color alone	Passed	Page 21 contains color. Please ensure that all information conveyed with color is also available without color.	Verification result set by user.
70		Doc	Section B: PDFs containing Color	B2. Color contrast	Passed	Does all text (with the exception of logos) have a contrast ratio of 4.5:1 or greater no matter the size?	Verification result set by user.
71			Section C: PDFs containing Links	C1. Tagged links	Passed	All link annotations are placed along with their textual description in a Link tag.	
72	1,4,6,7,12,1 9	Tags->0->7- >0->1,Tags- >0->7->2- >1,Tags->0- >14->2->1-	Section C: PDFs containing Links	C2. Distinguisha ble Links	Passed	Is this link distinguished by a method other than color?	Verification result set by user.

		>9->1,Tags- >0->14->2- >1->9- >2,Tags->0- >17->0->1- >2->0- >1,Tags->0- >17->1->1- >1->0->1- >1->0->1- >1->0->1- >2->0- >1,Tags->0- >24->0->1- >7->1->1- >3->1- >1,Tags->0- >24->0->1- >7->1->1- >3->1- >1,Tags->0- >24->0->1- >7->1->1- >3->1- >1,Tags->0- >24->0->1- >7->1->1- >3->1- >1,Tags->0- >24->0->1- >7->1->1- >3->1- >1,Tags->0- >28->5->1- >9->1,Tags- >0->28->5- >1->9->2					
73	1	Tags->0->7- >0,Tags->0- >7->2	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Alt of "Email address for payment preprint approvals." is appropriate for the highlighted element.	Verification result set by user.
74	1	Tags->0->7- >0->1,Tags- >0->7->2- >1	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Contents of "Email address for payment preprint approvals." is appropriate for the highlighted element.	Verification result set by user.
75	4,19	Tags->0- >14->2->1- >9,Tags->0- >28->5->1- >9	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Alt of "Adult and Child Health Care Quality Measures" is appropriate for the highlighted element.	Verification result set by user.

76	4,19	Tags->0- >14->2->1- >9->1,Tags- >0->14->2- >1->9- >2,Tags->0- >28->5->1- >9->1,Tags- >0->28->5- >1->9->2	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Contents of "Adult and Child Health Care Quality Measures" is appropriate for the highlighted element.	Verification result set by user.
77	6	Tags->0- >17->0->1- >3->0->1- >2->0	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Alt of "Footnote 1." is appropriate for the highlighted element.	Verification result set by user.
78	6	Tags->0- >17->0->1- >3->0->1- >2->0->1	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Contents of "Footnote 1." is appropriate for the highlighted element.	Verification result set by user.
79	7	Tags->0- >17->1->1- >1->0->1- >1->0->1- >2->0	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Alt of "Footnote 2." is appropriate for the highlighted element.	Verification result set by user.
80	7	Tags->0- >17->1->1- >1->0->1- >1->0->1- >2->0->1	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Contents of "Footnote 2." is appropriate for the highlighted element.	Verification result set by user.
81	12	Tags->0- >24->0->1- >7->1->1- >3->1	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Alt of "Medicaid Rate Review and Rate Guides" is appropriate for the highlighted element.	Verification result set by user.
82	12	Tags->0- >24->0->1- >7->1->1- >3->1- >1,Tags->0-	Section C: PDFs containing Links	C3. Understanda ble Links	Passed	Please verify that Contents of "Medicaid Rate Review	Verification result set by user.

		>24->0->1- >7->1->1- >3->1->2				and Rate Guides" is appropriate for the highlighted element.	
83			Section E: PDFs containing Tables	E1. Table tags	Passed	All tables in this document are data tables.	
84	4,10,12,14,1 5,16,18,20	Tags->0- >14->2->1- >12,Tags- >0->19->3- >1->3,Tags- >0->24->0- >1->7->1- >1->2,Tags- >0->26->1- >1->1->0- >1->6,Tags- >0->26->2- >1->1->0- >1->2,Tags- >0->26->2- >1->1->1- >1->6,Tags- >0->26->2- >1->1->1- >1->6,Tags- >0->26->2- >1->1->1- >1->2,Tags- >0->28->3- >1->2,Tags- >0->28->5- >1->11->1- >1->2,Tags- >0->28->5- >1->11->1-	Section E: PDFs containing Tables	E2. Table structure vs. visual layout	Passed	Does the table structure in the tag tree match the visual table layout?	Verification result set by user.
85	4,10,12,14,1 5,16,18,20	Tags->0- >14->2->1- >12,Tags- >0->19->3- >1->3,Tags- >0->24->0- >1->7->1- >1->2,Tags- >0->26->1- >1->6,Tags- >0->26->2- >1->1->0- >1->2,Tags- >0->26->2- >1->1->1- >1->2,Tags- >0->26->2- >1->1->1- >1->6,Tags- >0->28->3- >1->2,Tags- >0->28->3- >1->2,Tags- >0->28->3- >1->2,Tags- >0->28->5- >1->11->1- >1->2,Tags- >0->28->5- >1->11->1- >1->2,Tags- >0->28->5- >1->11->1- >1->2,Tags- >0->28->5- >1->11->1-	Section E: PDFs containing Tables	E3. Table cells types	Passed	Are all header cells tagged with the TH tag? Are all data cells tagged with the TD tag?	Verification result set by user.
86			Section E: PDFs containing Tables	E4. Empty header cells	Passed	All table header cells contain content or property set to passed.	

87	4,10,12,14,1 5,16,18,20	Tags->0- >14->2->1- >12,Tags- >0->19->3- >1->3,Tags- >0->24->0- >1->7->1- >1->2,Tags- >0->26->1- >1->1->0- >1->6,Tags- >0->26->2- >1->1->0- >1->2,Tags- >0->26->2- >1->1->1->0- >1->2,Tags- >0->28->3- >1->2,Tags- >0->28->3- >1->2,Tags- >0->28->5- >1->1->1->1-	Section E: PDFs containing Tables	E5. Merged Cells	Passed	Please verify that the highlighted Table does not contain any merged cells.	Verification result set by user.
88		>1->2	Section E: PDFs containing Tables	E6. Header scope	Passed	All simple tables define scope for THs	
89			Section F: PDFs containing Lists	F1. List tags	Passed	All List elements passed.	
90	1,2,3,4,5,6, 7,8,9,10,11, 12,13,14,15, 16,17,18,19, 20,21	Tags->0- >9,Tags->0- >11,Tags- >0- >14,Tags-	Section F: PDFs containing Lists	F2. List items vs. visual layout	Passed	Does the number of items in the tag structure	Verification result set by user.
		>0- >17,Tags- >0- >19,Tags- >0- >21,Tags- >0- >24,Tags- >0- >26,Tags- >0- >28,Tags- >0- >28,Tags- >0->9->3-				match the number of items in the visual list?	

>1->12->3- >0->0,Tags-	
>0->14->2- >1->12->4- >0->0,Tags- >0->14->2-	
>1->12->5- >0->0,Tags- >0->14->2- >1->12->6-	
>0->0,Tags- >0->14->3- >1->1,Tags- >0->14->4-	
>1->5,Tags- >0->14->5- >1->1,Tags- >0->17->0-	
>1->3,Tags- >0->17->1- >1->1,Tags- >0->17->1-	
>1->1->0- >1->1,Tags- >0->17->1- >1->1->0-	
>1->1->2- >1->2,Tags- >0->17->2- >1->3,Tags-	
>0->17->2- >1->3->2- >1->1,Tags- >0->17->3-	
>1->3,Tags- >0->19->0- >1->5,Tags- >0->19->2-	
>1->5,Tags- >0->19->3- >1->3->2- >0->0,Tags-	
>0->19->3- >1->3->3- >0->0,Tags- >0->19->3-	
>1->3->4- >0->0,Tags- >0->19->3- >1->3->5-	
>0->0,Tags- >0->19->3- >1->3->6- >0->0,Tags-	
>0->19->3- >1->3->7- >0->0,Tags- >0->19->3-	
>1->3->8- >0->0,Tags- >0->19->4- >1->1,Tags-	
>0->21->0-	

>1->9,Tags- >0->21->0-	
>1->9->0- >1->1,Tags- >0->24->0- >1->7,Tags-	
>0->24->0- >1->7->1- >1->2->1- >0->0,Tags-	
>0->24->0- >1->7->1- >1->2->2-	
>0->0,Tags- >0->24->0- >1->7->1- >1->2->3-	
>0->0,Tags- >0->24->0- >1->7->1- >1->2->4-	
>0->0,Tags- >0->24->0- >1->7->1- >1->2->5-	
>0->0,Tags- >0->24->1- >1->3,Tags- >0->26->0-	
>1->2,Tags- >0->26->1- >1->1,Tags- >0->26->1- >1->1->0-	
>1->1->0- >1->6->1- >0->0,Tags- >0->26->1- >1->1->0-	
>1->6->2- >0->0,Tags- >0->26->1-	
>1->1->0- >1->6->3- >0->0,Tags- >0->26->1-	
>1->1->0- >1->6->4- >0->0,Tags- >0->26->1-	
>1->1->0- >1->6->5- >0->0,Tags- >0->26->1-	
>1->1->0- >1->6->6- >0->0,Tags- >0->26->1-	
>1->1->0- >1->6->7- >0->0,Tags- >0->26->1-	
>1->1->0- >1->6->8-	

>0->0,Tags- >0->26->1- >1->1->0- >1->6->9- >0->0,Tags-	
>0->26->1- >1->1->0- >1->6->10- >0->0,Tags- >0->26->2-	
>1->1,Tags- >0->26->2- >1->1->0- >1->2->1-	
>0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >0->0,Tags-	
>0->26->2- >1->1->0- >1->2->3- >0->0,Tags-	
>0->26->2- >1->1->0- >1->2->4- >0->0,Tags- >0->26->2-	
>1->1->0- >1->2->5- >0->0,Tags- >0->26->2-	
>1->1->1- >1->6->1- >0->0,Tags- >0->26->2- >1->1->1-	
>1->6->2- >0->0,Tags- >0->26->2- >1->1->1->1-	
>1->6->3- >0->0,Tags- >0->26->2- >1->1->1- >1->6->4-	
>0->0,Tags- >0->26->2- >1->1->1- >1->6->5- >0->0,Tags-	
>0->26->3- >1->3,Tags- >0->28->1- >1->1,Tags-	
>0->28->2- >1->1,Tags- >0->28->3- >1->2->2- >0->0,Tags-	
>0->28->3- >1->2->3- >0->0,Tags-	

		>0->28->3- >1->2->4- >0->0,Tags- >0->28->3- >1->2->5- >0->28->5- >1- >11,Tags- >0->28->5- >1->11->1- >1->2->2- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >0->0,Tags- >0->28->5- >1->11->1- >1->2->4- >0->0,Tags- >0->28->5- >1->11->1- >1->2->4- >0->0,Tags- >0->28->5- >1->11->1- >1->2->4- >0->0,Tags- >0->28->5- >1->11->1- >1->2->4- >0->0,Tags- >0->28->5- >1->11->1- >1->2->5- >0->0					
91	1,2,3,4,5,6, 7,8,9,10,11, 12,13,14,15, 16,17,18,20	Tags->0->9- >3->1- >2,Tags->0- >9->5->1- >1->1->1->2,Tags->0- >11->1->1- >2,Tags->0- >11->1->1- >5,Tags->0- >11->1->1- >5,Tags->0- >14->2->1- >12->2->0- >0,Tags->0- >14->2->1- >12->3->0- >0,Tags->0- >14->2->1- >12->4->0- >0,Tags->0- >14->2->1- >12->5->0- >0,Tags->0- >14->2->1- >12->6->0- >0,Tags->0- >14->2->1- >12->6->0- >0,Tags->0- >14->3->1- >1,Tags->0- >14->3->1- >1,Tags->0- >14->5->1- >1,Tags->0- >14->5->1- >1,Tags->0- >14->5->1- >1,Tags->0- >14->5->1- >1,Tags->0- >14->5->1- >1,Tags->0- >17->0->1- >1->2->1- >1->2->1- >1->2->1- >1->2->1-	Section F: PDFs containing Lists	F3. Nested lists	Passed	Please confirm that this list does not contain any nested lists	Verification result set by user.

>3->2->1-			
>1,Tags->0-			
>17->3->1-			
>3,Tags->0-			
>19->0->1-			
>5,Tags->0-			
>19->2->1-			
>5,Tags->0-			
>19->3->1-			
>3->2->0-			
>0,Tags->0-			
>19->3->1-			
>3->3->0-			
>0,Tags->0-			
>19->3->1-			
>3->4->0-			
>0,Tags->0-			
>19->3->1-			
>3->5->0-			
>0,Tags->0- >19->3->1-			
>3->6->0-			
>0,Tags->0-			
>19->3->1-			
>3->7->0-			
>0,Tags->0-			
>19->3->1-			
>3->8->0-			
>0,Tags->0-			
>19->4->1-			
>1,Tags->0-			
>21->0->1-			
>9->0->1-			
>1,Tags->0-			
>24->0->1-			
>7->1->1-			
>2->1->0-			
>0,Tags->0-			
>24->0->1-			
>7->1->1-			
>2->2->0-			
>0,Tags->0-			
>24->0->1-			
>7->1->1-			
>2->3->0-			
>0,Tags->0-			
>24->0->1-			
>7->1->1- >2->4->0-			
>0,Tags->0- >24->0->1-			
>7->1->1-			
>2->5->0-			
>0,Tags->0-			
>24->1->1-			
>3,Tags->0-			
>26->0->1-			
>2,Tags->0-			
>26->1->1-			
>1->0->1-			
>6->1->0-			
>0,Tags->0-			
>26->1->1-			

	>1->0->1-				
	>6->2->0-				
	>0,Tags->0-				
	>26->1->1-				
	>1->0->1-				
	>6->3->0-				
	>0,Tags->0-				
	>26->1->1-				
	>1->0->1-				
	>6->4->0-				
	>0,Tags->0-				
	>26->1->1-				
	>1->0->1-				
	>6->5->0-				
	>0,Tags->0-				
	>26->1->1-				
	>1->0->1-				
	>6->6->0-				
	>0,Tags->0-				
	>26->1->1-				
	>1->0->1-				
	>6->7->0-				
	>0,Tags->0-				
	>26->1->1-				
	>1->0->1-				
	>6->8->0-				
	>0,Tags->0-				
	>26->1->1-				
	>1->0->1-				
	>6->9->0-				
	>0,Tags->0-				
	>26->1->1-				
	>1->0->1-				
	>6->10->0-				
	>0,Tags->0-				
	>26->2->1-				
	>1->0->1-				
	>2->1->0-				
	>0,Tags->0-				
	>26->2->1-				
	>1->0->1-				
	>2->2->0-				
	>0,Tags->0-				
	>26->2->1-				
	>1->0->1-				
	>2->3->0-				
	>0,Tags->0-				
	>26->2->1-				
	>1->0->1-				
	>2->4->0-				
	>0,Tags->0-				
	>26->2->1-				
	>1->0->1-				
	>2->5->0-				
	>0,Tags->0-				
	>26->2->1-				
	>1->1->1-				
	>6->1->0-				
	>0,Tags->0-				
	>26->2->1-				
	>1->1->1-				
	>6->2->0-				
	>0,Tags->0-				
	-,go - 0				
1	1	A	x	1	,

		>0- >18,Tags- >0- >20,Tags- >0- >22,Tags- >0- >25,Tags- >0->27				the Heading text accurately describe the sectional content?	
95			Section H: PDFs containing Forms	H1. Tagged forms	Passed	All Form Annotations are tagged in Form Tags.	
96	1	Tags->0->3- >1->1	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "State/Territ ory abbreviation " is appropriate for the highlighted element.	Verification result set by user.
97	1	Tags->0->4- >1->1	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS Provided State Directed Payment Identifier" is appropriate for the highlighted element.	Verification result set by user.
98	1	Tags->0->9- >0->1->3- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the State s managed care contract rating period(s) for which this payment arrangement will apply (date start)" is appropriate for the highlighted element.	Verification result set by user.
99	1	Tags->0->9- >0->1->5- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the State s managed care contract rating	Verification result set by user.

						period(s) for which this payment arrangement will apply (date end)" is appropriate for the highlighted element.	
10 0	1,17	Tags->0->9- >1->1->3- >0,Tags->0- >28->2->1- >1->0->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the State s requested start date for this payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
10 1	1	Tags->0->9- >2->1->1- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the managed care program(s) to which this payment arrangement will apply" is appropriate for the highlighted element.	Verification result set by user.
			Section H:			Please verify that TU of "Identify the estimated total dollar amount (federal and	
10 2	1	Tags->0->9- >3->1->1- >0	PDFs containing Forms	H2. Forms tooltips	Passed	(rederal and non-federal dollars) of this state directed payment" is appropriate for the highlighted element.	Verification result set by user.
10 3	1	Tags->0->9- >3->1->2- >0->1->1- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the estimated federal share of this state	Verification result set by user.

						directed payment" is appropriate for the highlighted element.	
10 4	1	Tags->0->9- >3->1->2- >1->1->1- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the estimated non-federal share of this state directed payment" is appropriate for the highlighted element.	Verification result set by user.
10 5	1,6,10	Tags->0->9- >4->1->3- >0,Tags->0- >9->4->1- >5->0,Tags- >0->14->4- >1->1- >0,Tags->0- >14->4->1- >3->0,Tags- >0->19->5- >1->1- >0,Tags->0- >19->5->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is this the initial submission the State is seeking approval under 42 C.F.R. § 438.6(c) for this state directed payment arrangement ?" is appropriate for the highlighted element.	Verification result set by user.
10 6	2	Tags->0->9- >5->1->1- >0->1->0- >0,Tags->0- >9->5->1- >1->1->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "please indicate if the State is seeking approval of an amendment (a) or a renewal (b)." is appropriate for the highlighted element.	Verification result set by user.
10 7	2	Tags->0->9- >5->1->1- >1->1->2- >0->1->3- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If the State is seeking approval of a renewal,	Verification result set by user.

						please indicate the rating periods for which previous approvals have been granted" is appropriate for the highlighted element.	
10 8	2	Tags->0->9- >5->1->1- >2->1->3- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Payment Type Change" is appropriate for the highlighted element.	Verification result set by user.
10 9	2	Tags->0->9- >5->1->1- >2->1->5- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provider Type Change" is appropriate for the highlighted element.	Verification result set by user.
11 0	2	Tags->0->9- >5->1->1- >2->1->7- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Quality Metric(s) / Benchmark( s) Change" is appropriate for the highlighted element.	Verification result set by user.
11 1	2	Tags->0->9- >5->1->1- >0,Tags->0- >9->5->1- >1->2->1- >11->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Other; please describe" is appropriate for the highlighted element.	Verification result set by user.
11 2	2	Tags->0->9- >5->1->1- >2->1->12- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "No changes from previously approved preprint other than rating period(s" is	Verification result set by user.

						appropriate for the highlighted element.	
11 3	2	Tags->0->9- >6->1->0- >0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please use the checkbox to provide an assurance thatthe payment arrangement is not renewed automaticall y" is appropriate for the highlighted element.	Verification result set by user.
11 4	2	Tags->0- >11->0->1- >7->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract." is appropriate for the highlighted element.	Verification result set by user.
11 5	2	Tags->0- >11->0->1- >8->0->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please use the checkbox to provide an assurance" is appropriate for the highlighted element.	Verification result set by user.
11 6	2	Tags->0- >11->0->1- >8->1->1- >5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please also provide a link to, or submit a copy of, the authority	Verification result set by user.

						document(s) with initial submissions and at any time the authority document(s) has been renewed/rev ised/updated ." is appropriate for the highlighted element.	
11 7	3	Tags->0- >11->1->1- >5->0->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "VALUE- BASED PAYMENTS / DELIVERY SYSTEM REFORM" is appropriate for the highlighted element.	Verification result set by user.
11 8	3	Tags->0- >11->1->1- >5->1->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "FEE SCHEDULE REQUIREME NTS" is appropriate for the highlighted element.	Verification result set by user.
11 9	3	Tags->0- >14->0->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Quality Payment/Pay for Performance " is appropriate for the highlighted element.	Verification result set by user.
12 0	3	Tags->0- >14->0->1- >5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Bundled Payment/Epi sode-Based Payment" is appropriate for the highlighted element.	Verification result set by user.
12 1	3	Tags->0- >14->0->1- >7->0	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of "Population-	Verification result set by user.

			containing Forms			Based Payment/Acc ountable Care Organization " is appropriate for the highlighted element.	
12 2	3	Tags->0- >14->0->1- >9->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Multi-Payer Delivery System Reform" is appropriate for the highlighted element.	Verification result set by user.
12 3	3	Tags->0- >14->0->1- >11->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Medicaid- Specific Delivery System Reform" is appropriate for the highlighted element.	Verification result set by user.
12 4	3	Tags->0- >14->0->1- >13->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Performanc e Improvemen t Initiative" is appropriate for the highlighted element.	Verification result set by user.
12 5	3	Tags->0- >14->0->1- >15->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Other Value-Based Purchasing Model" is appropriate for the highlighted element.	Verification result set by user.
12 6	4	Tags->0- >14->1->1- >9->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provide a brief summary or description of the required payment	Verification result set by user.

					arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services." is appropriate for the highlighted element.	
¹² 7 4,20	$\begin{array}{l} Tags > 0- \\ > 14 - > 2 - > 1- \\ > 12 - > 2 - > 0- \\ > 0 - > 0, Tags \\ > 0 - > 14 - > 2- \\ > 1 - > 12 - > 3- \\ > 0 - > 0 - > 0- \\ > 1 - > 0- \\ > 0, Tags - > 0- \\ > 14 - > 2 - > 1- \\ > 12 - > 4 - > 0- \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0 - > 0, Tags - \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 0- \\ > 1 - > 12 - > 5- \\ > 0 - > 0 - > 0- \\ > 1 - > 0- \\ > 0, Tags - > 0- \\ > 1 - > 0- \\ > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0, Tags - > 0- \\ > 0 - > 0 - > 1- \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0 - > 0, Tags - \\ > 0 - > 0 - > 1- \\ > 0 - > 0 - > 1- \\ > 0 - > 0 - > 1- \\ > 0 - > 0 - > 1- > 1- \\ > 1 - > 1 - > 1- \\ > 1 - > 1 - > 1- \\ > 1 - > 1 - > 1- \\ > 1 - > 1 - > 1- \\ > 1 - > 1 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 1- \\ > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 1- \\ > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 - > 0 -$	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Measure Name and NQF # (if applicable)" is appropriate for the highlighted element.	Verification result set by user.

12 8	4	Tags->0- >14->2->1- >12->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_a." is appropriate for the highlighted element.	Verification result set by user.
12 9	4	Tags->0- >14->2->1- >12->2->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_a." is appropriate for the highlighted element.	Verification result set by user.
13 0	4	Tags->0- >14->2->1- >12->2->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_a." is appropriate for the highlighted element.	Verification result set by user.
13 1	4	Tags->0- >14->2->1- >12->2->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_a." is appropriate for the highlighted element.	Verification result set by user.
13 2	4	Tags->0- >14->2->1- >12->2->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_a." is appropriate for the highlighted element.	Verification result set by user.
13 3	4	Tags->0- >14->2->1- >12->2->6- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_a." is appropriate for the highlighted element.	Verification result set by user.
13 4	4	Tags->0- >14->2->1- >12->3->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_b." is appropriate for the highlighted element.	Verification result set by user.
13 5	4	Tags->0- >14->2->1- >12->3->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_b." is appropriate for the	Verification result set by user.

						highlighted element.	
13 6	4	Tags->0- >14->2->1- >12->3->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_b." is appropriate for the highlighted element.	Verification result set by user.
13 7	4	Tags->0- >14->2->1- >12->3->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_b." is appropriate for the highlighted element.	Verification result set by user.
13 8	4	Tags->0- >14->2->1- >12->3->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_b." is appropriate for the highlighted element.	Verification result set by user.
13 9	4	Tags->0- >14->2->1- >12->3->6- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_b." is appropriate for the highlighted element.	Verification result set by user.
14 0	4	Tags->0- >14->2->1- >12->4->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_c." is appropriate for the highlighted element.	Verification result set by user.
14 1	4	Tags->0- >14->2->1- >12->4->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_c." is appropriate for the highlighted element.	Verification result set by user.
14 2	4	Tags->0- >14->2->1- >12->4->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_c." is appropriate for the highlighted element.	Verification result set by user.
14 3	4	Tags->0- >14->2->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_c."	Verification result set by user.

		>12->4->4- >0->0	containing Forms			is appropriate for the highlighted element.	
14 4	4	Tags->0- >14->2->1- >12->4->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_c." is appropriate for the highlighted element.	Verification result set by user.
14 5	4	Tags->0- >14->2->1- >12->4->6- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_c." is appropriate for the highlighted element.	Verification result set by user.
14 6	4	Tags->0- >14->2->1- >12->5->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_d." is appropriate for the highlighted element.	Verification result set by user.
14 7	4	Tags->0- >14->2->1- >12->5->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_d." is appropriate for the highlighted element.	Verification result set by user.
14 8	4	Tags->0- >14->2->1- >12->5->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_d." is appropriate for the highlighted element.	Verification result set by user.
14 9	4	Tags->0- >14->2->1- >12->5->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_d." is appropriate for the highlighted element.	Verification result set by user.
15 0	4	Tags->0- >14->2->1- >12->5->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_d." is appropriate for the highlighted element.	Verification result set by user.

15 1	4	Tags->0- >14->2->1- >12->5->6- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_d." is appropriate for the highlighted element.	Verification result set by user.
15 2	4	Tags->0- >14->2->1- >12->6->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CMS_e." is appropriate for the highlighted element.	Verification result set by user.
15 3	4	Tags->0- >14->2->1- >12->6->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "CY 2018_e." is appropriate for the highlighted element.	Verification result set by user.
15 4	4	Tags->0- >14->2->1- >12->6->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "9.23%_e." is appropriate for the highlighted element.	Verification result set by user.
15 5	4	Tags->0- >14->2->1- >12->6->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Year 2_e." is appropriate for the highlighted element.	Verification result set by user.
15 6	4	Tags->0- >14->2->1- >12->6->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "8%_e." is appropriate for the highlighted element.	Verification result set by user.
15 7	4	Tags->0- >14->2->1- >12->6->6- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Example notes_e." is appropriate for the highlighted element.	Verification result set by user.
15 8	5	Tags->0- >14->3->1- >1->0->1- >2->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please describe the methodology	Verification result set by user.

						used to set the performance targets for each measure." is appropriate for the highlighted element.	
15 9	5	Tags->0- >14->3->1- >1->1->1- >5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If multiple provider performance measures are involved in the payment arrangement , discuss if the provider must meet the performance target on each measure to receive payment or can providers receive a portion of the payment if they meet the performance target on some but not all measures?" is appropriate for the highlighted element.	Verification result set by user.
16 0	5	Tags->0- >14->3->1- >1->2->1- >2->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "For state- developed measures, please briefly describe how the measure was developed?" is appropriate for the	Verification result set by user.

						element.	
16 1	6	Tags->0- >14->4->1- >5->0->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If this payment arrangement is designed to be a multi-year effort, denote the State s managed care contract rating period(s) the State is seeking approval for." is appropriate for the highlighted element.	Verification result set by user.
						Please verify that TU of "If this payment arrangement is designed to be a multi-year effort and	
		Tags->0-	Section H:			the State is NOT requesting a multi-year approval, describe how this	Verification
16 2	6	>14->4->1- >5->1->1- >7->0	PDFs containing Forms	H2. Forms tooltips	Passed	application s payment arrangement fits into the larger multi- year effort and identify which year of the effort is addressed in this	result set by user.
						application." is appropriate for the highlighted element.	
16 3	6	Tags->0- >14->5->1- >1->0->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance with 42 C.F.R. §	Verification result set by user.

						438.6(c)(2) (iii)(A), the state directed payment" is appropriate for the highlighted element.	
16 4	6	Tags->0- >14->5->1- >1->1->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(B), the payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
16 5	6	Tags->0- >14->5->1- >1->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(C), the payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
16 6	6	Tags->0- >14->5->1- >1->3->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(D), the payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
16 7	6	Tags->0- >17->0->1- >3->0->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Minimum Fee Schedule" is appropriate for the	Verification result set by user.

						highlighted element.	
16 8	6	Tags->0- >17->0->1- >3->1->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Minimum Fee Schedule for providers that provide a particular service under the" is appropriate for the highlighted element.	Verification result set by user.
16 9	6	Tags->0- >17->0->1- >3->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Uniform Dollar or Percentage Increase " is appropriate for the highlighted element.	Verification result set by user.
17 0	7	Tags->0- >17->1->1- >1->0->1- >0->0,Tags- >0->17->1- >1->1->0- >1->1->1- >1->0- >0,Tags->0- >17->1->1- >1->0- >1->1->1- >1->1->1- >1->1->1- >1->0- >0,Tags->0- >17->1->1- >1->0->0->1- >1->2->1- >1->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Check the basis for the fee schedule selected above" is appropriate for the highlighted element.	Verification result set by user.
17 1	7	Tags->0- >17->1->1- >1->0->1- >1->2->1- >2->0->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If the State is proposing an alternative fee schedule, please describe the alternative fee schedule" is appropriate for the highlighted element.	Verification result set by user.
17 2	7	Tags->0- >17->1->1- >1->1->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Explain how the state determined	Verification result set by user.

						this fee schedule requirement to be reasonable and appropriate" is appropriate for the highlighted element.	
17 3	7	Tags->0- >17->2->1- >3->0->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "C.F.R. § 438.6(c)(1) (iii)(C), the State has determined that the MCO, PIHP, or PAHP" is appropriate for the highlighted element.	Verification result set by user.
						Please verify that TU of "Describe the process for plans and providers to request an exemption if they are	
17 4	7	Tags->0- >17->2->1- >3->1->1- >5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	under contract obligations that result in the need to pay more than the maximum fee schedule." is appropriate	Verification result set by user.
17 5	7	Tags->0- >17->2->1- >3->2->1- >1->0->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	for the highlighted element. Please verify that TU of "Expected in this contract rating period (estimate)" is appropriate for the highlighted element.	Verification result set by user.

17 6	7	Tags->0- >17->2->1- >3->2->1- >1->1->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Granted in past years of this payment arrangement " is appropriate for the highlighted element.	Verification result set by user.
17 7	7	Tags->0- >17->2->1- >3->3->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe how such exemptions will be considered in rate development ." is appropriate for the highlighted element.	Verification result set by user.
17 8	8	Tags->0- >17->3->1- >3->0->1- >1->0,Tags- >0->17->3- >1->3->0- >1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Will the state require plans to pay an increase?" is appropriate for the highlighted element.	Verification result set by user.
17 9	8	Tags->0- >17->3->1- >3->1->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "What is the magnitude of the increase (e.g., \$4 per claim or 3% increase per claim?)" is appropriate for the highlighted element.	Verification result set by user.
18 0	8	Tags->0- >17->3->1- >3->2->1- >5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe how will the uniform increase be paid out by plans (e.g., upon processing the initial	Verification result set by user.

						claim, a retroactive adjustment done one month after the end of quarter for those claims incurred during that quarter)." is appropriate for the highlighted element.	
18 1	8	Tags->0- >17->3->1- >3->3->1- >4->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe how the increase was developed, including why the increase is reasonable and appropriate for network providers that provide a particular service under the contract" is appropriate for the highlighted element.	Verification result set by user.
18 2	8	Tags->0- >19->0->1- >5->0->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "inpatient hospital service" is appropriate for the highlighted element.	Verification result set by user.
18 3	8	Tags->0- >19->0->1- >5->0->1- >5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "outpatient hospital service" is appropriate for the highlighted element.	Verification result set by user.
18 4	8	Tags->0- >19->0->1- >5->0->1- >7->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "professional services at an academic	Verification result set by user.

						medical center" is appropriate for the highlighted element.	
18 5	8	Tags->0- >19->0->1- >5->0->1- >9->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "primary care services" is appropriate for the highlighted element.	Verification result set by user.
18 6	8	Tags->0- >19->0->1- >5->0->1- >11->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "specialty physician services" is appropriate for the highlighted element.	Verification result set by user.
18 7	8	Tags->0- >19->0->1- >5->0->1- >13->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "nursing facility services" is appropriate for the highlighted element.	Verification result set by user.
18 8	8	Tags->0- >19->0->1- >5->0->1- >15->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "HCBS/perso nal care services" is appropriate for the highlighted element.	Verification result set by user.
18 9	8	Tags->0- >19->0->1- >5->0->1- >17->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "behavioral health inpatient services" is appropriate for the highlighted element.	Verification result set by user.
19 0	8	Tags->0- >19->0->1- >5->0->1- >19->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "behavioral health outpatient services" is appropriate for the	Verification result set by user.

						highlighted element.	
19 1	8	Tags->0- >19->0->1- >5->0->1- >21->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "dental services" is appropriate for the highlighted element.	Verification result set by user.
19 2	8,10,13	Tags->0- >19->0->1- >5->0->1- >23- >0,Tags->0- >19->0->1- >5->0->1- >25- >0,Tags->0- >19->4->1- >1->2->1- >2->0,Tags- >0->24->1- >1->2- >1->2- >0,Tags->0- >26->0->1- >2->4->1- >2->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Other" is appropriate for the highlighted element.	Verification result set by user.
19 3	8,9	Tags->0- >19->0->1- >5->1->1- >3->0,Tags- >0->19->1- >1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please define the provider class(es) (if further narrowed from the general classes indicated above.)" is appropriate for the highlighted element.	Verification result set by user.
19 4	9	Tags->0- >19->0->1- >5->2->1- >9->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provide a justification for the provider class defined in Question 20b (e.g., the provider class is defined in the State Plan.)" is appropriate	Verification result set by user.

						for the highlighted element.	
19 5	9	Tags->0- >19->2->1- >5->0->1- >0->0,Tags- >0->19->2- >1->5->1- >1->0- >0,Tags->0- >19->2->1- >5->2->1- >5->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Will the state directed payment" is appropriate for the highlighted element.	Verification result set by user.
		Tags->0- >19->3->1- >3->2->0-					
19 6	10	>0->0->1- >0->0,Tags- >0->19->3- >1->3->3- >0->0->0- >1->0- >0,Tags->0- >19->3->1- >3->4->0- >0->0->1- >0->0,Tags- >0->19->3- >1->3->5- >0->0->0- >1->0- >0,Tags->0- >19->3->1- >3->6->0- >0->19->3- >1->3->6->0- >0->0->1- >0->0,Tags- >0->19->3- >1->3->6->0- >0->0->1- >0->0,Tags- >0->19->3- >1->3->7- >0->0->0- >1->0- >1->0- >0,Tags->0- >1->0- >0->19->3- >1->3->7- >0->0->0->1- >0->0->1- >0->0->1->0- >0->1->0- >0->1->0- >0->1->0->0->1- >0->0->1->0->1- >0->0->1->0->0->1- >0->0->1->0->0->1- >0->0->1->0->0->1->0->0->1->0->0->0->1->0->0->1->0->0->0->1->0->0->0->1->0->0->0->0->1->0->0->0->0->0->0->0->1->0->0->0->0->0->0->0->0->0->0->0->0->0-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provider Class(es)" is appropriate for the highlighted element.	Verification result set by user.
19 7	10	Tags->0- >19->3->1- >3->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_a." is appropriate for the highlighted element.	Verification result set by user.
19 8	10	Tags->0- >19->3->1- >3->2->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_a." is appropriate for the highlighted element.	Verification result set by user.

19 9	10	Tags->0- >19->3->1- >3->2->3- >0->0,Tags- >0->19->3- >1->3->2- >4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_a." is appropriate for the highlighted element.	Verification result set by user.
20 0	10	Tags->0- >19->3->1- >3->2->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_a." is appropriate for the highlighted element.	Verification result set by user.
20 1	10	Tags->0- >19->3->1- >3->3->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_b." is appropriate for the highlighted element.	Verification result set by user.
20 2	10	Tags->0- >19->3->1- >3->3->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_b." is appropriate for the highlighted element.	Verification result set by user.
20 3	10	Tags->0- >19->3->1- >3->3- >0->0,Tags- >0->19->3- >1->3->3- >4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_b." is appropriate for the highlighted element.	Verification result set by user.
20 4	10	Tags->0- >19->3->1- >3->3->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_b." is appropriate for the highlighted element.	Verification result set by user.
20 5	10	Tags->0- >19->3->1- >3->4->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_c." is appropriate for the highlighted element.	Verification result set by user.
20 6	10	Tags->0- >19->3->1- >3->4->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_c." is appropriate for the highlighted element.	Verification result set by user.

20 7	10	Tags->0- >19->3->1- >3->4->3- >0->0,Tags- >0->19->3- >1->3->4- >4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_c." is appropriate for the highlighted element.	Verification result set by user.
20 8	10	Tags->0- >19->3->1- >3->4->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_c." is appropriate for the highlighted element.	Verification result set by user.
20 9	10	Tags->0- >19->3->1- >3->5->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_d." is appropriate for the highlighted element.	Verification result set by user.
21 0	10	Tags->0- >19->3->1- >3->5->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_d." is appropriate for the highlighted element.	Verification result set by user.
21 1	10	Tags->0- >19->3->1- >3->5->3- >0->0,Tags- >0->19->3- >1->3->6- >3->0- >0,Tags->0- >19->3->1- >3->6->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_e." is appropriate for the highlighted element.	Verification result set by user.
21 2	10	Tags->0- >19->3->1- >3->5->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_d." is appropriate for the highlighted element.	Verification result set by user.
21 3	10	Tags->0- >19->3->1- >3->5->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_d." is appropriate for the highlighted element.	Verification result set by user.
21 4	10	Tags->0- >19->3->1- >3->6->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_e." is appropriate for the	Verification result set by user.

						highlighted element.	
21 5	10	Tags->0- >19->3->1- >3->6->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_e." is appropriate for the highlighted element.	Verification result set by user.
21 6	10	Tags->0- >19->3->1- >3->6->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_e." is appropriate for the highlighted element.	Verification result set by user.
21 7	10	Tags->0- >19->3->1- >3->7->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_f." is appropriate for the highlighted element.	Verification result set by user.
21 8	10	Tags->0- >19->3->1- >3->7->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "20%_f." is appropriate for the highlighted element.	Verification result set by user.
21 9	10	Tags->0- >19->3->1- >3->7->3- >0->0,Tags- >0->19->3- >1->3->7- >4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_f." is appropriate for the highlighted element.	Verification result set by user.
22 0	10	Tags->0- >19->3->1- >3->7->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_f." is appropriate for the highlighted element.	Verification result set by user.
22 1	10	Tags->0- >19->3->1- >3->8->1- >0->0,Tags- >0->19->3- >1->3->8- >2->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "80%_g." is appropriate for the highlighted element.	Verification result set by user.
22 2	10	Tags->0- >19->3->1- >3->8->3- >0->0,Tags- >0->19->3- >1->3->8- >4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "N/A_g." is appropriate for the highlighted element.	Verification result set by user.

22 7	11	Tags->0- >19->8->1- >3->0	Section H: PDFs	H2. Forms tooltips	Passed	element. Please verify that TU of "Please	Verification result set by user.
22 6	11	Tags->0- >19->7->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please describe the data sources and methodology used for the analysis provided in response to Question 23" is appropriate for the highlighted	Verification result set by user.
22 5	11	Tags->0- >19->6->1- >1->0,Tags- >0->19->6- >1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the State also require plans to pay pass- through payments" is appropriate for the highlighted element.	Verification result set by user.
22 4	10,13	Tags->0- >19->4->1- >0->0,Tags- >0->19->4- >1->1->1- >1->0- >0,Tags->0- >19->4->1- >1->2->1- >1->2->1- >0->0,Tags- >0->24->1- >1->3->0- >1->0- >0,Tags->0- >24->1->1- >3->1->1- >0->0,Tags- >0->24->1- >1->3->1->1- >0->0,Tags- >0->24->1- >1->3->1->1- >1->3->2- >1->3->2- >1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please indicate if the data provided in Table 2 above is in terms of a percentage of" is appropriate for the highlighted element.	Verification result set by user.
22 3	10	Tags->0- >19->3->1- >3->8->5- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "100%_g." is appropriate for the highlighted element.	Verification result set by user.

			containing Forms			describe the State's process for determining how the proposed state directed payment was appropriate and reasonable" is appropriate for the highlighted element.	
22 8	11	Tags->0- >21->0->1- >5->0,Tags- >0->21->0- >1->7->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Has the state already submitted all contract action(s) to implement this state directed payment?" is appropriate for the highlighted element.	Verification result set by user.
22 9	11	Tags->0- >21->0->1- >9->0->1- >1->0->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "What is/are the state- assigned identifier(s) of the contract actions provided to CMS?" is appropriate for the highlighted element.	Verification result set by user.
23 0	11	Tags->0- >21->0->1- >9->0->1- >1->1->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please indicate where (page or section) the state directed payment is captured in the contract action(s)." is appropriate for the	Verification result set by user.

						highlighted element.	
23 1	11	Tags->0- >21->0->1- >9->1->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If no, please estimate when the state will be submitting the contract actions for review" is appropriate for the highlighted element.	Verification result set by user.
23 2	12	Tags->0- >24->0->1- >3->0,Tags- >0->24->0- >1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Has/Have the actuarial rate certification( s) for the rating period for which this state directed payment applies been submitted to CMS?" is appropriate for the highlighted element.	Verification result set by user.
23 3	12	Tags->0- >24->0->1- >7->0->1- >3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If no, please estimate when the state will be submitting the actuarial rate certification( s) for review" is appropriate for the highlighted element.	Verification result set by user.
23 4	12	Tags->0- >24->0->1- >7->1->1- >0->0->1- >0->0,Tags- >0->24->0- >1->7->1- >1->2->2- >0->0->0-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Control Name Provided by CMS (List each actuarial rate certification	Verification result set by user.

		>1->0- >0,Tags->0- >24->0->1- >7->1->1- >2->3->0- >0->0->1- >0->0,Tags- >0->24->0- >1->7->1- >1->2->4- >0->0->0- >1->0- >1->0- >0,Tags->0- >24->0->1- >7->1->1- >2->5->0 >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1->1- >0->0->0->1- >0->0->1->0->0->0->1- >0->0->1->0->0->0->0->0->0->0->0->0->0->0->0->0-				separately)" is appropriate for the highlighted element.	
23 5	12	Tags->0- >24->0->1- >7->1->1- >2->1->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Date Submitted to CMS_i." is appropriate for the highlighted element.	Verification result set by user.
23 6	12	Tags->0- >24->0->1- >7->1->1- >2->1->2- >0->0,Tags- >0->24->0- >1->7->1- >1->2->2- >1->2->2- >1->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP?_i." is appropriate for the highlighted element.	Verification result set by user.
23 7	12	Tags->0- >24->0->1- >7->1->1- >2->1->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed payment is captured in the certification (page or section)_i." is appropriate for the highlighted element.	Verification result set by user.
23 8	12	Tags->0- >24->0->1- >7->1->1- >2->2->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP?_ii."	Verification result set by user.

						is appropriate for the highlighted element.	
23 9	12	Tags->0- >24->0->1- >7->1->1- >2->2->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed payment is captured in the certification (page or section)_ii." is appropriate for the highlighted element.	Verification result set by user.
24 0	12	Tags->0- >24->0->1- >7->1->1- >2->3->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Date Submitted to CMS_iii." is appropriate for the highlighted element.	Verification result set by user.
24 1	12	Tags->0- >24->0->1- >7->1->1- >2->3->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP? _iii." is appropriate for the highlighted element.	Verification result set by user.
24 2	12	Tags->0- >24->0->1- >7->1->1- >2->3->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed payment is captured in the certification (page or section)_iii." is appropriate for the highlighted element.	Verification result set by user.
24 3	12	Tags->0- >24->0->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of	Verification result set by

		>7->1->1- >2->4->1- >0->0	containing Forms			"Date Submitted to CMS_iv." is appropriate for the highlighted element.	user.
24 4	12	Tags->0- >24->0->1- >7->1->1- >2->4->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP? _iv." is appropriate for the highlighted element.	Verification result set by user.
24 5	12	Tags->0- >24->0->1- >7->1->1- >2->4->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed payment is captured in the certification (page or section)_iv." is appropriate for the highlighted element.	Verification result set by user.
24 6	12	Tags->0- >24->0->1- >7->1->1- >2->5->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Date Submitted to CMS_v." is appropriate for the highlighted element.	Verification result set by user.
24 7	12	Tags->0- >24->0->1- >7->1->1- >2->5->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the certification incorporate the SDP?_v." is appropriate for the highlighted element.	Verification result set by user.
24 8	12	Tags->0- >24->0->1- >7->1->1- >2->5->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If so, indicate where the state directed	Verification result set by user.

						payment is captured in the certification (page or section)_v." is appropriate for the highlighted element.	
24 9	12	Tags->0- >24->0->1- >7->2->1- >10->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Please provide an estimate of when the State plans to submit an amendment to capture this information." is appropriate for the highlighted element.	Verification result set by user.
						Please verify that TU of "Provide additional justification as to why this is necessary and what precludes the state from	
25 0	13	Tags->0- >24->2->1- >13->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	incorporatin g as an adjustment applied in the development of the monthly base capitation rates paid to managed care plans." is appropriate for the highlighted element.	Verification result set by user.
25 1	13	Tags->0- >24->3->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "In accordance	Verification result set by user.

						with 42 C.F.R. § 438.6(c)(2) (i), the State assures that all expenditures " is appropriate for the highlighted element.	
25 2	13	Tags->0- >26->0->1- >2->0->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "State general revenue" is appropriate for the highlighted element.	Verification result set by user.
25 3	13	Tags->0- >26->0->1- >2->1->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Intergovern mental transfers (IGTs) from a State or local government entity" is appropriate for the highlighted element.	Verification result set by user.
25 4	13	Tags->0- >26->0->1- >2->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Health Care-Related Provider tax(es) / assessment( s" is appropriate for the highlighted element.	Verification result set by user.
25 5	13	Tags->0- >26->0->1- >2->3->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provider donation(s" is appropriate for the highlighted element.	Verification result set by user.
25 6	13	Tags->0- >26->0->1- >2->4->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Other, specify" is appropriate	Verification result set by user.

					for the highlighted element.	
25 7 14	Tags->0- >26->1->1- >1->0->1- >6->1->0- >0->0,Tags- >0->26->1- >1->6->2- >0->0->0->0- >1->6->2- >0->0->0->1->0- 	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Name of Entities transferring funds (enter each on a separate line)" is appropriate for the highlighted element.	Verification result set by user.
25 14 8	Tags->0- >26->1->1- >1->0->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the	Verification result set by user.

		>6->1->1- >0->0				Transferring Entity (State, County, City, Other)_i." is appropriate for the highlighted element.	
25 9	14	Tags->0- >26->1->1- >1->0->1- >6->1->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_i." is appropriate for the highlighted element.	Verification result set by user.
26 0	14	Tags->0- >26->1->1- >6->1->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->1- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->2->3- >0->0,Tags- >0->26->1- >1->6->2->3- >0->0,Tags- >0->26->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does the Transferring Entity have General Taxing Authority (Yes or No)" is appropriate for the highlighted element.	Verification result set by user.
		>1->6->2- >5->0- >0,Tags->0- >26->1->1- >6->3->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->3- >3- >0->26->1- >1->6->3- >5->0- >0,Tags->0- >26->1->1- >6->4->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->4- >5->0- >0,Tags->0- >26->1->1- >1->6->4- >5->0- >0,Tags->0- >26->1->1- >1->6->4- >5->0- >0,Tags->0- >26->1->1- >1->6->4- >5->0- >0,Tags->0- >26->1->1- >1->6->4- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->5->3- >0->0,Tags->0- >26->1->1- >1->0->1- >6->5->3- >0->0,Tags->0- >0,Tags->0- >26->1->1-					

Verification	Verification result set by user.
	ase verify t TU of d the nsferring tity eive propriatio P If not, tith N/A. If s, identify elevel of propriatio _i." is propriate the
Passed	
H2 Forms	H2. Forms tooltips
Section H-	Section H: PDFs containing Forms
>1->1->0- >1->6->5- >0,Tags->0- >26->1->1- >6->6->3- >0->0,Tags->0- >1->1->0->1- >1->1->0->1- >1->6->6->1- >1->1->0->1- >1->6->7->3- >0->0,Tags->0- >26->1->1- >1->0->1- >1->6->7- >1->6->7- >1->1->0- >1->6->7- >1->1->0- >1->6->7- >1->1->0- >1->6->7- >1->1->0- >1->6->7- >1->1->1- >1->0->1- >6->8->3- >0->0,Tags->0- >26->1->1- >1->1->0- >1->6->8->3- >0->0,Tags->0- >26->1->1- >1->1->0- >1->6->8->3- >0->0,Tags->0- >26->1->1- >1->1->0- >1->6->8->3- >0->0,Tags->0- >26->1->1- >1->1->0- >1->6->8->3- >0->0,Tags->0- >26->1->1- >1->1->0->1- >6->8->3- >0->0,Tags->0- >26->1->1- >1->1->0->1- >6->9->3- >0->0,Tags->0- >26->1->1- >1->1->0->1- >6->9->3- >0->0,Tags->0- >26->1->1- >1->1->0->1- >6->1->1->1->0- >1->6->10->3- >0->0,Tags->0- >26->1->1- >1->1->0->1- >1->0->1- >1->0->1- >1->0->1- >1->0->1->0->1- >1->0->1->0->1- >1->0->1->0->1- >1->0->1->0->1- >1->0->1->0->1- >1->0->1->0->1- >1->0->1->0->1- >1->0->1->0->1- >1->0->1->0->1->0->1- >1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0->1->0-	Tags->0- >26->1->1- >1->0->1- >6->1->4- >0->0
14	14
26	26 1

						highlighted element.	
26 2	14	Tags->0- >26->1->1- >1->0->1- >6->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_ii." is appropriate for the highlighted element.	Verification result set by user.
26 3	14	Tags->0- >26->1->1- >1->0->1- >6->2->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_ii." is appropriate for the highlighted element.	Verification result set by user.
26 4	14	Tags->0- >26->1->1- >1->0->1- >6->2->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_ii." is appropriate for the highlighted element.	Verification result set by user.
26 5	14	Tags->0- >26->1->1- >1->0->1- >6->3->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_iii." is appropriate for the highlighted element.	Verification result set by user.
26 6	14	Tags->0- >26->1->1- >1->0->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts	Verification result set by user.

		>6->3->2- >0->0				Transferred by This Entity_iii." is appropriate for the highlighted element.	
26 7	14	Tags->0- >26->1->1- >1->0->1- >6->3->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_iii." is appropriate for the highlighted element.	Verification result set by user.
26 8	14	Tags->0- >26->1->1- >1->0->1- >6->4->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_iv." is appropriate for the highlighted element.	Verification result set by user.
26 9	14	Tags->0- >26->1->1- >1->0->1- >6->4->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_iv." is appropriate for the highlighted element.	Verification result set by user.
27 0	14	Tags->0- >26->1->1- >1->0->1- >6->4->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio	Verification result set by user.

						ns_iv." is appropriate for the highlighted element.	
27 1	14	Tags->0- >26->1->1- >1->0->1- >6->5->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_v." is appropriate for the highlighted element.	Verification result set by user.
27 2	14	Tags->0- >26->1->1- >1->0->1- >6->5->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_v." is appropriate for the highlighted element.	Verification result set by user.
27 3	14	Tags->0- >26->1->1- >1->0->1- >6->5->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_v." is appropriate for the highlighted element.	Verification result set by user.
27 4	14	Tags->0- >26->1->1- >1->0->1- >6->6->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_vi." is appropriate for the highlighted element.	Verification result set by user.

27 5	14	Tags->0- >26->1->1- >1->0->1- >6->6->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_vi." is appropriate for the highlighted element.	Verification result set by user.
27 6	14	Tags->0- >26->1->1- >1->0->1- >6->6->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_vi." is appropriate for the highlighted element.	Verification result set by user.
27 7	14	Tags->0- >26->1->1- >1->0->1- >6->7->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_vii." is appropriate for the highlighted element.	Verification result set by user.
27 8	14	Tags->0- >26->1->1- >1->0->1- >6->7->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_vii." is appropriate for the highlighted element.	Verification result set by user.
27 9	14	Tags->0- >26->1->1- >1->0->1- >6->7->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio	Verification result set by user.

						ns? If not, put N/A. If yes, identify the level of appropriatio ns_vii." is appropriate for the highlighted element.	
28 0	14	Tags->0- >26->1->1- >1->0->1- >6->8->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_viii." is appropriate for the highlighted element.	Verification result set by user.
28 1	14	Tags->0- >26->1->1- >1->0->1- >6->8->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_viii." is appropriate for the highlighted element.	Verification result set by user.
28 2	14	Tags->0- >26->1->1- >1->0->1- >6->8->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_viii." is appropriate for the highlighted element.	Verification result set by user.
28 3	14	Tags->0- >26->1->1- >1->0->1- >6->9->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City,	Verification result set by user.

						Other)_ix." is appropriate for the highlighted element.	
28 4	14	Tags->0- >26->1->1- >1->0->1- >6->9->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_ix." is appropriate for the highlighted element.	Verification result set by user.
28 5	14	Tags->0- >26->1->1- >1->0->1- >6->9->4- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Did the Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_ix." is appropriate for the highlighted element.	Verification result set by user.
28 6	14	Tags->0- >26->1->1- >1->0->1- >6->10->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Operational nature of the Transferring Entity (State, County, City, Other)_x." is appropriate for the highlighted element.	Verification result set by user.
28 7	14	Tags->0- >26->1->1- >1->0->1- >6->10->2- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Total Amounts Transferred by This Entity_x." is appropriate for the highlighted element.	Verification result set by user.
28 8	14	Tags->0- >26->1->1- >1->0->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of "Did the	Verification result set by user.

		>6->10->4- >0->0	containing Forms			Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_x." is appropriate for the highlighted element.	
28 9	14	Tags->0- >26->1->1- >1->1->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "under this payment arrangement funded by IGTs are dependent on any agreement or" is appropriate for the highlighted element.	Verification result set by user.
29 0	14	Tags->0- >26->1->1- >1->2->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Provide information or documentati on regarding any written agreements that exist between the State and healthcare providers or amongst healthcare providers or amongst healthcare providers and/or related entities relating to the non- federal share of the payment arrangement ." is appropriate for the highlighted element.	Verification result set by user.
29 1	15	Tags->0- >26->2->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of	Verification result set by

		>1->0->1- >2->1->0- >0->0->1- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >0->0->0- >1->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->0- >0->0->1- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >0->0->1- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->2->4- >0->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0- >1->0->1- >2->5->0- >0->0->1- >0->0->1- >0->0->1- >1->0->1- >2->5->0- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1- >0->0->1-	containing Forms			"Name of the Health Care-Related Provider Tax / Assessment (enter each on a separate line)" is appropriate for the highlighted element.	user.
29 2	15	Tags->0- >26->2->1- >1->0->1- >0->1,Tags- >0->26->2- >1->1->0- >1->2->2- >1->0- >0,Tags->0- >26->2->1- >1->0- >0,Tags->0- >26->2->1- >1->0- >0,Tags- >0->26->2- >1->1->0- >1->2->3->1- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >1->0- >1->2->4- >1->0- >1->2->1- >1->0- >1->2->1- >1->0- >1->2->1- >1->0- >1->2->1- >1->0- >1->2->1- >1->0- >1->2->1- >1->0- >1->2->1- >1->0- >1->2->1- >1->0- >1->2->1- >1->0->1- >2->5->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Identify the permissible class for this tax / assessment" is appropriate for the highlighted element.	Verification result set by user.
29 3	15	Tags->0- >26->2->1- >1->0->1- >2->1->2- >0->1,Tags- >0->26->2- >1->1->0- >1->2->1- >3->0- >0,Tags->0- >26->2->1- >1->0->1- >26->2->1- >1->0->1- >26->2->1- >1->0->1- >26->2->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is the tax / assessment uniform?" is appropriate for the highlighted element.	Verification result set by user.

		>0->0,Tags- >0->26->2- >1->1->0- >1->2->3- >0,Tags->0- >0,Tags->0- >26->2->1- >1->0->1- >2->4->3- >0->0,Tags- >0->26->2- >1->1->0- >1->2->5- >2->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->3- >0->0					
29 4	15	Tags->0- >26->2->1- >1->0->1- >2->1->4- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >4->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->4- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >0->0,Tags->0- >1->2->4- >0,Tags->0- >26->2->1- >1->0->1- >2->3->4- >0->26->2->1- >1->0->1- >2->3->4- >0->26->2->1- >1->0->1- >2->3->4- >0->26->2->1- >1->0->1- >2->3->4- >0->26->2->1- >1->0->1- >2->3->4-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is the tax / assessment under the 6% indirect hold harmless limit?" is appropriate for the highlighted element.	Verification result set by user.
29 5	15	>0->0 Tags->0- >26->2->1- >1->0->1- >2->1->5- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >5->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->5- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >5->0- >0,Tags->0- >26->2->1- >1->2->4- >5->0- >0,Tags->0- >26->2->1- >1->2->4- >5->0- >0,Tags->0- >26->2->1- >1->2->4- >5->0- >0,Tags->0- >26->2->1- >1->2->4- >5->0- >0,Tags->0- >26->2->1- >1->2->4- >5->0- >0,Tags->0- >26->2->1- >1->2->4- >5->0- >0,Tags->0- >26->2->1- >1->2->4- >5->0- >0,Tags->0- >26->2->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "If not under the 6% indirect hold harmless limit, does it pass the 75/75 test" is appropriate for the highlighted element.	Verification result set by user.

		>1->0->1- >2->5->5- >0->0					
29 6	15	Tags->0- >26->2->1- >1->0->1- >2->1->6- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >6->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->6- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >6->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->6- >0->26->2->1- >1->0->1->0- >1->2->4- >6->0- >0,Tags->0- >26->2->1- >1->0->1- >2->5->6- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer" is appropriate for the highlighted element.	Verification result set by user.
29 7	15	Tags->0- >26->2->1- >1->0->1- >2->2->2- >0->0,Tags- >0->26->2- >1->1->0- >1->2->3- >2->0- >0,Tags->0- >26->2->1- >1->0->1- >2->1- >2->1- >0->1- >2->2->2- >0->0- >0,Tags->0- >26->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->1- >1->0->1- >2->2->0- >0->0->1- >2->2->0- >0->0->1- >2->2->0- >0->0->1- >2->0->0->1- >2->2->0- >0->0->0->1- >2->0->0->0->0->0->0-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is the tax / assessment broad- based?" is appropriate for the highlighted element.	Verification result set by user.
29 8	16	Tags->0- >26->2->1- >1->1->1- >6->1->0- >0->0,Tags- >0->26->2- >1->1->1- >1->6->2- >0->0->0- >1->0- >0,Tags->0- >26->2->1- >1->1->1- >1->1->1- >6->3->0- >0->0,Tags- >0->0->1- >0->0,Tags- >0->26->2- >1->1->1- >1->1->1- >1->6->3->0- >0->0->1- >0->0,Tags- >0->26->2- >1->1->1- >1->1->1- >0->0,Tags- >0->26->2->1- >1->1->1->1- >0->0,Tags- >0->26->2->1- >1->1->1->1- >0->0,Tags- >0->26->2->1- >1->1->1->1->1->1->1->1->1->1->1->1->1->	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Name of the Health Care-Related Provider Tax/Assessm ent Waiver (enter each on a separate line)" is appropriate for the highlighted element.	Verification result set by user.

		>0,Tags->0- >26->2->1- >1->1->1- >6->5->0- >0->0->1- >0->0					
29 9	16	Tags->0- >26->2->1- >1->1->1- >6->1->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_i." is appropriate for the highlighted element.	Verification result set by user.
30 0	16	Tags->0- >26->2->1- >1->1->1- >6->1->2- >0->0,Tags- >0->26->2- >1->1->1- >1->6->2- >2->0- >0,Tags->0- >26->2->1- >1->1->1- >6->3->2- >0->0,Tags- >0->0,Tags- >0->26->2- >1->1->1- >1->6->4- >2->0- >0,Tags->0- >26->2->1- >1->1->1- >1->6->4- >2->0- >0,Tags->0- >26->2->1- >1->1->1- >1->6->2->2- >0->0,Tags->0- >26->2->1- >1->1->1->1- >1->6->2->0- >0,Tags->0- >26->2->1- >1->1->1->1- >1->6->2->0- >0,Tags->0- >26->2->1- >1->1->1->1- >1->1->1->1->1->1->1->1->1->1->1->1->1->	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Current Status (Under Review, Approved)" is appropriate for the highlighted element.	Verification result set by user.
30 1	16	Tags->0- >26->2->1- >1->1->1- >6->1->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_i." is appropriate for the highlighted element.	Verification result set by user.
30 2	16	Tags->0- >26->2->1- >1->1->1- >6->2->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_ii." is appropriate for the highlighted element.	Verification result set by user.
30 3	16	Tags->0- >26->2->1- >1->1->1- >6->2->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_ii." is appropriate for the highlighted element.	Verification result set by user.

30 4	16	Tags->0- >26->2->1- >1->1->1- >6->3->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_iii." is appropriate for the highlighted element.	Verification result set by user.
30 5	16	Tags->0- >26->2->1- >1->1->1- >6->3->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_iii." is appropriate for the highlighted element.	Verification result set by user.
30 6	16	Tags->0- >26->2->1- >1->1->1- >6->4->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_iv." is appropriate for the highlighted element.	Verification result set by user.
30 7	16	Tags->0- >26->2->1- >1->1->1- >6->4->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_iv." is appropriate for the highlighted element.	Verification result set by user.
30 8	16	Tags->0- >26->2->1- >1->1->1- >6->5->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Submission Date_v." is appropriate for the highlighted element.	Verification result set by user.
30 9	16	Tags->0- >26->2->1- >1->1->1- >6->5->3- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Approval Date_v." is appropriate for the highlighted element.	Verification result set by user.
31 0	16	Tags->0- >26->3->1- >3->0->1- >1->0,Tags- >0->26->3- >1->3->0- >1->3->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Is the donation bona-fide?" is appropriate for the highlighted element.	Verification result set by user.

31 1	16	Tags->0- >26->3->1- >3->1->1- >3->0,Tags- >0->26->3- >1->3->1- >1->5->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Does it contain a hold harmless arrangement to return all or any part of the donation to the donating entity, a related entity, or other provider furnishing the same health care items or services as the donating entity within the class?" is appropriate for the highlighted element.	Verification result set by user.
31 2	16	Tags->0- >26->4->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "For all state directed payment arrangement s, use the checkbox to provide an" is appropriate for the highlighted element.	Verification result set by user.
31 3	17	Tags->0- >28->0->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "C.F.R. § 438.6(c)(2) (ii)(C), the State expects this payment arrangement to advance at" is appropriate for the highlighted element.	Verification result set by user.
31 4	17	Tags->0- >28->1->1- >1->0->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "A hyperlink to State s most	Verification result set by user.

						recent quality strategy" is appropriate for the highlighted element.	
31 5	17	Tags->0- >28->1->1- >1->1->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "The effective date of quality strategy" is appropriate for the highlighted element.	Verification result set by user.
31 6	17	Tags->0- >28->2->1- >1->1->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Note any potential changes that might be made to the goals and objectives" is appropriate for the highlighted element.	Verification result set by user.
31 7	18	Tags->0- >28->3->1- >2->2->0- >0->0->1- >0->0,Tags- >0->28->3- >1->2->3- >0->0->0- >1->0- >0,Tags->0- >28->3->1- >2->4->0- >0->0->1- >0->0,Tags- >0->0->1- >0->0,Tags- >0->28->3- >1->2->5- >0->0->0- >1->0- >1->0-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Goal(s)" is appropriate for the highlighted element.	Verification result set by user.
31 8	18	Tags->0- >28->3->1- >2->2->1- >0->0,Tags- >0->28->3- >1->2->3- >1->0- >0,Tags->0-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Objective(s) " is appropriate for the highlighted element.	Verification result set by user.

		>0->28->3- >1->2->5- >1->0->0					
31 9	18	Tags->0- >28->3->1- >2->2->2- >0->0,Tags- >0->28->3- >1->2->3- >2->0- >0,Tags->0- >28->3->1- >2->4->2- >0->0,Tags- >0->28->3- >1->2->5- >2->0- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Quality strategy page" is appropriate for the highlighted element.	Verification result set by user.
32 0	18	Tags->0- >28->4->1- >1->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7." is appropriate for the highlighted element.	Verification result set by user.
32 1	19	Tags->0- >28->5->1- >11->0->1- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "State has an evaluation plan which measures the degree to which the payment" is appropriate for the highlighted element.	Verification result set by user.
32 2	20	Tags->0- >28->5->1- >11->1->1- >2->2->1- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >1->0- >0,Tags->0- >28->5->1- >11->1->1- >1->1->1- >2->4->1-	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Baseline Year" is appropriate for the highlighted element.	Verification result set by user.

		>0->0,Tags- >0->28->5- >1->11->1- >1->2->5- >1->0->0					
32 3	20	Tags->0- >28->5->1- >11->1->1- >2->2->2- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >2->0- >0,Tags->0- >28->5->1- >11->1->1- >2->4->2- >0->0,Tags- >0->28->5- >1->11->1- >1->2->5- >2->0- >0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Baseline Statistic" is appropriate for the highlighted element.	Verification result set by user.
32 4	20	Tags->0- >28->5->1- >11->1->1- >2->2->3- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >0- >0,Tags->0- >28->5->1- >11->1->1- >2->4->3- >0->0,Tags- >0->28->5- >1->11->1- >1->1->1- >2->5- >3->0- >3->0- >0,Tags->0- >28->5->1- >1->11->1->1- >2->4->3- >0->28->5- >1->11->1->1- >2->5- >3->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Performanc e Target" is appropriate for the highlighted element.	Verification result set by user.
32 5	20	Tags->0- >28->5->1- >11->1->1- >2->2->4- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >4->0- >0,Tags->0- >28->5->1- >11->1->1- >2->4->4- >0->0,Tags- >0->28->5->1- >11->11->1- >2->4->4- >0->0,Tags- >0->28->5- >1->11->1- >2->5- >4->0- >0,Tags->0- >28->5->1- >12->12->5- >4->0->0	Section H: PDFs containing Forms	H2. Forms tooltips	Passed	Please verify that TU of "Notes" is appropriate for the highlighted element.	Verification result set by user.
32 6	21	Tags->0- >28->5->1-	Section H: PDFs	H2. Forms tooltips	Passed	Please verify that TU of "If	Verification result set by

		>11->2->1- >1->0	containing Forms			this is any year other than year 1 of a multi- year effort, describe (or attach) prior year(s) evaluation findings and the payment arrangement s impact on the goal(s) and objective(s) in the State s quality strategy." is appropriate for the highlighted element.	USER.
32 7	1	Tags->0->3- >1->1	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of State/Territo ry abbreviation for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
32 8	1	Tags->0->4- >1->1	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CMS Provided State Directed Payment Identifier for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
32 9	1	Tags->0->9- >0->1->3- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Identify the State s	Verification result set by user.

						managed care contract rating period(s) for which this payment arrangement will apply (date start) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
						Does the tooltip of Identify the State s managed care contract rating period(s) for	
33 0	1	Tags->0->9- >0->1->5- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	which this payment arrangement will apply (date end) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
33 1	1,17	Tags->0->9- >1->1->3- >0,Tags->0- >28->2->1- >1->0->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Identify the State s requested start date for this payment arrangement for the highlighted element contain all the formatting requirement s that will be automaticall	Verification result set by user.

						y flagged as an error?	
33 2	1	Tags->0->9- >2->1->1- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Identify the managed care program(s) to which this payment arrangement will apply for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
33 3	1	Tags->0->9- >3->1->1- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Identify the estimated total dollar amount (federal and non-federal dollars) of this state directed payment for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
33 4	1	Tags->0->9- >3->1->2- >0->1->1- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Identify the estimated federal share of this state directed payment for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
33 5	1	Tags->0->9- >3->1->2- >1->1->1- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Identify the estimated non-federal share of this state directed payment for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
33 6	1,6,10	Tags->0->9- >4->1->3- >0,Tags->0- >9->4->1- >5->0,Tags- >0->14->4- >1->1- >0,Tags->0- >14->4->1- >3->0,Tags- >0->19->5- >1->1- >0,Tags->0- >19->5->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Is this the initial submission the State is seeking approval under 42 C.F.R. § 438.6(c) for this state directed payment arrangement ? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
33 7	2	Tags->0->9- >5->1->1- >0->1->0- >0,Tags->0- >9->5->1- >1->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of please indicate if the State is seeking approval of an amendment (a) or a renewal (b). for the highlighted	Verification result set by user.

						element contain all the formatting requirement s that will be automaticall y flagged as an error?	
						Does the tooltip of If the State is seeking	
33 8	2	Tags->0->9- >5->1->1- >1->1->2- >0->1->3- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	approval of a renewal, please indicate the rating periods for which previous approvals have been granted for the highlighted element contain all	Verification result set by user.
						the formatting requirement	
						s that will be automaticall y flagged as an error?	
33 9	2	Tags->0->9- >5->1->1- >2->1->3- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Payment Type Change for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user:
34 0	2	Tags->0->9- >5->1->1- >2->1->5- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Provider Type Change for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
34 1	2	Tags->0->9- >5->1->1- >2->1->7- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Quality Metric(s) / Benchmark( s) Change for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
34 2	2	Tags->0->9- >5->1->1- >2->1->9- >0,Tags->0- >9->5->1- >1->2->1- >11->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Other; please describe for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
34 3	2	Tags->0->9- >5->1->1- >2->1->12- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of No changes from previously approved preprint other than rating period(s for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
34 4	2	Tags->0->9- >6->1->0- >0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Please use the	Verification result set by user.

						checkbox to provide an assurance thatthe payment arrangement is not renewed automaticall y for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
34 5	2	Tags->0- >11->0->1- >7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
34 6	2	Tags->0- >11->0->1- >8->0->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Please use the checkbox to provide an assurance for the highlighted element contain all the formatting requirement s that will be automaticall	Verification result set by user.

						y flagged as an error?	
34 7	2	Tags->0- >11->0->1- >8->1->1- >5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Please also provide a link to, or submit a copy of, the authority document(s) with initial submissions and at any time the authority document(s) has been renewed/rev ised/updated . for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
34 8	3	Tags->0- >11->1->1- >5->0->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of VALUE- BASED PAYMENTS / DELIVERY SYSTEM REFORM for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
34 9	3	Tags->0- >11->1->1- >5->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of FEE SCHEDULE REQUIREME NTS for the highlighted element contain all the formatting requirement	Verification result set by user.

						s that will be automaticall y flagged as an error?	
35 0	3	Tags->0- >14->0->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Quality Payment/Pay for Performance for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
35 1	3	Tags->0- >14->0->1- >5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Bundled Payment/Epi sode-Based Payment for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
35 2	3	Tags->0- >14->0->1- >7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Population- Based Payment/Acc ountable Care Organization for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
35 3	3	Tags->0- >14->0->1- >9->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Multi-Payer Delivery	Verification result set by user.

						System Reform for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
35 4	3	Tags->0- >14->0->1- >11->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Medicaid- Specific Delivery System Reform for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
35 5	3	Tags->0- >14->0->1- >13->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Performance Improvemen t Initiative for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
35	3	Tags->0- >14->0->1- >15->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Other Value- Based Purchasing Model for the highlighted element contain all the formatting requirement s that will be automaticall	Verification result set by user.

						y flagged as an error?	
35 7	4	Tags->0- >14->1->1- >9->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
35 8	4,20	Tags->0- >14->2->1- >12->2->0- >0->0->1- >0->0,Tags- >0->14->2- >1->12->3- >0->0->0- >1->0- >0,Tags->0- >14->2->1- >12->4->0- >0->0,Tags- >0->14->2- >1->12->5- >0->0->1- >0->0->0- >1->0- >1->0- >0,Tags->0- >1->0- >0,Tags->0- >14->2->1- >12->5- >0->0->0->0- >1->0- >1->0- >0,Tags->0- >14->2->1- >12->6->0- >0->0->1- >12->6->0- >0->0->1- >1->12->2- >1->11->1- >1->2->2- >1->11->1->1- >1->2->2- >0->0->0->0- >1->0- >1->0-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Measure Name and NQF # (if applicable) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

		>0,Tags->0- >28->5->1- >11->1->1- >2->3->0- >0->0->1- >0->0,Tags- >0->28->5- >1->11->1- >1->2->4- >0->0->0- >1->0- >0,Tags->0- >28->5->1- >11->1->1- >2->5->0- >0->0->1- >0->0->1- >0->0->1->0- >0->0->1->0- >0->0->1->0- >0->0->1->0- >0->0->1->0->0->0->0->1- >0->0->0->0->1->0->0->0->0->0->0->0->0->0->0->0->0->0-					
35 9	4	Tags->0- >14->2->1- >12->2->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CMS_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
36 0	4	Tags->0- >14->2->1- >12->2->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CY 2018_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
36 1	4	Tags->0- >14->2->1- >12->2->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 9.23%_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
36 2	4	Tags->0- >14->2->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of	Verification result set by

		>12->2->4- >0->0	containing Forms	requirement S		Year 2_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	user.
36 3	4	Tags->0- >14->2->1- >12->2->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 8%_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
36 4	4	Tags->0- >14->2->1- >12->2->6- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement S	Passed	Does the tooltip of Example notes_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
36 5	4	Tags->0- >14->2->1- >12->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CMS_b. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
36 6	4	Tags->0- >14->2->1- >12->3->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CY 2018_b. for the highlighted element	Verification result set by user.

						contain all the formatting requirement s that will be automaticall y flagged as an error?	
36 7	4	Tags->0- >14->2->1- >12->3->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 9.23%_b. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
36 8	4	Tags->0- >14->2->1- >12->3->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Year 2_b. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
36 9	4	Tags->0- >14->2->1- >12->3->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 8%_b. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
37 0	4	Tags->0- >14->2->1- >12->3->6- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Example notes_b. for the highlighted element contain all the formatting requirement	Verification result set by user.

						s that will be automaticall y flagged as an error?	
37 1	4	Tags->0- >14->2->1- >12->4->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CMS_c. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
37 2	4	Tags->0- >14->2->1- >12->4->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CY 2018_c. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
37 3	4	Tags->0- >14->2->1- >12->4->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 9.23%_c. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
37 4	4	Tags->0- >14->2->1- >12->4->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Year 2_c. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

37 5	4	Tags->0- >14->2->1- >12->4->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 8%_c. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
37 6	4	Tags->0- >14->2->1- >12->4->6- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Example notes_c. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
37 7	4	Tags->0- >14->2->1- >12->5->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CMS_d. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
37 8	4	Tags->0- >14->2->1- >12->5->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CY 2018_d. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
37 9	4	Tags->0- >14->2->1- >12->5->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 9.23%_d. for the	Verification result set by user.

						highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
38 0	4	Tags->0- >14->2->1- >12->5->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Year 2_d. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
38 1	4	Tags->0- >14->2->1- >12->5->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 8%_d. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
38 2	4	Tags->0- >14->2->1- >12->5->6- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Example notes_d. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
38 3	4	Tags->0- >14->2->1- >12->6->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CMS_e. for the highlighted element contain all the	Verification result set by user.

						formatting requirement s that will be automaticall y flagged as an error?	
38 4	4	Tags->0- >14->2->1- >12->6->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of CY 2018_e. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
38 5	4	Tags->0- >14->2->1- >12->6->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 9.23%_e. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
38 6	4	Tags->0- >14->2->1- >12->6->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Year 2_e. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
38 7	4	Tags->0- >14->2->1- >12->6->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 8%_e. for the highlighted element contain all the formatting requirement s that will be automaticall	Verification result set by user.

						y flagged as an error?	
38 8	4	Tags->0- >14->2->1- >12->6->6- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Example notes_e. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
38 9	5	Tags->0- >14->3->1- >1->0->1- >2->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Please describe the methodology used to set the performance targets for each measure. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
39 0	5	Tags->0- >14->3->1- >1->1->1- >5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If multiple provider performance measures are involved in the payment arrangement , discuss if the provider must meet the performance target on each measure to receive payment or can providers receive a	Verification result set by user.

						portion of the payment if they meet the performance target on some but not all measures? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
39 1	5	Tags->0- >14->3->1- >1->2->1- >2->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of For state- developed measures, please briefly describe how the measure was developed? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
<b>39</b> 2	6	Tags->0- >14->4->1- >5->0->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If this payment arrangement is designed to be a multi-year effort, denote the State s managed care contract rating period(s) the State is seeking approval for. for the highlighted element	Verification result set by user.

						contain all the formatting requirement s that will be automaticall y flagged as an error?	
39 3	6	Tags->0- >14->4->1- >5->1->1- >7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If this payment arrangement is designed to be a multi-year effort and the State is NOT requesting a multi-year approval, describe how this application s payment arrangement fits into the larger multi- year effort and identify which year of the effort is addressed in this application. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
39 4	6	Tags->0- >14->5->1- >1->0->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(A), the state directed payment for the	Verification result set by user.
						highlighted element contain all the formatting	

						requirement s that will be automaticall y flagged as an error?	
39 5	6	Tags->0- >14->5->1- >1->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(B), the payment arrangement for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
		Tags->0-	Section H:	H3. Tooltips		Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(C), the payment arrangement	Verification
39 6	6	>14->5->1- >1->2->1- >0->0	PDFs containing Forms	contain requirement s	Passed	for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	result set by user.
39 7	6	Tags->0- >14->5->1- >1->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2) (iii)(D), the payment arrangement for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
39 8	6	Tags->0- >17->0->1- >3->0->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Minimum Fee Schedule for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
39 9	6	Tags->0- >17->0->1- >3->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Minimum Fee Schedule for providers that provide a particular service under the for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 0	6	Tags->0- >17->0->1- >3->2->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Uniform Dollar or Percentage Increase for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 1	7	Tags->0- >17->1->1- >1->0->1- >1->0->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Check the basis for the	Verification result set by user.

		>0->0,Tags- >0->17->1- >1->1->0- >1->1->0- >0,Tags->0- >17->1->1- >1->0->1- >1->2->1- >0->0				fee schedule selected above for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
						Does the tooltip of If the State is proposing an alternative fee schedule,	
40 2	7	Tags->0- >17->1->1- >1->0->1- >1->2->1- >2->0->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	please describe the alternative fee schedule for the highlighted element contain all the formatting requirement	Verification result set by user.
						s that will be automaticall y flagged as an error? Does the	
40 3	7	Tags->0- >17->1->1- >1->1->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	tooltip of Explain how the state determined this fee schedule requirement to be reasonable and appropriate for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 4	7	Tags->0- >17->2->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of C.F.R. §	Verification result set by user.

		>3->0->1- >0->0	containing Forms	requirement		438.6(c)(1) (iii)(C), the State has determined that the MCO, PIHP, or PAHP for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
40 5	7	Tags->0- >17->2->1- >3->1->1- >5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Describe the process for plans and providers to request an exemption if they are under contract obligations that result in the need to pay more than the maximum fee schedule. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 6	7	Tags->0- >17->2->1- >3->2->1- >1->0->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Expected in this contract rating period (estimate) for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
40 7	7	Tags->0- >17->2->1- >3->2->1- >1->1->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Granted in past years of this payment arrangement for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 8	7	Tags->0- >17->2->1- >3->3->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Describe how such exemptions will be considered in rate development . for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
40 9	8	Tags->0- >17->3->1- >3->0->1- >1->0,Tags- >0->17->3- >1->3->0- >1->3->0- >1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Will the state require plans to pay an increase? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
41 0	8	Tags->0- >17->3->1- >3->1->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of What is the magnitude	Verification result set by user.

						of the increase (e.g., \$4 per claim or 3% increase per claim?) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
41 1	8	Tags->0- >17->3->1- >3->2->1- >5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Describe how will the uniform increase be paid out by plans (e.g., upon processing the initial claim, a retroactive adjustment done one month after the end of quarter for those claims incurred during that quarter). for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
41 2	8	Tags->0- >17->3->1- >3->3->1- >4->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Describe how the increase was developed, including why the increase is reasonable and appropriate	Verification result set by user.

						for network providers that provide a particular service under the contract for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
41 3	8	Tags->0- >19->0->1- >5->0->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of inpatient hospital service for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
41 4	8	Tags->0- >19->0->1- >5->0->1- >5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of outpatient hospital service for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
41 5	8	Tags->0- >19->0->1- >5->0->1- >7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of professional services at an academic medical center for the highlighted element contain all the	Verification result set by user.

						formatting requirement s that will be automaticall y flagged as an error?	
41 6	8	Tags->0- >19->0->1- >5->0->1- >9->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of primary care services for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
41 7	8	Tags->0- >19->0->1- >5->0->1- >11->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of specialty physician services for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
41 8	8	Tags->0- >19->0->1- >5->0->1- >13->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of nursing facility services for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
41 9	8	Tags->0- >19->0->1- >5->0->1- >15->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of HCBS/perso nal care services for the highlighted element	Verification result set by user.

						contain all the formatting requirement s that will be automaticall y flagged as an error? Does the	
42 0	8	Tags->0- >19->0->1- >5->0->1- >17->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	tooltip of behavioral health inpatient services for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
42 1	8	Tags->0- >19->0->1- >5->0->1- >19->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of behavioral health outpatient services for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
42 2	8	Tags->0- >19->0->1- >5->0->1- >21->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of dental services for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
42 3	8,10,13	Tags->0- >19->0->1- >5->0->1- >23-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Other for the highlighted	Verification result set by user.

		>0,Tags->0- >19->0->1- >5->0->1- >25- >0,Tags->0- >19->4->1- >1->2->1- >2->0,Tags- >0->24->1- >1->2- >1->2- >0,Tags->0- >26->0->1- >2->4->1- >2->0				element contain all the formatting requirement s that will be automaticall y flagged as an error?	
42 4	8,9	Tags->0- >19->0->1- >5->1->1- >3->0,Tags- >0->19->1- >1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Please define the provider class(es) (if further narrowed from the general classes indicated above.) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
42 5	9	Tags->0- >19->0->1- >5->2->1- >9->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Provide a justification for the provider class defined in Question 20b (e.g., the provider class is defined in the State Plan.) for the highlighted element contain all the formatting requirement s that will be automaticall	Verification result set by user.

						y flagged as an error?	
42 6	9	Tags->0- >19->2->1- >5->0->1- >0->19->2- >1->5->1- >1->5->1- >0,Tags->0- >0,Tags->0- >19->2->1- >5->2->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Will the state directed payment for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
42 7	10	Tags->0- >19->3->1- >3->2->0- >0->0->1- >0->0,Tags- >0->19->3- >1->3->3- >0->0->0- >1->0- >0,Tags->0- >19->3->1- >3->4->0- >0->0->1- >0->0,Tags- >0->19->3- >1->3->5- >0->0->0- >1->0- >0,Tags->0- >19->3->1- >3->5- >0->0->0- >1->0- >1->0- >0,Tags->0- >19->3->1- >3->6->0- >0->19->3- >1->3->6->0- >0->19->3- >1->3->6->0- >0->19->3->1- >3->6->0- >0->19->3->1- >3->6->0- >0->19->3->1- >3->6->0- >0->0->1->0- >0,Tags->0- >19->3->1- >3->6->0- >19->3->1- >3->6->0->1- >0->0->1->0- >0->1->0- >0->1->0- >0->1->0->1- >0->0->1->0->1- >0->0->1->0->1- >0->0->1->0->1- >0->0->1->0->0->1- >0->0->1->0->0->1- >0->0->1->0->0->1- >0->0->1->0->0->1->0->0->0->1->0->0->0->1->0->0->0->0->0->1->0->0->0->0->0->0->1->0->0->0->0->0->0->0->0->0->0->0->0->0-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Provider Class(es) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
42 8	10	Tags->0- >19->3->1- >3->2->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 80%_a. for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
42 9	10	Tags->0- >19->3->1- >3->2->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 20%_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
						Does the tooltip of N/A_a. for	
43 0	10	Tags->0- >19->3->1- >3->2->3- >0->0,Tags- >0->19->3- >1->3->2- >4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 1	10	Tags->0- >19->3->1- >3->2->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 100%_a. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 2	10	Tags->0- >19->3->1- >3->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 80%_b. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 3	10	Tags->0- >19->3->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of	Verification result set by

		>3->3->2- >0->0	containing Forms	requirement s		20%_b. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
43 4	10	Tags->0- >19->3->1- >3->3->3- >0->0,Tags- >0->19->3- >1->3->3- >4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of N/A_b. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 5	10	Tags->0- >19->3->1- >3->3->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 100%_b. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 6	10	Tags->0- >19->3->1- >3->4->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 80%_c. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 7	10	Tags->0- >19->3->1- >3->4->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 20%_c. for the highlighted element contain all	Verification result set by user.

						the formatting requirement s that will be automaticall y flagged as an error?	
43 8	10	Tags->0- >19->3->1- >3->4->3- >0->0,Tags- >0->19->3- >1->3->4- >4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of N/A_c. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
43 9	10	Tags->0- >19->3->1- >3->4->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 100%_c. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
44 0	10	Tags->0- >19->3->1- >3->5->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 80%_d. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
44 1	10	Tags->0- >19->3->1- >3->5->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 20%_d. for the highlighted element contain all the formatting requirement s that will be automaticall	Verification result set by user.

						y flagged as an error?	
44 2	10	Tags->0- >19->3->1- >3->5->3- >0->0,Tags- >0->19->3- >1->3->6- >3->0- >0,Tags->0- >19->3->1- >3->6->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of N/A_e. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
44 3	10	Tags->0- >19->3->1- >3->5->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of N/A_d. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
						Does the tooltip of	
44 4	10	Tags->0- >19->3->1- >3->5->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	100%_d. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
44 5	10	Tags->0- >19->3->1- >3->6->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 80%_e. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
44 6	10	Tags->0- >19->3->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of 20%_e. for	Verification result set by user.

		>3->6->2- >0->0	containing Forms	requirement S		the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
44 7	10	Tags->0- >19->3->1- >3->6->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 100%_e. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
44 8	10	Tags->0- >19->3->1- >3->7->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 80%_f. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
44 9	10	Tags->0- >19->3->1- >3->7->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 20%_f. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
45 0	10	Tags->0- >19->3->1- >3->7->3- >0->0,Tags- >0->19->3- >1->3->7- >4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of N/A_f. for the highlighted element contain all the	Verification result set by user.

						formatting requirement s that will be automaticall y flagged as an error?	
45 1	10	Tags->0- >19->3->1- >3->7->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 100%_f. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
45 2	10	Tags->0- >19->3->1- >3->8->1- >0->0,Tags- >0->19->3- >1->3->8- >2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 80%_g. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
45 3	10	Tags->0- >19->3->1- >3->8->3- >0->0,Tags- >0->19->3- >1->3->8- >4->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of N/A_g. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
<b>45</b> <b>4</b>	10	Tags->0- >19->3->1- >3->8->5- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of 100%_g. for the highlighted element contain all the formatting requirement s that will be automaticall	Verification result set by user.

						y flagged as an error?	
45 5	10,13	Tags->0- >19->4->1- >1->0->1- >0->0,Tags- >0->19->4- >1->1->1- >1->0- >0,Tags->0- >19->4->1- >1->2->1- >0->0,Tags- >0->24->1- >1->3->0- >1->0- >0,Tags->0- >24->1->1- >3->1->1- >0->0,Tags- >0->24->1- >1->3->1->1- >0->0,Tags- >0->24->1- >1->3->2- >1->0- >0,Tags->0- >24->1->1->3->2- >1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Please indicate if the data provided in Table 2 above is in terms of a percentage of for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
						Does the tooltip of Does the State also	
						require plans to pay pass-	
		Tags->0- >19->6->1-	Section H:	H3. Tooltips		through payments for the	Verification
45 6	11	>1->0,Tags- >0->19->6- >1->3->0	PDFs containing Forms	contain requirement s	Passed	highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	result set by user.
45 7	11	Tags->0- >19->7->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Please describe the data sources and methodology used for the analysis provided in response to Question 23 for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
			Section H:	H3. Tooltips		Does the tooltip of Please describe the State's process for determining how the proposed state directed payment	Manifi an kin n
45 8	11	Tags->0- >19->8->1- >3->0	PDFs containing Forms	contain requirement s	Passed	was appropriate and reasonable for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
45 9	11	Tags->0- >21->0->1- >5->0,Tags- >0->21->0- >1->7->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Has the state already submitted all contract action(s) to implement this state directed payment? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
46 0	11	Tags->0- >21->0->1- >9->0->1- >1->0->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of What is/are the state- assigned identifier(s) of the contract actions provided to	Verification result set by user.

	Verification result set by user.	Verification result set by user.	Verification result set by user.
CMS? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Does the tooltip of Please indicate where (page or section) the state directed payment is captured in the contract action(s). for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Does the tooltip of If no, please estimate when the state will be submitting the contract actions for review for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Does the tooltip of Has/Have the actuarial rate certification( s) for the
	Passed	Passed	Passed
	H3. Tooltips contain requirement s	H3. Tooltips contain requirement s	H3. Tooltips contain requirement s
	Section H: PDFs containing Forms	Section H: PDFs containing Forms	Section H: PDFs containing Forms
	Tags->0- >21->0->1- >9->0->1- >1->1->1- >3->0	Tags->0- >21->0->1- >9->1->1- >3->0	Tags->0- >24->0->1- >3->0,Tags- >0->24->0- >1->5->0
	11	11	12
	46 1	46 2	46 3

						rating period for which this state directed payment applies been submitted to CMS? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
46 4	12	Tags->0- >24->0->1- >7->0->1- >3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If no, please estimate when the state will be submitting the actuarial rate certification( s) for review for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
46 5	12	Tags->0- >24->0->1- >7->1->1- >2->1->0- >0->0,Tags- >0->24->0- >1->7->1- >1->2->2- >0->0->0- >1->0- >0,Tags->0- >24->0->1- >7->1->1- >2->3->0- >0->0->1- >0->0,Tags- >0->24->0->1- >7->1->1- >2->3->0- >0->0->1- >0->0,Tags- >0->24->0->1- >1->7->1- >1->2->4- >0->0->0- >1->0- >1->0-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Control Name Provided by CMS (List each actuarial rate certification separately) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

		>0,Tags->0- >24->0->1- >7->1->1- >2->5->0- >0->0->1- >0->0					
46 6	12	Tags->0- >24->0->1- >7->1->1- >2->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Date Submitted to CMS_i. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
46 7	12	Tags->0- >24->0->1- >7->1->1- >2->1->2- >0->0,Tags- >0->24->0- >1->7->1- >1->7->1- >1->2->2- >1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Does the certification incorporate the SDP?_i. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
46 8	12	Tags->0- >24->0->1- >7->1->1- >2->1->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_i. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

46 9	12	Tags->0- >24->0->1- >7->1->1- >2->2->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Does the certification incorporate the SDP?_ii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
47 0	12	Tags->0- >24->0->1- >7->1->1- >2->2->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_ii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as	Verification result set by user.
47 1	12	Tags->0- >24->0->1- >7->1->1- >2->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	an error? Does the tooltip of Date Submitted to CMS_iii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
47 2	12	Tags->0- >24->0->1- >7->1->1- >2->3->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Does the certification incorporate the SDP?_iii.	Verification result set by user.

						for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
47 3	12	Tags->0- >24->0->1- >7->1->1- >2->3->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_iii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
47 4	12	Tags->0- >24->0->1- >7->1->1- >2->4->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Date Submitted to CMS_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
47 5	12	Tags->0- >24->0->1- >7->1->1- >2->4->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Does the certification incorporate the SDP?_iv. for the highlighted element contain all the formatting	Verification result set by user.

						requirement s that will be automaticall y flagged as an error?	
47 6	12	Tags->0- >24->0->1- >7->1->1- >2->4->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
47 7	12	Tags->0- >24->0->1- >7->1->1- >2->5->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Date Submitted to CMS_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
47 8	12	Tags->0- >24->0->1- >7->1->1- >2->5->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Does the certification incorporate the SDP?_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

47 9	12	Tags->0- >24->0->1- >7->1->1- >2->5->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If so, indicate where the state directed payment is captured in the certification (page or section)_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
						Does the tooltip of Please	
						provide an estimate of	
						when the State plans to submit an amendment to capture	
48 0	12	Tags->0- >24->0->1- >7->2->1- >10->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	this information. for the highlighted element contain all the	Verification result set by user.
						formatting requirement s that will be automaticall y flagged as	
			-		-	an error?	
48 1	13	Tags->0- >24->2->1- >13->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Provide additional justification as to why this is necessary and what precludes the state from incorporatin g as an adjustment applied in	Verification result set by user.

						the development of the monthly base capitation rates paid to managed care plans. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
48 2	13	Tags->0- >24->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of In accordance with 42 C.F.R. § 438.6(c)(2) (i), the State assures that all expenditures for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
48 3	13	Tags->0- >26->0->1- >2->0->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of State general revenue for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
48 4	13	Tags->0- >26->0->1- >2->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Intergovern mental transfers	Verification result set by user.

13Tags->0- >26->0->1 >26->0->1 >0->0Section H: PDFs containing FormsH3. Tooltips contain requirement sPassed	government entity for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Does the tooltip of Health Care- Related Provider tax(es) / assessment( s for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?
13>26->0->1- >2->2->1-PDFs containingcontain requirement		Paccod
13       >26->0->1- >2->2->1- >0->0       PDFs containing Forms         13       Tags->0- >26->0->1- >26->0->1- >2->3->1-       Section H: PDFs containing		contain requirement
13       >26->0->1-         >2->2->1-       >0->0         13       Tags->0-         13       Tags->0-         >26->0->1-         >2->2->1-		PDFs containing
		>26->0->1- >2->2->1-

	1	1	1			y flagged as an error?	
		Tags->0- >26->1->1-					
	( )	>1->0->1-	/				
	( /	>6->1->0-	1				
	( )	>0->0->1-	/				
	(	>0->0,Tags- >0->26->1-	/				
	1 /	>0->26->1-	1				
	( /	>1->6->2-	1				
	1	>0->0->0-	1				
	1 /	>1->0-	1				
	(	>0,Tags->0- >26->1->1-	1				
	1 /	>1->0->1-	1				
	( /	>6->3->0-	1				
	1	>0->0->1-	1				
	( 7	>0->0,Tags- >0->26->1-	1				
	( /	>1->1->0-	/			Does the	
	( /	>1->6->4-	/			tooltip of	
	1	>0->0->0-	/			Name of	
	( /	>1->0- >0,Tags->0-	1			Entities transferring	
	(	>26->1->1-	/			funds (enter	
	(	>1->0->1-	/			each on a	
	( /	>6->5->0-	Section H:	H3. Tooltips		separate	in the share
48	14	>0->0->1- >0->0,Tags-	PDFs	contain	Passed	line) for the highlighted	Verification result set by
8	14	>0->0, lags-	containing	requirement	Passeu	element	user.
	1	>1->1->0-	Forms	S		contain all	
	1	>1->6->6-	1			the	
	(	>0->0->0- >1->0-	/			formatting requirement	
	( /	>1->0- >0,Tags->0-	1			s that will be	
	1	>26->1->1-	1			automaticall	
	1 /	>1->0->1-	1			y flagged as	
	(	>6->7->0- >0->0->1-	/			an error?	
	( /	>0->0->1- >0->0,Tags-	/				
	(	>0->26->1-	/				
	( /	>1->1->0-	/				
	1 2	>1->6->8-	1				
	1 /	>0->0->0- >1->0-	/				
	( /	>0,Tags->0-	1				
	1	>26->1->1-	1				
	1	>1->0->1-	1				
	(	>6->9->0- >0->0->1-	/				
	( /	>0->0->1-	1				
	1	>0->26->1-	1				
	(	>1->1->0-	/				
	1	>1->6->10- >0->0->0-	1				
		>1->0->0-					
48	14	Tags->0-	Section H:	H3. Tooltips	Passed	Does the	Verification
9	1	>26->1->1- >1->0->1-	PDFs containing	contain requirement		tooltip of Operational	result set by user.
	1	>6->1->1-	Forms	s		nature of the	Uggn
·	1	>0->0	,	-		Transferring	

						Entity (State, County, City, Other)_i. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
49 0	14	Tags->0- >26->1->1- >1->0->1- >6->1->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_i. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
49 1	14	Tags->0- >26->1->1- >6->1->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->1- >5->0- >0,Tags->0- >26->1->1- >6->2->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->2- >5->0- >0,Tags->0- >26->1->1- >1->6->2- >5->0- >0,Tags->0- >26->1->1- >1->0->1- >6->3->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->3->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->3->3- >0->0,Tags- >0->26->1- >1->1->0- >1->6->3->3- >0->0,Tags->0- >26->1->1- >1->6->3->3- >5->0- >0,Tags->0- >26->1->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Does the Transferring Entity have General Taxing Authority (Yes or No) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

	>1->0->1-					
	>6->4->3-					
	>0->0,Tags-					
	>0->26->1-					
	>1->1->0-					
	>1->6->4-					
	>5->0-					
1	>0,Tags->0-					
	>26->1->1-					
	>1->0->1-					
	>6->5->3-					
	>0->0,Tags-					
	>0->26->1-					
	>1->1->0-					
	>1->6->5-					
	>5->0-					
	>0,Tags->0-					
	>26->1->1-					
	>1->0->1-					
	>6->6->3-					
	>0->0,Tags-					
1 1	>0->26->1-					
	>1->1->0-					
	>1->6->6-					
1	>5->0-					
	>0,Tags->0-					
	>26->1->1-					
	>1->0->1-					
1 1	>6->7->3-					
	>0->0,Tags-					
	>0->26->1-					
1	>1->1->0-					
	>1->6->7- >5->0-					
	>0,Tags->0- >26->1->1-					
1	>1->0->1-					
	>6->8->3-					
	>0->0,Tags-					
	>0->26->1-					
	>1->1->0-					
	>1->6->8-					
	>5->0-					
1 1	>0,Tags->0-					
	>26->1->1-					
	>1->0->1-					
	>6->9->3-					
1 1	>0->0,Tags-					
	>0->26->1-					
	>1->1->0-					
	>1->6->9-					
	>5->0-					
	>0,Tags->0-					
	>26->1->1-					
	>1->0->1-					
	>6->10->3-					
	>0->0,Tags-					
	>0->26->1-					
	>1->1->0-					
	>1->6->10-					
	>5->0->0					
49 14	Tags->0-	Section H:	H3. Tooltips	Passed	Does the	Verification
	>26->1->1-	PDFs	contain		tooltip of Did	result set by

		>1->0->1-	containing	requirement		the	user.
		>6->1->4- >0->0	Forms	S		Transferring Entity receive appropriatio	
						ns? If not, put N/A. If yes, identify the level of	
						appropriatio ns_i. for the highlighted element	
						contain all the formatting	
						requirement s that will be automaticall y flagged as an error?	
49 3	14	Tags->0- >26->1->1- >1->0->1- >6->2->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_ii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
						Does the tooltip of Total Amounts	
		Tags->0-	Section H:	H3. Tooltips		Transferred by This Entity_ii. for the	Varification
49 4	14	>26->1->1- >1->0->1- >6->2->2- >0->0	PDFs containing Forms	contain requirement s	Passed	highlighted element contain all the formatting requirement s that will be automaticall y flagged as	Verification result set by user.
49 5	14	Tags->0- >26->1->1- >1->0->1-	Section H: PDFs	H3. Tooltips contain	Passed	an error? Does the tooltip of Did the	Verification result set by user.

		>6->2->4- >0->0	containing Forms	requirement		Transferring Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_ii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
						Does the tooltip of	
49 6	14	Tags->0- >26->1->1- >1->0->1- >6->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Operational nature of the Transferring Entity (State, County, City, Other)_iii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
49 7	14	Tags->0- >26->1->1- >1->0->1- >6->3->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_iii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
49 8	14	Tags->0- >26->1->1- >1->0->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring	Verification result set by user.

		>6->3->4- >0->0				Entity receive	
						appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_iii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
49 9	14	Tags->0- >26->1->1- >1->0->1- >6->4->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 0	14	Tags->0- >26->1->1- >6->4->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 1	14	Tags->0- >26->1->1- >1->0->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring	Verification result set by user.

		>0->0				Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_iv. for the highlighted element contain all the formatting requirement s that will be automaticall	
50	14	Tags->0- >26->1->1- >1->0->1- >6->5->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	y flagged as an error? Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 3	14	Tags->0- >26->1->1- >1->0->1- >6->5->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 4	14	Tags->0- >26->1->1- >1->0->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring	Verification result set by user.

		>6->5->4- >0->0				Entity receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
50 5	14	Tags->0- >26->1->1- >1->0->1- >6->6->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_vi. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 6	14	Tags->0- >26->1->1- >1->0->1- >6->6->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_vi. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 7	14	Tags->0- >26->1->1- >1->0->1- >6->6->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring Entity	Verification result set by user.

						receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_vi. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
50 8	14	Tags->0- >26->1->1- >1->0->1- >6->7->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_vii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
50 9	14	Tags->0- >26->1->1- >1->0->1- >6->7->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_vii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
51 0	14	Tags->0- >26->1->1- >1->0->1- >6->7->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring Entity	Verification result set by user.

						receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_vii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
51 1	14	Tags->0- >26->1->1- >1->0->1- >6->8->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_viii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
51 2	14	Tags->0- >26->1->1- >6->8->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_viii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
51 3	14	Tags->0- >26->1->1- >1->0->1- >6->8->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring Entity	Verification result set by user.

51 6	14	Tags->0- >26->1->1- >1->0->1- >6->9->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	automaticall y flagged as an error? Does the tooltip of Did the Transferring Entity	Verification result set by user.
51 5	14	Tags->0- >26->1->1- >1->0->1- >6->9->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_ix. for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.
51	14	Tags->0- >26->1->1- >1->0->1- >6->9->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error? Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_ix. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
						receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_viii. for the	

						receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_ix. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
51 7	14	Tags->0- >26->1->1- >1->0->1- >6->10->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Operational nature of the Transferring Entity (State, County, City, Other)_x. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
51 8	14	Tags->0- >26->1->1- >1->0->1- >6->10->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Total Amounts Transferred by This Entity_x. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
51 9	14	Tags->0- >26->1->1- >1->0->1- >6->10->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Did the Transferring Entity	Verification result set by user.

						receive appropriatio ns? If not, put N/A. If yes, identify the level of appropriatio ns_x. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
52 0	14	Tags->0- >26->1->1- >1->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of under this payment arrangement funded by IGTs are dependent on any agreement or for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
52 1	14	Tags->0- >26->1->1- >1->2->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Provide information or documentati on regarding any written agreements that exist between the State and healthcare providers or amongst healthcare providers or amongst healthcare providers and/or related entities relating to the non- federal share	Verification result set by user.

						of the payment arrangement . for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
52	15	Tags->0- >26->2->1- >1->0->1- >0->0-7- >0->0-7- >0->0,Tags- >0->26->2- >1->1->0- >0->0- >1->2- >0->0- >0->0- >1->0- >0,Tags->0- >26->2->1- >1->0->0- >0->0- >0->0->1- >0->0- >0->0->1- >0->0->1- >0->0->1- >0->0,Tags- >0->26->2- >1->1->0- >0->0->1- >0->0,Tags- >0->26->2- >1->1->0- >0->0->0->1- >0->0->0->1- >0->0->0->1- >0->0->1->0- >1->0- >1->0->0->1- >2->3->0- >0->0->1- >0->0->1- >0->0->1- >2->3->0->0->1- >0->0->1- >0->0->1- >0->0->1->0->1- >0->0->0->1- >0->0->0->1-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Name of the Health Care- Related Provider Tax / Assessment (enter each on a separate line) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
52 3	15	Tags->0-         >26->2->1-         >1->0->1-         >2->1->1-         >0->1,Tags-         >0->26->2-         >1->0-         >1->2->2-         >1->0-         >0,Tags->0-         >26->2->1-         >1->0-         >0,Tags->0-         >26->2->1-         >1->0-         >1->0->1-         >2->3->1-         >0->0,Tags-         >0->26->2-         >1->0-         >1->0-         >0,Tags-         >0,Tags-         >0,Tags-         >0,Tags-         >0,Tags-         >1->2->4-         >1->0-         >0,Tags-         >0,Tags-         >0,Tags-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Identify the permissible class for this tax / assessment for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

		>1->0->1- >2->5->1- >0->0					
52 4	15	Tags->0-         >26->2->1-         >1->0->1-         >2->1->2-         >0->26->2-         >1->1->0-         >1->2->1-         >3->0-         >0,Tags->0-         >26->2->1-         >1->1->0-         >1->2->1-         >3->0-         >0,Tags->0-         >26->2->1-         >1->0->1-         >2->2->3-         >0->0,Tags-         >0->26->2-         >1->1->0-         >1->2->3-         >0->0,Tags-         >0->26->2->1-         >1->0->1-         >2->2->3-         >0->0,Tags->0-         >0,Tags->0-         >1->0->1-         >2->4->3-         >0->0,Tags->0-         >1->1->0-         >1->2->5-         >2->0-         >0,Tags->0-         >1->1->0-         >1->1->0-         >1->1->0-         >1->1->0-         >2->5->3-         >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Is the tax / assessment uniform? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
52 5	15	Tags->0- >26->2->1- >1->0->1- >2->1->4- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >4->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->4- >0->0,Tags- >0->26->2- >1->1->0->1- >2->3->4- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >0->26->2- >1->1->0- >1->2->4- >0->26->2->1- >1->2->4- >0->0,Tags->0- >26->2->1- >1->0->1- >2->3->4- >0->26->2->1- >1->0->1- >2->3->4- >0->0,Tags->0- >26->2->1- >1->0->1- >2->5->4- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Is the tax / assessment under the 6% indirect hold harmless limit? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
52 6	15	Tags->0- >26->2->1- >1->0->1- >2->1->5-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of If not under the 6%	Verification result set by user.

		>0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >5->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->5- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >5->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->5- >0->0,Tags->0- >26->2->1- >1->0->1- >2->5->5- >0->0				indirect hold harmless limit, does it pass the 75/75 test for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
52 7	15	Tags->0- >26->2->1- >1->0->1- >2->1->6- >0->0,Tags- >0->26->2- >1->1->0- >1->2->2- >6->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->6- >0->0,Tags- >0->26->2- >1->1->0- >1->2->4- >6->0- >0,Tags->0- >26->2->1- >1->0->1- >2->3->6- >0->0,Tags- >0->26->2->1- >1->0->1- >2->3->6- >0->0,Tags- >0->26->2->1- >1->0->1- >2->3->6- >0->0,Tags->0- >26->2->1- >1->0->1- >2->5->6- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
52 8	15	Tags->0- >26->2->1- >1->0->1- >2->2->2- >0->0,Tags- >0->26->2- >1->1->0- >1->2->3- >2->0- >0,Tags->0- >26->2->1- >1->0->1- >2->4->2- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Is the tax / assessment broad- based? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

52 9	16	Tags->0- >26->2->1- >1->1->1- >6->1->0- >0->0-7ags- >0->26->2- >1->1->1- >1->6->2- >0->0->0- >1->0- >0,Tags->0- >26->2->1- >1->1->1- >6->3->0- >0->0,Tags- >0->0->1- >0->0,Tags- >0->26->2- >1->1->1- >1->1->1- >1->6->4- >0->0->0- >1->0- >0,Tags->0- >26->2->1- >1->1->1- >1->6->4- >0->0->0- >1->0- >0,Tags->0- >26->2->1- >1->1->1- >1->6->4- >0->0->0- >1->0- >0,Tags->0- >26->2->1- >1->1->1- >1->1->1- >1->6->5->0- >0->0->1- >0->0->1->0- >0->0->1->0- >0->0->1->0->0->0->0->1->0->0->0->0->0->1->0->0->0->0->0->0->0->0->0->0->0->0->0-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Name of the Health Care- Related Provider Tax/Assessm ent Waiver (enter each on a separate line) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 0	16	Tags->0- >26->2->1- >1->1->1- >6->1->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Submission Date_i. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 1	16	Tags->0- >26->2->1- >1->1->1- >6->1->2- >0->0,Tags- >0->26->2- >1->1->1- >1->6->2- >2->0- >0,Tags->0- >26->2->1- >1->1->1- >6->3->2- >0->0,Tags- >0->26->2- >1->1->1- >1->1->1- >6->3->2- >0->0,Tags- >0->26->2- >1->1->1->1- >1->6->4- >2->0- >0,Tags->0- >0,Tags->0-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Current Status (Under Review, Approved) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

		>26->2->1- >1->1->1- >6->5->2- >0->0					
53 2	16	Tags->0- >26->2->1- >1->1->1- >6->1->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Approval Date_i. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 3	16	Tags->0- >26->2->1- >1->1->1- >6->2->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Submission Date_ii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 4	16	Tags->0- >26->2->1- >1->1->1- >6->2->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Approval Date_ii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 5	16	Tags->0- >26->2->1- >1->1->1- >6->3->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Submission Date_iii. for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
53 6	16	Tags->0- >26->2->1- >1->1->1- >6->3->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Approval Date_iii. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 7	16	Tags->0- >26->2->1- >1->1->1- >6->4->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Submission Date_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 8	16	Tags->0- >26->2->1- >1->1->1- >6->4->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Approval Date_iv. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
53 9	16	Tags->0- >26->2->1- >1->1->1- >6->5->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Submission Date_v. for the highlighted element contain all the formatting requirement s that will be automaticall	Verification result set by user.

						y flagged as an error?	
54 0	16	Tags->0- >26->2->1- >1->1->1- >6->5->3- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Approval Date_v. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54 1	16	Tags->0- >26->3->1- >1->0,Tags- >0->26->3- >1->3->0- >1->3->0- >1->3->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Is the donation bona-fide? for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54	16	Tags->0- >26->3->1- >3->1->1- >3->0,Tags- >0->26->3- >1->3->1- >1->5->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Does it contain a hold harmless arrangement to return all or any part of the donation to the donating entity, a related entity, or other provider furnishing the same health care items or services as the donating entity within the class? for the highlighted element contain all the	Verification result set by user.

						formatting requirement s that will be automaticall y flagged as an error?	
54 3	16	Tags->0- >26->4->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of For all state directed payment arrangement s, use the checkbox to provide an for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54 4	17	Tags->0- >28->0->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of C.F.R. § 438.6(c)(2) (ii)(C), the State expects this payment arrangement to advance at for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54 5	17	Tags->0- >28->1->1- >1->0->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of A hyperlink to State s most recent quality strategy for the highlighted element contain all the formatting requirement s that will be	Verification result set by user.

						automaticall y flagged as an error?	
54 6	17	Tags->0- >28->1->1- >1->1->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of The effective date of quality strategy for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54 7	17	Tags->0- >28->2->1- >1->1->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Note any potential changes that might be made to the goals and objectives for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54 8	18	Tags->0- >28->3->1- >2->2->0- >0->0->1- >0->0,Tags- >0->28->3- >1->2->3- >0->0->0- >1->0- >0,Tags->0- >28->3->1- >2->4->0- >0->0->1- >0->0,Tags- >0->28->3->1- >2->4->0- >0->28->3- >1->2->5- >0->0->0- >1->0- >1->0-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Goal(s) for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
54 9	18	Tags->0- >28->3->1- >2->2->1-	Section H: PDFs	H3. Tooltips contain	Passed	Does the tooltip of Objective(s)	Verification result set by user.

		>0->0,Tags- >0->28->3- >1->2->3- >1->0- >0,Tags->0- >28->3->1- >2->4->1- >0->0,Tags- >0->28->3- >1->2->5- >1->0->0	containing Forms	requirement s		for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	
55 0	18	Tags->0- >28->3->1- >2->2->2- >0->0,Tags- >0->28->3- >1->2->3- >2->0- >0,Tags->0- >28->3->1- >2->4->2- >0->0,Tags- >0->28->3- >1->2->4->2- >0->0,Tags- >0->28->3- >1->2->5- >2->0-	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Quality strategy page for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
55 1	18	Tags->0- >28->4->1- >1->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
55 2	19	Tags->0- >28->5->1- >11->0->1- >0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of State has an evaluation plan which measures the degree to which the payment for the highlighted element	Verification result set by user.

						contain all the formatting requirement s that will be automaticall y flagged as an error?	
55 3	20	Tags->0- >28->5->1- >11->1->1- >2->2->1- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >1->0- >0,Tags->0- >28->5->1- >11->1->1- >2->4->1- >0->0,Tags- >0->28->5- >1->11->1- >1->2->5- >1->1->1->1- >1->2->5- >1->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Baseline Year for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
55 4	20	Tags->0- >28->5->1- >11->1->1- >2->2->2- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >2->0- >0,Tags->0- >28->5->1- >11->1->1- >2->4->2- >0->0,Tags- >0->28->5- >1->11->1- >2->4->2- >0->0,Tags- >0->28->5- >1->11->1- >2->4->2- >0->0,Tags- >0->28->5- >1->11->1- >2->4->2- >0->0,Tags- >0->28->5- >1->11->1- >2->4->2- >0->0,Tags- >0->28->5- >1->11->1- >2->5- >2->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Baseline Statistic for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.
55 5	20	Tags->0- >28->5->1- >11->1->1- >2->2->3- >0->0,Tags- >0->28->5- >1->11->1- >1->2->3- >3->0- >0,Tags->0- >28->5->1- >11->1->1- >2->4->3- >0->0,Tags- >0->28->5->1- >11->11->1- >2->4->3- >0->28->5- >1->11->1- >2->5- >3->0- >0,Tags->0- >0,Tags->0- >28->5->1- >11->1->1->2->5- >3->0->0	Section H: PDFs containing Forms	H3. Tooltips contain requirement s	Passed	Does the tooltip of Performance Target for the highlighted element contain all the formatting requirement s that will be automaticall y flagged as an error?	Verification result set by user.

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55 9	Section H: PDFs containing Forms	H5. Tab order	Passed	All pages that contain annotations have tabbing order set to follow the logical structure.	
56 0	Section I: PDFs containing other common elements	I3. Language for words and phrases	Passed	All words were found in their correspondin g language's dictionary	
56 1	Section I: PDFs containing other common elements	I4. Table of Contents	Passed	No Table of Contents (TOCs) were detected in this document.	Verification result set by user.
56 2	Section I: PDFs containing other common elements	I6. References and Notes	Passed	All internal links are tagged within Reference tags	
56 3	Section D: PDFs containing Images	D1. Images in Figures	Not Applicable	No Paths, XObjects, Form XObjects or Shadings were detected in document.	
56 4	Section D: PDFs containing Images	D2. Figures Alternative text	Not Applicable	No Figure or Formula tags with alternate representati on were detected in this document.	
56 5	Section D: PDFs containing Images	D2. Figures Alternative text	Not Applicable	No Formula tags were detected in this document.	
56 6	Section D: PDFs containing Images	D3. Decorative Images	Not Applicable	No Paths, XObjects, Form XObjects or Shadings were detected in document.	

56 7	Section D: PDFs containing Images	D4. Complex Images	Not Applicable	No Figures detected in this document
56 8	Section D: PDFs containing Images	D5. Images of text	Not Applicable	No images of text were detected in this document.
56 9	Section D: PDFs containing Images	D6. Grouped Images	Not Applicable	No Figures were detected in this document.
57 0	Section E: PDFs containing Tables	E7. Headers/IDs	Not Applicable	No complex tables were detected in this document.
57 1	Section I: PDFs containing other common elements	I1. Nonstandard glyphs	Not Applicable	No special glyphs detected
57 2	Section I: PDFs containing other common elements	I2. OCR text	Not Applicable	No raster- based images were detected in this document.
57 3	Section I: PDFs containing other common elements	I5. TOC links	Not Applicable	No Table of Contents (TOCs) were detected in this document.

FL_Fee_IPH.OPH4_Renewal_20231001-20240930 <u>Hospital DPP</u> Round 1 Questions March 26, 2024

### Section I: Date and Timing Information

1. Please clarify if this state directed payment only applies to Florida's MMA program or any of the other Medicaid Managed Care programs, such as the Florida Long Term Care program. STATE RESPONSE: This preprint applies only to Florida's MMA program. It does not apply to LTC.

# Section II: Type of State Directed Payment

2. Preprint Question 8: Please affirm that the payments required under this payment arrangement will <u>only</u> be made for Medicaid services on behalf of Medicaid beneficiaries covered under the Medicaid managed care contract for the FY 2023 (October 2022- September 2023) rating period <u>only</u> and that the payments will not be made on behalf of individuals who are uninsured, covered for such services by another insurer (e.g. Medicare), nor Medicaid services provided through the state fee-for-service program.

STATE RESPONSE: The state affirms that the payments required under this payment arrangement will <u>only</u> be made for Medicaid services on behalf of Medicaid beneficiaries covered under the Medicaid managed care contract for the FY 2023 (October 2022- September 2023) rating period <u>only</u> and that the payments will not be made on behalf of individuals who are uninsured, covered for such services by another insurer (e.g. Medicare), nor Medicaid services provided through the state fee-for-service program.

# Section IIB: State Directed Fee Schedules

- 3. CMS would like to note that prior approval for payment arrangements under 42 C.F.R. § 438.6(c) are for a specific time period and cannot be automatically renewed. Specifically, 42 C.F.R. 438.6(c)(3)(ii) defines approval for any fee schedules (minimum fee schedules, maximum fee schedules and/or uniform increases) for one rating period. If the state intends to continue this payment arrangement in future years, it will need to obtain approval for this payment arrangement for each successive year. <u>Please acknowledge this policy</u>. STATE RESPONSE: The state acknowledges this policy.
- 4. Preprint Question 23: The state's provider payment analysis in Table 2 indicates the total payment levels are a percentage of the average commercial rate (ACR).
  - a. CMS requests that the state provide a reimbursement analysis and supporting documentation to demonstrate the payment level is below Medicare or the ACR for each provider class and service line included in this state directed payment. STATE RESPONSE: As described in the response to Preprint Question 27, this analysis was developed using the same set of hospitals and the same CY 2021 data as was used to support the calculation of rate year (RY) 23/24 payments to hospitals under Florida's Directed Payment Program (DPP). The Average Commercial Rates were estimated using the following data and methodology:

• We repriced the CY 2021 data described above to the 2022 Inpatient and Outpatient Medicare PPS fee schedules using the Milliman Medicare Repricer software.

• We estimated the average CY 2022 commercial allowed amounts by applying Floridaspecific CY 2022 Commercial to Medicare reimbursement benchmark factors from the Milliman Consolidated Health Cost GuidelinesTM Sources Database (CHSD).

• We trended estimated commercial amounts from CY 2022 to RY 23/24 using CHSD Inpatient and Outpatient commercial trends.

Please see Attachment "1. FL_Fee.IPH.OPH4_Renewal_20231001-20240930-preprint-addendum.xlsx - Tab 2.A."

b. We request the state to provide the underlying data to document the ACR analysis. For documentation purposes, can the state please provide a demonstration that includes the underlying data and analysis? This can be de-identified if it contains proprietary or sensitive data.

STATE RESPONSE: Please see Attachment "1.A.FL_Fee.IPH.OPH4_Renewal_20231001-20240930-preprint-addendum.xlsx – Tab 2.A. Dollar Basis."

## Section III: Provider Class and Assessment of Reasonableness

5. The attachment labeled Question 21_Y4 Submission indicates the following:

The uniform rate increase percentage for each hospital class may vary. For example:

- (1) Region A: private hospitals will receive a rate increase of 50% for an eligible hospital service; public hospital will receive a rate increase of 60% for the eligible hospital service.
- (2) Region B: private hospitals will receive a rate increase of 65% for an eligible hospital service; public hospital will receive a rate increase of 45% for the eligible hospital service.

It is CMS' understanding that various hospitals in 11 regions of the state are eligible to receive the proposed state directed payment for inpatient and outpatient services. Please clarify the state's reference to Region A and B in the attachment. Are Region A and B referenced as examples for illustrative purposes only or are specific regions classified as Region A and B? STATE RESPONSE: The "A" and "B" regions referenced in this document are examples for illustrative purposes only, and not references to specific regions.

### Section IV: Incorporation into Managed Care Contracts

6. Preprint Question 29: The state indicates that contract actions for this state directed payment arrangement will be submitted by March 2024. Has the state submitted the contract actions? Please confirm. Update the response to this question and submit a revised preprint if applicable. STATE RESPONSE: Preprint updated to June 30, 2024

# Section V: Incorporation into Actuarial Rate Certification

7. Preprint Question 30c: State indicates that a rate certification amendment for this state directed payment arrangement will be submitted by June 30, 2024. Please confirm if that estimated time frame is still accurate and applicable.

STATE RESPONSE: Yes, June 30, 2024 is still accurate.

8. CMS would like to include the state's actuaries on the approval email for this state directed payment preprint to ensure that the details within the approved preprint (e.g. total dollar amount) are accurately documented within the applicable rate certification(s) in accordance with the documentation requirements outlined in the most recent Medicaid Managed Care Rate <u>Development Guide</u>. Please provide the name and email address of at least one actuary who is responsible for producing the rate certification(s) in which this state directed payment will be documented.

STATE RESPONSE: Please see the name and email address of the Principal and Consulting Actuary listed below.

Andrew L. Gaffner Andrew.Gaffner@milliman.com

9. Preprint Question 31: As the state is aware, when a state chooses to incorporate a state directed payment as a separate payment term as indicated in Q31b, CMS has additional expectations for documentation.

a. CMS expects that documentation of the separate payment term will be included in the initial rate certification, including certifying the aggregate amount of the payment, the distribution methodology for the state directed payment and, if the payment arrangement is material, an estimate of the magnitude of the payment on a PMPM basis for reach applicable rate cell. <u>Please acknowledge this policy</u>.

STATE RESPONSE: The state acknowledges this policy.

b. After the rating period is complete and the state makes the payment consistent with the contract and as reflected in the initial rate certification, the state must submit documentation to CMS that incorporates the total amount of the payment into the rate certification's rate cells consistent with the distribution methodology described in the initial rate certification and approved preprint, as if the payment information (e.g., providers receiving the payment, amount of the payment, utilization that occurred, enrollees seen, etc.) had been known when the rates were initially developed.

Please acknowledge this policy.

STATE RESPONSE: The state acknowledges this policy.

10. Preprint Question 32: The state writes: The directed payment is incorporated through a separate payment term for administrative simplicity related to the validation of data from the health plans, the timing of payments, and the receipt of Intergovernmental Transfer.

Please explain and clarify what does the state mean by timing of payments and the receipt of Intergovernmental Transfer.

STATE RESPONSE: The State cannot call for intergovernmental transfers to fund the nonfederal share until a) first, CMS approves the Preprint for the contract rating period and, b) after federal approval, the State's legislature (through the Legislative Budget Commission) authorizes both the collection of non-federal funds and the payment to the MCOs. The LBC typically convenes either in September or January, or both. The LBC waits until federal approval to give approval for the IGT call and payout to MCOs.

11. Preprint Question 32: The preprint indicates that "The State cannot call for intergovernmental transfers to fund the non-federal share until a) first, CMS approves the Preprint for the contract

rating period and, b) after federal approval, the State's legislature (through the Legislative Budget Commission) authorizes budget authority for both the collection of non-federal funds and the payment to the MCOs."

Can the state please affirm your understanding that Section 1902(a)(2) of the Social Security Act obligates you the State to pay the specified amount regardless of the availability of IGT funds or other non-federal share received from other sources?

STATE RESPONSE: In the unlikely event that insufficient IGT are available to fund this program at the levels requested in the preprint, the State would submit a preprint amendment for CMS' consideration. The state understands that if this were to occur, the preprint amendment would need to be submitted to CMS expeditiously. This has not happened in the past, and the state does not anticipate a need to amend the preprint for 2023-24.

The State ensures that an excess of IGTs are not collected by invoicing at the time the payment is to be made. In the event a provider sent excess IGTs to the state, we would either (1) use the overage as a credit toward next year's IGT obligation, or (2) return the excess IGT to the provider. Either of these options are available to the IGT provider upon request

## Section VI: Funding for the Non-Federal Share

- 12. According to the attachment for Question 35 Table 4.A there are IGT entities, specifically Lake County and Lee Health that do not have general taxing authority and do not have access to state or local appropriation. Can the State please indicate the source of IGT funding for those entities? STATE RESPONSE: Lake County does have general taxing authority and is listed as such in table 4.A. Lee Health is a public hospital and a special district created under Florida law but does not have general taxing authority. Lee Health's transfer is derived from public funds permitted to be transferred pursuant to 42 C.F.R. § 433.51.
- 13. Please affirm that no payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity. STATE RESPONSE: The state affirms that no payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.
- 14. Section 1902(a)(2) of the Social Security Act obligates the state to pay that amount regardless of the amount of IGT or other non-federal share received from other sources. Please describe what occurs in instances where the funds derived from the cities/counties/hospital districts are less than the amount the state is obligated to pay out under the approved contracts. Conversely, please describe what occurs when the funds derived from the cities/counties/hospital districts are in excess of the amount the state is obligated to pay out under the approved contracts. STATE RESPONSE: In the unlikely event that insufficient IGT are available to fund this program at the levels requested in the preprint, the State would submit a preprint amendment for CMS' consideration. The state understands that if this were to occur, the preprint amendment would need to be submitted to CMS expeditiously. This has not happened in the past, and the state does not anticipate a need to amend the preprint for 2023-24.

The State ensures that an excess of IGTs are not collected by invoicing at the time the payment is to be made. In the event a provider sent excess IGTs to the state, we would either (1) use the

overage as a credit toward next year's IGT obligation, or (2) return the excess IGT to the provider. Either of these options are available to the IGT provider upon request.

15. In Table 5, Florida lists the permissible class as "Non-public." However, non-public is not one of the permissible classes listed at section 1903 (w)(7) of the Social Security Act or federal regulation at 42 CFR § 433.56. Does Florida mean inpatient hospital services or outpatient hospital services?

STATE RESPONSE: Hospitals pay an assessment on inpatient and/or outpatient hospital services. The assessments exclude services provided by public hospitals, as permitted by the Medicaid statute and regulations.

16. If the tax is separated out into components of inpatient hospital services and outpatient hospital services, can the state please provide the tax amount for inpatient hospital services and outpatient hospital services separately?

STATE RESPONSE: In attachment "2. FL_Fee_IPH.OPH4_Renewal_20231001-20240930 -Year 4 Preprint Round 1 Questions", please see tab labeled "Question 16 – Tax by Provider" in the attachment for the breakout of assessments by inpatient and outpatient hospital services.

17. For the purposes of the 6% threshold found at 42 CFR § 433.68(f)(3)(i)(A) can the state of Florida please provide a 6% number for each permissible class taxed. For example, inpatient hospital services and outpatient hospital services. To calculate this number Florida should add up all of the taxes imposed on the permissible class in the state. Florida should then divide that sum by the net patient revenue for all services included within the permissible class in the state. The resulting number should be given in percentage form. If the state taxes inpatient hospital services and outpatient hospital services, separate percentages should be given for inpatient hospital services.

STATE RESPONSE: In attachment "2. FL_Fee_IPH.OPH4_Renewal_20231001-20240930 - Year 4 Preprint Round 1 Questions", please see tab labeled "Question 17 - 6% of NPR" in the attachment for the total assessment amounts for inpatient and outpatient hospital services as a percentage of net patient revenue.

### Section VII: Quality Criteria and Framework for all Payment Arrangements

18. The goals and objectives in Table 7 do not align with how the goals and objectives appear on page 5 of the state's February 2024 managed care quality strategy.

Please update Table 7 to align with how the goals and objectives are presented on page 4. For example, the goal 'Reduce potentially preventable hospital events (PPE)' on page 4 aligns with the objective 'Reduce potentially preventable readmissions.' STATE RESPONSE: Table 7 in the preprint has been updated.

19. Thank you for providing evaluation findings for the payment arrangement. The evaluation findings, including baseline statistics, were calculated at the region-level. To understand the overall impact of the payment arrangement, preprint for the 2024-2025 contract rating period (Year 4 of the payment arrangement), please also provide evaluation findings, including baseline statistics, calculated at the payment arrangement level (i.e., using data from Medicaid managed care enrollees who received services from all providers participating in the payment arrangement).

Additionally, CMS encourages the state to calculate data at the payment arrangement level for all years of the payment arrangement, including the baseline.

STATE RESPONSE: Statewide rates for the baseline and subsequent years have been added to the tables in attachment "3. FL_Fee_IPH.OPH4_Renewal_20231001-20240930 - Table 8. Hospital DPP-QMs Baselines-2122" and will be included in the next preprint.

### Section VI: Funding for the Non-Federal Share

1. In the Spreadsheet labeled attachment 2, under the tab labeled "Question 16- Tax by Provider" in the column labeled "Inpatient %" and "Outpatient %" the state gives various percentages for each hospital. However, it is unclear what the unit is being taxed. Is this net patient revenue? Gross patient revenue etc.?

STATE RESPONSE: The original spreadsheet that was submitted was clearly confusing and we have attached a revised spreadsheet with additional clarifying information, since the original spreadsheet did not include the information requested in this question. In the "Question 5,6, - Assessment by Prov" Tab of the new spreadsheet labeled

"FL_Fee_IPH.OPH4_Renewal_20231001-20240930 – HDPP Preprint Round 2 Questions", we have added new columns (Column E and Column G) to provide information about the bases for the assessment on inpatient hospital services and outpatient hospital services, respectively, and new columns (Column F and Column H) to provide information about the rate for the assessment on inpatient hospital services and outpatient hospital services, respectively. (The Inpatient % and Outpatient % columns in the prior spreadsheet did not relate to either the assessment basis or the assessment rate.)

- 2. Can Florida please clarify, for each LPPF, what unit or units is being taxed i.e. bed days, net patient revenues, discharges, hospital costs, etc. for each LPPF? STATE RESPONSE: This information is provided in the "Question 5,6, Assessment by Prov" Tab in the same new spreadsheet that is attached. Column E and Column G provide information about the bases for the assessment on inpatient hospital services and outpatient hospital services, respectively.
- 3. Can Florida please clarify, for each LPPF, what the tax rate or rates is for each tax? For example 4% of net patient revenues, \$50 per bed day, 3% of inpatient hospital costs, etc.? STATE RESPONSE: This information is provided in the "Question 5,6, Assessment by Prov" Tab in the same new spreadsheet that is attached. Column F and Column H provide information about the rate for the assessment on inpatient hospital services and outpatient hospital services, respectively.
- 4. Florida has indicated that the tax within each LPPF is both broad-based and uniform. This means that the tax is applied in the same dollar amount or percentage to each provider included within the tax and that no non-public provider is excluded from the tax. However, in the two columns that give the tax rates provided in the spreadsheet, "Inpatient %" and "Outpatient %" the rates seem to very considerably between providers within the same LPPF. Are these supposed to be the tax rates for each provider?

STATE RESPONSE: The Inpatient % and Outpatient % columns in the prior submitted spreadsheet did not relate to either the assessment basis or the assessment rate. These columns

were part of an attempt to demonstrate that the assessments are below the 6 percent indirect hold harmless limit.

5. If so, why are there such wide disparities for separate providers within the same LPPF tax? For instance, in Bay County LPPF, the tax rate for inpatient hospital services is 100% (unit unclear) and for outpatient hospital services is 0% (unit unclear). However, for HCA Florida Gulf Coast Hospital, also in Bay County LPPF, the tax rate is 47% (unit unclear) and for outpatient hospital services the tax rate is 53% (unit unclear). If this tax was truly uniform, meaning that all providers were taxed at the same rate, these two providers should have identical inpatient hospital services tax rates and identical outpatient hospital services tax rates. Can the state please explain why the tax rates are different?

STATE RESPONSE: As noted in the response to Q7, the Inpatient % and Outpatient % columns in the prior spreadsheet did not relate to either the assessment basis or the assessment rate. The new attached spreadsheet should clarify.

## Section VII: Quality Criteria and Framework for all Payment Arrangements

6. Thank you for providing evaluation findings, including baseline statistics, at the payment arrangement level. In the preprint for the 2024-2025 contract rating period (Year 4 of the payment arrangement), please also include performance targets set to the payment arrangement level. STATE RESPONSE: Please see the attachment titled "Hospital DPP-QMs Baselines-2223+Targets MCO Only 060524". The preprint has also been updated accordingly.

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1128000         PCAP Floads Woodsprittsping Romes, Unserger And Mard Dr.         Browd         Cons Romena         0.21%         Cons Romena         0.21%         Top 20,71%         128,81%         128,51%         128,52%           1987000         Decode Summa Scale Mardon         Decode Summa Scale Mardon         Decode Summa Scale Mardon         0.21%         Top 20,71%         Top 20,71% <td>10459100</td> <td>HCA Florida Northwest Hospital</td> <td>Broward</td> <td>Cost Report</td> <td>Gross Revenue</td> <td>0.21%</td> <td>Gross Revenue</td> <td>0.21%</td> <td>1,800,766,253</td> <td>854,397,013</td> <td>3,781,609</td> <td>1,794,234</td>	10459100	HCA Florida Northwest Hospital	Broward	Cost Report	Gross Revenue	0.21%	Gross Revenue	0.21%	1,800,766,253	854,397,013	3,781,609	1,794,234
1020780         Incortast Sums Renut (mp)         Corts Renut (m)         Corts Re												
1977/2003         Jahn Carromary Press Bran         Dirac         Colif Section         Dirac         Dira         Dirac         Dirac												896,478
1987/2003         [3] Juhrs Retaskingstricksplai         Downet         Cola Report         Gross Revenue         0.21%         Gross Revenue         0.21%         JA 202/01         10.02.06/01         20.21%         JA 202/01         JA 202										2,152		5
Strage Part Part Parts Gords         Oncode         Open Remain         Open Remai										494 127		- 1.038
10028000         Standam         Oats Report         Gooss Revenue         0.2%         1.855.857.87         877.875.867         2.200,244         1.785.475           1112600         H-CA from a framed hough Logit         Gooss Revenue         0.2%         Houss Revenue         0.2%												
11743000       ICA Fords Farsach Hospital       Char Otte Beport       Option       0.21%       Gross Revenue       0.21%       International Control       1912/07/27       930.382.20       33.83.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.20       33.84.2												
1998800         Baren Hears         Cata Special         DPR         3.1%         NPR         3.1%         SPR         3.15%         5.15%         5.15%         1.94.84.05%           1000000         Advingtion         Cord Report         Cord Report         Cord Report         0.95%         Cord Report         0.95%         Cord Report         0.95%         7.000,70,70%         3.414.355,70         1.94.84,80         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82         1.93.82 <td></td> <td></td> <td></td> <td></td> <td>Gross Revenue</td> <td>0.21%</td> <td></td> <td></td> <td></td> <td>930,939,222</td> <td>3,385,292</td> <td>1,954,972</td>					Gross Revenue	0.21%				930,939,222	3,385,292	1,954,972
10125000         Advertisation Carlor Control         C												
1078/5800         Apper Hearts Perfances         Option Opt												
04985000         Nersura Childram's Hosp         Olivy of Orlando         Cold Report         Gross Revenue         0.55%         0.433.77.28         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.37.20.77.48         9.32.23.47.42         17.47.25.48         17.37.25.48         17.37.25.48         17.37.25.48         17.37.25.48         17.37.25.48         17.37.25.48										3,414,365,906		19,736,222
101138000         Column         City of Orlando         Column         Gross Revenue         0.55%         9.724 477.51         57.338.124         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.17         -         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12         2.388.12 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>272 020 764</td> <td></td> <td>2 156 100</td>										272 020 764		2 156 100
10338000         Select Specially Hospital - Orando (North Campus)         Oly of Orando         Oran Report         NPR         1.30%         NPR         1												
P071300         N. Vern's Mc Cr. Ciay County         Ciay         Cest Report         NPR         1.30%         NPR         1.30%         State S										-		-
1111/100         HCA Fords Orange Park Hospital         Colig         Cost Report         NPR         1.30%         NPR         1.30%         248,723,268         144,313,986         2.33,402         1.876,053           10038         The Walogh at Nupels         Colig         Cost Report         NPR         1.09%         NPR         1.09%         1.477,381         244,872,326         1.565         5.738           10038         The Walogh at Nupels         Colig         Cost Report         NPR         1.09%         NPR         1.09%         3.417,738         244,807,309         3.431,058         3.211,242           3031400         Physican Regional Med Ctr. Pine Regio         Colig         Cost Report         0.09%         NPR         1.09%         NPR         1.09%         3.447,487         160,297,142         244,997,142         244,997,142         244,997,142         244,997,142         244,997,142         244,997,142         244,997,142         244,997,142         244,997,142         244,997,142         244,917,142         244,917,142         244,917,142         244,922         244,938,91         1.424,922         244,938,91         1.424,924         244,917,143,91,986         3.913,91         3.913,913         1.424,924         244,913,91,861         424,917,913,919         344,914,918,91         344					NPR	1.30%	NPR	1.30%		85,733,005	794,151	1,114,529
104083         The Willough at Naples         Colfer         Colf Report         NPR         1.09%         NPR         1.09%         134.477,3881         224.607,703         3.431,053         3.211,224           0034100         Mayes Sorrig         Colfer         Colf Report         Gross Revenue         0.30%         Gross Revenue         0.30%         3.044,007         0.544,075         11.352,440         11.727,240         4.924,007,00         3.044,007,017,01         3.044,007,017,01         0.046,007,010,016         Colf Report         Gross Revenue         0.30%         Gross Revenue         0.30%         1.746,242,140         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174         3.924,492,174,174,492,44         4.06,053,474												
10031000         Nplers         Conter         NPR         1.09%         NPR         1.09%         314/77.881         244.697/709         3.431.035         3.211.224           00314400         Preventer         DuvaliCity of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         50.940.400         6.649.4975         1132.242         2.08570           00054100         Bigstim Md Cr Jacksonville         DuvaliCity of Jacksonville         Cost Revenue         0.30%         Gross Revenue         0.30%         Gross Revenue         0.30%         1763.784.821.24         3.30.345.440         6.649.4975         1132.246         1.173.226         5.201.308         6.652.450           10077200         Myoc Clinic         DuvaliCity of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         1.400.691.560         1.330.345.440         4.201.75         3.304.54.44         4.202.837         1.400.691.560         1.330.345.440         4.231.045.44         4.202.837         1.400.691.560         1.330.345.440         4.231.045.71         1.282.171         1.382.242         1.330.345.440         4.231.045.71         1.282.171         1.382.246         1.217.443.242.83         1.421.048.431.16         1.400.491.560         1.330.456.440												
1031400         Physicalars Regional Med Ctr. Pine Ridge         Collier         Cost Report         NPR         1.99%         NPR         1.09%         159.300         Weike Springs Center         103.447.447         1102.257.34         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.105.758         2.1												
5599300       Weixe Springs Center       0.30%       Gross Revenue       0.30%       50,940,400       6.949,975       152,281       20,855         10064100       Bipstit Med C1 Acksonville       Cost Report       Gross Revenue       0.30%       Gross Revenue       0.30%       1,763,769,485       2,271,483,262       5,291,308       6.552,450         1007200       Mixed C1 Riverside       Dural/City of Jacksonville       Cost Report       Gross Revenue       0.30%       Gross Revenue       0.30%       1,400,591,560       1,330,454,40       4,201,775       5,591,308       6.552,450         1007300       KU VertS Wed C1 Riverside       Dural/City of Jacksonville       Cost Report       Gross Revenue       0.30%       Gross Revenue       0.30%       1,410,543,397       1,432,278,361       4,231,045       4,228,016       1,410,543,397       1,432,278,361       4,231,045       4,228,016       1,410,543,397       1,342,278,361       4,423,405       4,524,610,718       1,422,711       1,352,846       1,410,843,387       1,342,278,361       4,423,610,718       1,422,711       1,352,846       1,410,843,387       1,342,278,361       4,423,610,718       1,422,711       1,352,846       1,422,810,418       4,423,610,718       1,422,610,718       1,422,610,718       1,422,610,718       1,422,610,718       1,422,610,718<												
1006/100         Baptist Med Cr. Jacksonville         DuvaliCity of Jacksonville         Cortes Revenue         0.30%         Gross Revenue         0.30%         Gross Revenue         0.30%         J764/282.1/24         3.924.408.575         11.352.846         11.773.225           10076700         IP teath Jacksonville         DuvaliCity of Jacksonville         Corts Revenue         0.30%         Gross Revenue         0.30%         J764.282.1/24         3.924.408.575         J42.173.56         J333.454.40         4.201.775         3.991.038           10073100         K. Vent's Med Chr Äverside         DuvaliCity of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         J42.273.05.96         J43.277.208         8.463.116         5.569.817           073200         Bipstit Med Chr Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         2.21.038.571         J.832.772.09         8.463.116         5.569.817           073700         Brocks Retwinitation Hospital         DuvaliCity of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         422.10.85.71         J.822.372.09         8.43.14         402.488           0707100         Brocks Retwinitation Hospital         DuvaliCity of Jackson	8589300	Wekiya Springs Center										
10072200         Mayo Clinic         Duval/City of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         1400.343 (342         4.201.775         3.991.038           10073100         KX vents Med Cr. Riverside         Duval/City of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         Zasto Status         1.410.343 (345.140         4.201.775         3.991.038           1032300         HCA Fonda Menorial Hospital         Duval/City of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         422.390.93         422.111         5.598.817         1.337.832           1023200         Bagotis Med Cr. Fost Southaide         Duval/City of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         427.390.445.337.631         1.486.010         2.924.171         446.014.921.927.146.65         134.162.795         681.314         440.488         404.483         1.440.448         4201.477.5         468.013.46.010         2.589.817         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         Gross Revenue         0.30%         Gross Revenue         0.30%         457.216.46         5.65.7.40         5.75.94.66 <td></td>												
10073100         SL Vent's Med Cr Riverside         Duval/City J Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         1/410.343.387         1/342.278.361         4/23.1045         4/23.858.817           1093100         MCA Florida Memorial Hospital         Duval/City J Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         427.390.299         452.610.718         1.242.278.361         422.310.455         1.342.278.361         422.310.455         423.310.656         1.341.62.795         681.341         1.342.278.361         422.310.455         1.342.278.361         422.310.455         1.342.278.361         422.310.455         1.342.278.361         422.310.455         1.342.278.361         422.310.455         1.342.278.361         422.310.455         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310.456         423.310												
1019300       HCA Florida Memorial Hospital       Duval/City of Jacksonville       Cost Report       Gross Revenue       0.30%       Gross Revenue       0.30%       427.30(2.98)       452.81(2.98)       55.898.17(1)       1.583.272.200       8.463.16(1)       1.578.82         10232600       Broks Rehabilitation Hospital       Duval/City of Jacksonville       Cost Report       Gross Revenue       0.30%       Gross Revenue       0.30%       427.30(2.99)       452.81(1)       1.583.272.200       8.463.16(1)       1.578.82         10232001       Broks Rehabilitation Hospital       Duval/City of Jacksonville       Cost Report       Gross Revenue       0.30%       Gross Revenue       0.30%       427.30(2.99)       452.30(5)       1.578.82       1.578.82         1047000       Specially Hosp Jacksonville       Cost Report       Gross Revenue       0.30%       Gross Revenue       0.30%       407.510       4.50.98       1.52.85       1.52.25       1.52       1.52       1.52       1.52.27       1.007.800       Barliat Hosp       Gross Revenue       0.30%       Gross Revenue       0.30%       41.21.280       4.00.89       5.865.74       1.2327       1.007.800       Sect Headt Hosp       Gross Revenue       0.39%       Gross Revenue       0.39%       1.963.10.25       1.963.197.927       4.659.89												
10232000         Bapitst Med Cr Beaches         0.00%         Gross Revenue         0.30%         Gross Revenue         0.30%         427.390.299         452.610.718         7.827.171         1.327.832           10271700         Brocks Rehathiliation Hospital         DuvalCity of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         427.390.299         452.610.718         1.426.210           10271700         Ricks Rehathiliation Hospital         DuvalCity of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         4495.336.666         798.307.651         1.486.010         2.394.923           10647000         Specially Hosp Jacksonville         DuvalCity of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         41.212.800         41.902.803         1.232.83         1.232.83         1.232.83         1.232.83         1.232.83         1.232.803         1.994.943.9101         1.954.913.921         1.954.913.921         1.954.913.921         1.954.913.921         1.954.913.921         1.954.913.923         1.757.848         6.966.740           10075000         Specially Hosp Jacksonville         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39% <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1,410,348,387</td> <td></td> <td></td> <td></td>									1,410,348,387			
10271700         Broks Rehabilitation Hospital         Dural/City of Jacksonville         Cost Report         Gross Revenue         0.30%         227.104.665         134.167.795         14.86.10         202.394.923           10373000         Specially Hosp Jacksonville         Dural/City of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         50.775.046         799.307.51         14.86.0         145.235         152.375           10047000         Specially Hosp Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         60.775.046         50.624         152.325         152.325         152.327           10074000         Bapits Hosp         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         967.966.977         1.540.035.930         775.188         5.657.40           10075000         Salced Heart Hosp         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         196.952.84         741.762         741.762         741.762         741.762         741.762         741.762         741.762         741.762         741.762         741.762         741.762         741.762         741.762         741.762 <td></td>												
10373000       St. Vent's Med Ctr Southside       Duval/City of Jacksonville       Cost Report       Gross Revenue       0.30%       Gross Revenue       0.30%       6507.564       796.307.631       1.416.010       2.9194.923         10647000       Specialty Hosp Jacksonville       Duval/City of Jacksonville       Cost Report       Gross Revenue       0.30%       Gross Revenue       0.30%       607.57.646       60.30%       41.212.800       41.010.30.950       123.638       1.2327         10074900       Baptist Hosp       Escambia       Cost Report       Gross Revenue       0.39%       Gross Revenue       0.39%       967.964.977       1.504.30.950       17.363.89       37.75.188       5.665.740         10076500       Sacred Heart Hosp       Escambia       Cost Report       Gross Revenue       0.39%       Gross Revenue       0.39%       1.944.841.011       1.953.97.927       4.659.803       7.67.188       5.665.740         1038500       Sacred Heart Hosp       Escambia       Cost Report       Gross Revenue       0.39%       Gross Revenue       0.39%       1.944.841.011       1.956.317.327       4.659.803       7.71.89       5.67.71.80       5.67.71.80       5.67.71       10381370       1.656.311.025       1.469.740.26       5.731.940       5.731.940       5.731.940									227 104 665			
10647000         Specially Hosp Jacksonville         Oural/City of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         50.775.046         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         152.325         37.576         45.565.770         155.319.37         175.764         175.764         175.764         175.764         175.767.44         155.319.27         175.764         175.767.471         156.376.771.745         175.771.745												
24068800         River Point Behavioral Health         Duval/Clif of Jacksonville         Cost Report         Gross Revenue         0.30%         Gross Revenue         0.30%         41,212.800         41,09,050         123,638         123,237           10074900         Baptist Hosp         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         967,996,977         1,540,435,939         3,75,788         5,657,400           10076500         Sacred Heart Hosp         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         1,942,841,011         1,952,841         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762         -         741,762		Specialty Hosp Jacksonville				0.30%		0.30%	50,775,046	50,624	152,325	152
10076500         Sared Heart Hosp         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         1.194.841.011         1.953.197.27         4.659.607         747.870           11321200         HCA Florida West Hospital         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         190.956.311.025         1,469.740.208         6.459.613         5,731.987           11321200         HCA Florida West Hospital         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         1,656.311.025         1,469.740.208         6.459.613         5,731.987           11231700         Encompass Health Brooksilla         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         6.506.637         -         25,915.25         56,166           10087100         Bravera Health Brooksilla         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         13,348,188         460,124         27,727.97         4,003           10087100         Bravera Health Carrollwood         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         196,526,525         94,91.		River Point Behavioral Health	Duval/City of Jacksonville	Cost Report	Gross Revenue	0.30%	Gross Revenue	0.30%	41,212,800		123,638	
1038800         Select Specialty Hospital - Pensacola         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         190,195,284         -         741,762           11321200         HCA Florida West Hospital - Pensacola         Escambia         Cost Report         Gross Revenue         0.39%         Gross Revenue         0.39%         1,666,311,025         1,469,740,28         6,59,63         5,731,987           112381700         Bravera Health Broksville         Hernando         Cost Report         Revenue         0.39%         Gross Revenue         0.39%         6,50,637         -         741,762         -           10087100         Bravera Health Broksville         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         67,991,072         65,076,741         591,522         56,061,88           12007300         HCA Florida Oak Hill Hospital         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         196,526,285         94,917,280         1,709,79         825,780           1005300         Springbrock Hospital         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         196,526,285         94,917,280         1,709,79         825,78												
11321200       HCA Florida West Hospital       Escambia       Cost Report       Gross Revenue       0.39%       Gross Revenue       0.39%       1.656,311,025       1.469,740,208       6.459,613       5.731,987         112381700       Encompase Health Rehabilitation Hospital of Pensacola       Escambia       Cost Report       Gross Revenue       0.39%       Gross Revenue       0.39%       6.506,311,025       1.469,740,208       6.459,613       5.731,987         10087100       Bravera Health Brooksville       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       67,991,072       65,076,741       591,522       566,168         10355100       Encompase Health Brooksville       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       31,348,188       460,172       27,727.99       425,780         12007300       HCA Forida Cost Hill Hospital       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       170,62,580       94,91,22       17,92,729       42,5361         10094300       Springbrook Hospital       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       17,002,580       78,123       147,39,800       -         10094300       AdventHealth Carrol Wood										1,953,197,927	4,659,880	7,617,472
11238700       Encompass Health Rehabilitation Hospital of Pensacola       Escambia       Cost Report       Gross Revenue       0.39%       Gross Revenue       0.39%       6,506,637       -       25,756         10087100       Bravera Health Brohabilitation Hospital of Spring Hill       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       67,991,072       65,076,011       591,356       56,668         10355100       Encompass Health Rehabilitation Hospital of Spring Hill       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       13,48,18       46,076,014       297,229       4,003         12007300       HCA Florida Oak Hill Hospital       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       196,526,285       94,917,280       1709,779       285,780         15552600       Springbrook Hospital       Hernando       Cost Report       Beds       \$ 26,600       N/A       0.00%       103       -       2,739,800       -         10094300       AdventHealth Carolivocd       Hillsborough       Cost Report       Beds       \$ 26,600       N/A       0.00%       1332       -       3,741,800       -         10094300       Super Strate Bathis Hosp       Hillsborough       Cost										1 460 740 000		5 721 007
10087100         Bravera Health Brooksville         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         67.991.072         65.076.741         591.522         566.168           10335100         Encompass Health Brooksville         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         51.348,188         490.91.72         265.076.741         591.522         546.168           100355100         Encompass Health Brooksville         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         136.2525         94.91.728         049.122         272.729         4.003           16552600         Springbrook Hosptal         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         17.002.580         783.123         1.47.39.00         6.813           10098400         AdventHealth Carrollwood         Hillsborough         Cost Report         Beds         \$ 26.600         N/A         0.00%         103         - 33.741,20         4.73.900         -           10098400         Superpis Hosp         Hillsborough         Cost Report         Beds         \$ 26.600         N/A         0.00%         1.382         - 33.741,200         -												
10355100       Encompass Health Rehabilitation Hospital of Spring Hill       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       31;348,188       460,142       272,729       4,003         12007300       HCA Florida Cak Hill Hospital       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       196,526,285       94,917,200       1,707,79       825,780         16552600       Springbrook Hospital       Hernando       Cost Report       NPR       0.87%       NPR       0.87%       17,002,50       731,320       1,709,20       6,813         10093400       AdventHealth Carrollwood       Hillsborough       Cost Report       Beds       \$ 26,600       N/A       0.00%       103       -       2,739,800       -         10093702       St. Josephs Hosp       Hillsborough       Cost Report       Beds       \$ 26,600       N/A       0.00%       1,332       -       3,404,800       -         10093800       South Florida Baptist Hosp       Hillsborough       Cost Report       Beds       \$ 26,600       N/A       0.00%       132       -       3,404,800       -         10098600       Tampa General Hosp       Hillsborough       Cost Report       Beds       \$ 26,600       N/										65.076 741	591,522	566,168
12007300         HCA Florida Oak Hill Hospital         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         196,526,285         94,917,280         1,707,91         825,780           16552600         Springbrook Hospital         Hernando         Cost Report         NPR         0.87%         NPR         0.87%         17,002,580         783,123         1,707,91         825,780           10054300         AdventHealth Carrollwood         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         103         - 2,739,800         -           10097802         St. Josephs Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         1,332         - 35,740,00         -           10097802         St. Josephs Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         1,382         - 35,740,00         -           10098000         Tampa General Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         128         -         3,740,800         -           10099400         Tampa General Hosp         Hillsborough         Cost Report         Be						0.87%	NPR				272,729	4,003
10094300         AdventHealth Carrollwood         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         103         -         2,739,800         -           1009702         St. Josepins Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         1.03         -         3,740,800         -           10098600         South Florida Baptist Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         1.382         -         3,740,800         -           10098600         Tampa General Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         128         -         3,741,800         -           10099400         Tampa General Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         698         -         23,868,000         -           10102800         AdventHealth Tampa         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         596         -         2,713,200         -           10230000         Kindred Hosp - Centrial Tampa         Hillsborough	12007300	HCA Florida Oak Hill Hospital	Hernando	Cost Report		0.87%		0.87%	196,526,285	94,917,280	1,709,779	825,780
10097802         St. Josephs Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         1.382         -         36,741,200         -           1009800         South Florida Baptist Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         1.382         -         36,741,200         -           1009800         Tampa General Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         128         -         23,866,800         -           1002800         Tampa General Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         596         -         23,866,800         -           1023000         AdventHealth Tampa         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         596         -         15,853,600         -           1023000         Kindred Hosp - Central Tampa         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         102         -         5,873,800         -										783,123		6,813
10098600         South Florida Baptist Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         128         -         3,404,800         -           10099400         Tampa General Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         898         -         23,808,800         -           10102800         AdventHealth Tampa         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         596         -         23,808,800         -           10230000         Kindred Hosp - Central Tampa         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         596         -         2,713,200         -										-		
1009400         Tampa General Hosp         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         898         -         23,886,800         -           10102800         AdventHealth Tampa         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         596         -         53,866,800         -           1023000         Kndred Hosp- Central Tampa         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         596         -         5,2713,200         -										-		
10102800         AdventHealth Tampa         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         596         -         15,853,600         -           1023000         Kindred Hosp - Central Tampa         Hillsborough         Cost Report         Beds         \$ 26,600         N/A         0.00%         596         -         15,853,600         -												-
10230000 Kindred Hosp - Central Tampa Hillsborough Cost Report Beds \$ 26,600 N/A 0.00% 102 - 2,713,200 -										-		
										-		-
	10234200				Beds		N/A	0.00%	133	-	3,537,800	

11279800	HCA Florida South Tampa Hospital	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	168	-	4,468,800	-
	HCA Florida Brandon Hospital	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	411	-	10,932,600	-
	HCA Florida South Shore Hospital	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	138	-	3,670,800	-
	H. Lee Moffitt Cancer Hosp	Hillsborough	Cost Report	Beds	\$ 26,600	N/A	0.00%	218	-	5,798,800	-
110563900 10104400	Encompass Health Rehabilitation Hospital of North Tampa Indian River Med Ctr	Hillsborough Indian River	Cost Report	Beds NPR	\$ 26,600 0.37%	N/A NPR	0.00%	147,674,269	- 184,586,032	1,330,000	- 682,968
12001400	Sebastian Med Ctr	Indian River	Cost Report Cost Report	NPR	0.37%	NPR	0.37%	45,879,076	64,581,342	169,753	238,951
12034100	Encompass Treasure Coast Rehab Hosp	Indian River	Cost Report	NPR	0.37%	NPR	0.37%	29.812.356	04,001,042	110,306	200,301
10107900	Leesburg Regional Med Ctr	Lake	Cost Report	Gross Revenue	0.81%	Gross Revenue	0.81%	511,869,005	354,064,347	4,146,139	2.867.921
10108700	South Lake Hosp	Lake	Cost Report	Gross Revenue	0.81%	Gross Revenue	0.81%	1,110,819,296	1,025,731,092	8,997,636	8,308,422
10109500	AdventHealth Waterman	Lake	Cost Report	Gross Revenue	0.81%	Gross Revenue	0.81%	790,650,242	861,248,213	6,404,267	6,976,111
114440700	LifeStream Hospital	Lake	Cost Report	Gross Revenue	0.81%	Gross Revenue	0.81%	28,144,582	23,256,613	227,971	188,379
10113300	Tallahassee Memorial Hosp	Leon	Cost Report	NPR	2.15%	NPR	2.15%	392,676,276	370,615,276	8,442,540	7,968,228
10374800	Select Specialty Hospital - Tallahassee	Leon	Cost Report	NPR NPR	2.15%	NPR NPR	2.15%	22,894,021 163,907,901	-	492,221	-
11980600 12033200	HCA Florida Capital Hospital Encompass Rehab Hosp Tallahassee	Leon Leon	Cost Report Cost Report	NPR	2.15% 2.15%	NPR	2.15% 2.15%	23,115,549	150,498,230	3,524,020 496,984	3,235,712
16911900	Eastside Psych Hosp	Leon	Cost Report	NPR	2.15%	NPR	2.15%	4.287.587	-	92,183	
8369200	Encompass Health Rehabilitation Hospital of Ocala	Marion	Cost Report	Gross Revenue	0.42%	Gross Revenue	0.42%	36,381,569	-	152,803	-
10117600	AdventHealth Ocala	Marion	Cost Report	Gross Revenue	0.42%	Gross Revenue	0.42%	1,533,918,339	1,098,938,872	6,442,457	4.615.543
10353500	Kindred Hosp - Ocala	Marion	Cost Report	Gross Revenue	0.42%	Gross Revenue	0.42%	27,138,979	-	113,984	-
10988600	HCA Florida Ocala Hospital	Marion	Cost Report	Gross Revenue	0.42%	Gross Revenue	0.42%	3,524,624,578	2,216,740,034	14,803,423	9,310,308
160000100	Ocala Behavioral Health LLC dba The Vines Hospital	Marion	Cost Report	Gross Revenue	0.42%	Gross Revenue	0.42%	47,344,460	3,263,965	198,847	13,709
3226500	West Kendall Baptist Hosp	Miami-Dade Miami Dada	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	636,994,157	810,842,009	1,847,283	2,351,442
10035800	Baptist Hosp of Miami Hialeah Hosp	Miami-Dade Miami-Dade	Cost Report	Gross Revenue Gross Revenue	0.29%	Gross Revenue Gross Revenue	0.29%	3,177,904,845	3,130,806,520 86,026,705	9,215,924 445.660	9,079,339 249,477
10041200	Hialean Hosp Mount Sinai Med Ctr	Miami-Dade Miami-Dade	Cost Report Cost Report	Gross Revenue Gross Revenue	0.29%	Gross Revenue	0.29%	1,593,154,417	1,369,972,265	445,660	249,477 3,972,920
10040300	University of Miami Hosp And Clinics	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	2,360.029,172	6,851,406,793	6.844.085	19.869.080
10049800	North Shore Med Ctr	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	379,596,119	232,270,958	1,100,829	673,586
10053600	Larkin Community Hosp Palm Springs	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	237,057,536	102,564,418	687,467	297,437
10058700	South Miami Hosp	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	1,254,588,453	1,161,090,798	3,638,307	3,367,163
	Nicklaus Children's Hosp	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	1,075,906,776	940,766,310	3,120,130	2,728,222
	Westchester General Hospital	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	66,186,967	92,575,224	191,942	268,468
	West Gables Rehab Hosp	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	91,510,564 575,902,944	4,075,995 646,366,325	265,381 1,670,119	11,820
10226100 10270900	Homestead Hosp Encompass Rehab Hosp of Miami	Miami-Dade Miami-Dade	Cost Report Cost Report	Gross Revenue Gross Revenue	0.29%	Gross Revenue Gross Revenue	0.29%	38,880,139	20,310	112,752	1,874,462 59
10277600	Douglas Gardens Hospital	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	19,240,221	1,026,951	55,797	2,978
10337300	Select Specialty Hospital - Miami	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	159,242,116		461.802	-
10354300	Doctors Hospital	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	429,569,349	477,257,678	1,245,751	1,384,047
10460400	Palmetto General Hosp	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	1,086,084,803	527,721,647	3,149,646	1,530,393
10960600	Coral Gables Hosp	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	349,745,763	392,449,928	1,014,263	1,138,105
12000601	HCA Florida Mercy Hospital	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	3,043,769,889	1,826,983,932	8,826,933	5,298,253
	St Catherine's Rehab Hosp	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	29,824,827	325,290	86,492	943 442.858
12005700 12013800	Larkin Community Hosp HCA Florida Kendall Hospital	Miami-Dade Miami-Dade	Cost Report Cost Report	Gross Revenue Gross Revenue	0.29%	Gross Revenue Gross Revenue	0.29%	202,802,197 3,329,131,455	152,709,495 1,782,807,142	588,126 9,654,481	442,858 5,170,141
12013800	HCA Florida Aventura Hospital	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	2,440,279,892	908,465,054	7,076,812	2,634,549
16949600	Southern Winds Health	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	39,732,184		115,223	2,004,040
19556500	Select Specialty Hospital - Miami Lakes	Miami-Dade	Cost Report	Gross Revenue	0.29%	Gross Revenue	0.29%	151,103,941	-	438,201	-
4087600	Nemours Children's Hosp	Orange	Cost Report	NPR	2.18%	NPR	2.18%	136,321,364	110,936,171	2,971,806	2,418,409
	AdventHealth Orlando	Orange	Cost Report	NPR	2.18%	NPR	2.18%	2,952,372,536	2,029,880,421	64,361,721	44,251,393
	Orlando Health	Orange	Cost Report	NPR	2.18%	NPR	2.18%	1,718,158,223	1,154,959,746	37,455,849	25,178,122
10135400 10339000	Health Central	Orange	Cost Report	NPR NPR	2.18%	NPR NPR	2.18%	174,952,892	95,321,917	3,813,973	2,078,018
10339000	Select Specialty Hospital - Orlando (North Campus) Aspire Health Partners	Orange Orange	Cost Report Cost Report	NPR	2.18% 2.18%	NPR	2.18%	59,450,845 8,248,017	-	1,296,028	-
17079000	Central Florida Behavioral Hospital	Orange	Cost Report	NPR	2.18%	NPR	2.18%	36,762,135	3.881.019	801,415	84,606
	University Behav Ctr	Orange	Cost Report	NPR	2.18%	NPR	2.18%	21,931,202	-	478,100	
9268300	HCA Florida Poinciana Hospital	Osceola	Cost Report	Gross Revenue	0.35%	Gross Revenue	0.35%	414,141,069	725,679,630	1,449,494	2,539,879
10138900	HCA Florida Osceola Hospital	Osceola	Cost Report	Gross Revenue	0.35%	Gross Revenue	0.35%	2,756,976,055	1,769,681,150	9,649,416	6,193,884
	St. Cloud Regional Med Ctr	Osceola	Cost Report	Gross Revenue	0.35%	Gross Revenue	0.35%	274,260,964	196,070,179	959,913	686,246
	The Blackberry Center	Osceola	Cost Report	Gross Revenue	0.35%	Gross Revenue	0.35%	30,885,000	-	108,098	-
417000 10140100	Kindred Hosp - The Palm Beaches Bethesda Hosp East	Palm Beach Palm Beach	Cost Report Cost Report	Gross Revenue Gross Revenue	0.28%	Gross Revenue Gross Revenue	0.28%	154,394,712 1,354,568,425	79,946 910,775,466	432,305 3,792,792	224 2,550,171
10140100	Boca Raton Regional Hosp	Paim Beach	Cost Report	Gross Revenue	0.28%	Gross Revenue	0.28%	1,100,042,994	1,903,682,374	3,080,120	5,330,311
10146000	HCA Florida JFK Hospital	Paim Beach	Cost Report	Gross Revenue	0.28%	Gross Revenue	0.28%	3,630,812,727	2,267,127,624	10,166,276	6,347,957
10148600	St Mary's Med Ctr	Paim Beach	Cost Report	Gross Revenue	0.28%	Gross Revenue	0.28%	1,934,890,302	858,373,890	5,417,693	2,403,447
10152400	Good Samaritan Med Ctr	Palm Beach	Cost Report	Gross Revenue	0.28%	Gross Revenue	0.28%	1,236,353,929	1,211,988,305	3,461,791	3,393,567
10210500	Palm Beach Gardens Med Ctr	Paim Beach	Cost Report	Gross Revenue	0.28%	Gross Revenue	0.28%	1,502,062,820	777,425,569	4,205,776	2,176,792
10213000	Wellington Regional Med Ctr	Paim Beach	Cost Report	Gross Revenue	0.28%	Gross Revenue	0.28%	1,369,461,183	766,508,408	3,834,491	2,146,224
10376400	Select Specialty Hospital - Palm Beach	Paim Beach	Cost Report	Gross Revenue	0.28%	Gross Revenue	0.28%	201,099,991	-	563,080	-
12009000	Delray Med Ctr West Boca Med Ctr	Paim Beach Paim Beach	Cost Report	Gross Revenue	0.28%	Gross Revenue	0.28%	3,019,629,995 836,131,079	1,193,152,737 727,871,045	8,454,964 2,341,167	3,340,828 2,038,039
12024300 12026000	West Boca Med Ctr HCA Florida Palms West Hospital	Paim Beach Paim Beach	Cost Report Cost Report	Gross Revenue Gross Revenue	0.28%	Gross Revenue Gross Revenue	0.28%	1,065,595,338	727,871,045 681,864,845	2,341,167	2,038,039
	Jupiter Med Ctr	Paim Beach	Cost Report	Gross Revenue	0.28%	Gross Revenue	0.28%	762,891,821	772,678,326	2,963,667	2,163,499
-2020400	popular mod ou	n ann beach	- Cost Report	Gross Revenue	0.2076	ST033 Nevenue	0.2078	102,001,021	112,010,020	2,100,007	2,100,400

			Florida Uniform Reporting								
10161300 A	AdventHealth North Pinellas	Pinellas	System Florida Uniform Reporting	NPR less Medicare	3.20%	N/A	0.00%	33,026,769	-	1,056,857	-
10372100 B	Baycare Alliant Hosp	Pinellas	System	NPR less Medicare	3.20%	N/A	0.00%	7,388,114	-	236,420	-
12008100 N	Mease Countryside Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	25,773,275	_	824,745	
			Florida Uniform Reporting								
10154100 N	Mease Dunedin Hosp	Pinellas	System Florida Uniform Reporting	NPR less Medicare	3.20%	N/A	0.00%	121,076,925	-	3,874,462	-
10158300 N	Norton Plant Hosp	Pinellas	System	NPR less Medicare	3.20%	N/A	0.00%	207,658,872	-	6,645,084	
12022700 S	St Anthony's Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	105,143,734	-	3,364,599	
10175300 E	Encompass Rehab Hosp of Largo	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	4,846,899		155,101	
	· · ·		Florida Uniform Reporting								
11974100 L	argo Med Ctr	Pinellas	System Florida Uniform Reporting	NPR less Medicare	3.20%	N/A	0.00%	121,636,578	-	3,892,370	
11519300 N	Northside Hosp	Pinellas	System Florida Uniform Reporting	NPR less Medicare	3.20%	N/A	0.00%	46,798,744	-	1,497,560	-
12011100 F	Palms of Pasedena Hosp	Pinellas	System	NPR less Medicare	3.20%	N/A	0.00%	17,937,649	-	574,005	-
12010300 5	St. Petersburg Gen Hosp	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	23,101,415	-	739,245	
	× · ·	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	322,499,761		10,319,992	
			Florida Uniform Reporting						-		
10276800 K	Kindred Hosp - Bay Area - St Petersburg	Pinellas	System Florida Uniform Reporting	NPR less Medicare	3.20%	N/A	0.00%	9,608,754	-	307,480	-
10156700 B	Bayfront Health - St Petersburg	Pinellas	System	NPR less Medicare	3.20%	N/A	0.00%	94,426,079		3,021,635	
10823300 V	Nindmoor Healthcare of Clearwater	Pinellas	Florida Uniform Reporting System	NPR less Medicare	3.20%	N/A	0.00%	12,274,229	-	392,775	
10161300 A	AdventHealth North Pinellas	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	130,278,314		1,654,535	
			Florida Uniform Reporting	Gross Revenue less							
10372100 E	Baycare Alliant Hosp	Pinellas	System Florida Uniform Reporting	Medicare Gross Revenue less	1.27%	N/A	0.00%	21,708,390	-	275,697	-
12008100 N	Mease Countryside Hosp	Pinellas	System Florida Uniform Reporting	Medicare Gross Revenue less	1.27%	N/A	0.00%	99,261,025	-	1,260,615	
10154100 N	Mease Dunedin Hosp	Pinellas	System	Medicare	1.27%	N/A	0.00%	333,571,920	-	4,236,363	-
10158300 N	Norton Plant Hosp	Pinellas	Florida Uniform Reporting Svstem	Gross Revenue less Medicare	1.27%	N/A	0.00%	608,013,054	-	7,721,766	
12022700 S	St Anthony's Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	399,307,333		5,071,203	
			Florida Uniform Reporting	Gross Revenue less					-		
10175300 E	Encompass Rehab Hosp of Largo	Pinellas	System Florida Uniform Reporting	Medicare Gross Revenue less	1.27%	N/A	0.00%	8,197,969	-	104,114	
11974100 L	argo Med Ctr	Pinellas	System Florida Uniform Reporting	Medicare Gross Revenue less	1.27%	N/A	0.00%	1,042,362,241	-	13,238,000	-
11519300 N	Northside Hosp	Pinellas	System	Medicare	1.27%	N/A	0.00%	499,059,012	-	6,338,049	-
12011100	Palms of Pasedena Hosp	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	171,870,007	_	2,182,749	
			Florida Uniform Reporting	Gross Revenue less							
	St. Petersburg Gen Hosp	Pinellas	System Florida Uniform Reporting	Medicare Gross Revenue less	1.27%	N/A	0.00%	344,485,346	-	4,374,964	
10151600 A	All Children's Hosp	Pinellas	System Florida Uniform Reporting	Medicare Gross Revenue less	1.27%	N/A	0.00%	983,935,170	-	12,495,977	
10276800 K	Kindred Hosp - Bay Area - St Petersburg	Pinellas	System	Medicare	1.27%	N/A	0.00%	59,266,574	-	752,685	-
10156700 B	Bayfront Health - St Petersburg	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	900,434,554	-	11,435,519	-
	Vindmoor Healthcare of Clearwater	Pinellas	Florida Uniform Reporting System	Gross Revenue less Medicare	1.27%	N/A	0.00%	38,600,917		490,232	
10164800 L	akeland Regional Med Ctr	Polk	Cost Report	NPR	2.28%	NPR	2.28%	441,350,712	434,090,260	10,062,796	- 9,897,258
		Polk	Cost Report	NPR	2.28%	NPR	2.28%	31,065,360	31,818,163	708,290	725,454
		Polk Polk	Cost Report Cost Report	NPR NPR	2.28%	NPR NPR	2.28%	246,329,804 103,740,325	190,376,875 97,775,036	5,616,320 2,365,279	4,340,593 2,229,271
12041300 E	Bartow Regional Med Ctr	Polk	Cost Report	NPR	2.28%	NPR	2.28%	36,712,735	50,357,628	837,050	1,148,154
10182600 A	AdventHealth Fish Memorial	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	94,755,525	90,963,726	1,535,040	1,473,612
10183400 A	AdventHealth New Smyrna	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	50,601,807	66,840,287	819,749	1,082,813
	AdventHealth Daytona Beach	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	214,313,633	175,798,743	3,471,881	2,847,940
	AdventHealth Deland Select Specialty Hospital - Daytona Beach	Volusia Volusia	Cost Report Cost Report	NPR NPR	1.62% 1.62%	NPR NPR	1.62% 1.62%	68,972,024 19,843,671	89,898,372	1,117,347 321,467	1,456,354
10400300 8	H UF Health Medical Ctr Of Deltona	Volusia	Cost Report	NPR	1.62%	NPR	1.62%	2,824,096	7,702,537	45,750	124,781
105531100 IE								_,,	.,,		
105531100										757,792,704	397,238,192

## Answer to Question 8

		Hospital Assessm	ents (Inpatien	t and Outpatient)		
			PMATE		Total Net Patient Revenue	
		LPPF Assessments	Assessment	Total Assessment	(IP/OP) ¹	% of Net Patient Revenue (IP/OP)
Reference	Class Type	Α	В	C = A + B	D	E = C / D
SFY23	Inpatient	\$ 757,792,704		\$ 757,792,704	\$ 38,867,380,247	1.95%
36123	Outpatient	\$ 397,238,192		\$ 397,238,192	\$ 35,450,388,691	1.12%

Footnotes: 1 - Cost reports used to calculate the NPR were those with a fiscal-year ending within state fiscal year 2023 (7/1/22-6/30/23).

F	Prov Num Provider	G-2 line 17.00 column 3.00	G-2 line 18.00 column 3.00	G-2 line 19.00 column 3.00	G-2 line 7 00 column 3 00	G-2 line 9.00 column 3.00	G-2 Adjusted total
10067600	100001 SHANDS JACKSONVILLE MEDICAL CENTER	417,090,127	1,368,659,130	2,217,483,262	21,979,772	-	3,981,252,747
10140100	100002 BETHESDA HOSPITAL	399,371,519	1,680,486,102	185,486,270		-	2,265,343,891
10133800	100006 ORLANDO HEALTH	2,775,029,750	12,748,657,923	1,324,999,709	-	-	16,848,687,382
10129000	100007 ADVENTHEALTH ORLANDO	3,862,649,675	20,004,471,216	837,626,526	-	-	24,704,747,417
10035800	100008 BAPTIST HOSPITAL	926,942,863	4,824,724,805	557,043,697	-	-	6,308,711,365
10110900	100012 LEE MEMORIAL HOSPITAL	559,758,292	4,407,716,059	622,435,803	2,254,722	-	5,587,655,432
10183400	100014 ADVENTHEALTH NEW SMYRNA BEACH	52,799,089	344,493,954	56,055,438		-	453,348,481
10184200	100017 HALIFAX MEDICAL CENTER	370,902,610	1,604,821,755	204,256,334	-	-	2,179,980,699
10031500	100018 NAPLES COMMUNITY HOSPITAL	298,129,927	2,282,407,054	333,609,446	-	-	2,914,146,427
10008100	100019 HOLMES REGL MEDICAL CENTER	482,614,576	1,909,471,288	269,295,961	-	-	2,661,381,825
10042100	100022 JACKSON MEMORIAL	1,432,003,358	3,990,323,391	528,207,039	-	-	5,950,533,788
10219900	100023 CITRUS MEMORIAL HOSPITAL	131,106,480	2,154,892,408	162,822,841	-	-	2,448,821,729
10076500	100025 ASCENSION SACRED HEART PENSACOLA	368,064,518	1,854,809,341	925,165,079	-	_	3,148,038,938
10006400	100026 ASCENSION SACRED HEART BAY	57,066,299	738,045,011	208,964,810	-	-	1,004,076,120
10010200	100028 PARRISH MEDICAL CENTER	47,090,544	555,361,629		-	-	602,452,173
10049800	100029 NORTH SHORE MEDICAL CENTER AND FMC	79,798,655	464,967,892	67,100,530	-	_	611,867,077
10135400	100030 ORLANDO HEALTH-HEALTH CENTRAL HOSPIT	343,991,282	1,458,539,503		-	-	1,802,530,785
10156700	100032 BAYFRONT HEALTH ST. PETERSBURG	267,721,706	1,853,615,835	-	-	-	2,121,337,541
10046300	100034 MOUNT SINAI MEDICAL CENTER OF FLORID	447,943,462	2,220,944,411	294,238,809	-	-	2,963,126,682
10116800	100035 MANATEE MEMORIAL HOSPITAL	307,167,520	2,601,446,088	216,492,622	-	_	3,125,106,230
10020000	100038 MEMORIAL REGIONAL HOSPITAL	777,593,267	3,103,973,350	2,747,654,517	<u>-</u>	_	6,629,221,134
10012900	100039 BROWARD HEALTH MEDICAL CENTER	318,189,542	1,662,382,981	160,336,775	<u>-</u>	_	2,140,909,298
10073100	100040 ASCENSION ST. VINCENTS RIVERSIDE	313,149,834	2,241,405,396	198,071,518	<u>-</u>	_	2,752,626,748
10154100	100043 MEASE HOSPITAL AND CLINIC	64,792,196	411,405,672	52,584,191	-	_	528,782,059
10118400	100044 MARTIN MEDICAL CENTER	327,869,407	2,469,437,703	444,783,007	-	_	3,242,090,117
10187700	100045 ADVENTHEALTH DELAND	82,873,320	614,384,255	85,900.031	_		783,157,606
10149400	100046 ADVENTHEALTH ZEPHYRHILLS	118,373,009	1,015,828,253	122,201,244	_		1,256,402,506
10027700	100047 BAYFRONT HEALTH PUNTA GORDA	116,724,581	477,033,369	94,755,515	_		688,513,465
10173700	100048 JAY HOSPITAL	1,575,624	37,529,374	14.876,130	-	_	53,981,128
10089700	100049 HCA FLORIDA HIGHLANDS HOSPITAL	39,666,098	591,404,949	47,159,854	-	_	678,230,901
10053600	100050 LARKIN HOSP PALM SPRINGS CAMPUS LLC	89,833,569	216,687,057	33,101,328	-	_	339,621,954
10108700	100051 ORLANDO HEALTH SOUTH LAKE HOSPITAL	278,316,052	1,861,467,655	-	3,233,319	_	2,136,550,388
10169900	100052 WINTER HAVEN HOSPITAL	283,941,013	1,725,368,596	157,043,165	0,200,010		2,166,352,774
10041200	100053 HIALEAH HOSPITAL	26,657,428	190,197,642	22,847,461	_		239,702,531
10125700	100054 TWIN CITIES HOSPITAL	29,749,926	629,051,896	84,374,596	_		743,176,418
10161300	100055 ADVENTHEALTH - NORTH PINELLAS	72,039,512	480,044,679	114,439,427	8,775,683		657,747,935
10109500	100057 ADVENTHEALTH WATERMAN	141,688,438	1,261,848,379	248,361,638	0,110,000		1,651,898,455
10117600	100062 ADVENTHEALTH OCALA	191.896.084	2,259,954,612	181.006.515			2,632,857,211
10150800	100063 MORTON PLANT NORTH BAY HOSPITAL	138,212,675	615,863,664	74,516,088			828,592,427
12022700	100067 ST. ANTHONYS HOSPITAL	208,699,525	1,723,239,477	148,640,377			2,080,579,379
10186900	100068 ADVENTHEALTH DAYTONA BEACH	218,332,101	1,439,084,670	145,107,999			1,802,524,770
10094300	100069 ADVENTHEALTH CARROLLWOOD	69,394,228	1,014,840,255	139,526,940			1,223,761,423
11973300	100070 VENICE REGIONAL BAYFRONT HEALTH	102,654,995	1,314,621,818	123,682,511			1,540,959,324
10087100	100071 BROOKSVILLE REGIONAL HOSPTAL	118,280,982	1,333,109,165	227,756,999			1,679,147,146
10182600	100072 ADVENTHEALTH FISH MEMORIAL	92,516,033	639,850,459	108,978,912	-		841,345,404
10018800	100073 HOLY CROSS HOSPITAL	127,455,948	1,306,039,734	534,515,541	-	_	1,968,011,223
10097802	100075 ST. JOSEPHS HOSPITAL	608,842,190	4,737,502,220	538,196,739	-	-	5,884,541,149
10097802	100073 ST. JUSEPHS HOSPITAL 100077 BAYFRONT HEALTH PORT CHARLOTTE	118,554,884	4,737,502,220	193,985,872	-	-	1,898,406,075
10028500	100077 BATERONT HEALTH PORT CHARLOTTE 100079 UNIVERSITY OF MIAMI HOSP & CLINICS	210,738,751	7,702,522,294	1,298,174,920	-	-	9,211,435,965
10047100	100080 HCA FLORIDA JFK HOSPITAL	762,905,994	4,681,428,978	453,605,379	-	-	9,211,435,965 5,897,940,351
10146000	100080 HCA FLORIDA JFK HOSPITAL 100084 LEESBURG REGIONAL MEDICAL CENTER INC	96,746,999	4,081,428,978	453,605,379 98,975,342	-	-	5,897,940,351 865,933,352
10012900	100086 BROWARD HEALTH NORTH	160,067,999	898,578,867	98,975,342 65,325,775	-	-	1,123,972,641
10012900	100086 BROWARD HEALTH NORTH 100087 SARASOTA MEMORIAL HOSPITAL	777,673,405		65,325,775 396,287,854	-	-	· · ·
10176100	100087 SARASOTA MEMORIAL HOSPITAL 100088 BAPTIST MEDICAL CENTER	1,522,462,731	4,336,492,607		-	-	5,510,453,866
10004100	TUUUUU DAF HOT WEDICAL CENTER	1,522,402,731	5,375,013,243	811,214,725	-	-	7,708,690,699

10171100		100 000 006	1 000 267 606	120 515 460			1 267 865 174
10011100	100090 FLAGLER HOSPITAL	199,982,026 94,770,526	1,028,367,686	139,515,462 90,248,864	-	-	1,367,865,174
10074900	100092 ROCKLEDGE REGIONAL MEDICAL CENTER		1,220,674,585		-	-	1,405,693,975
	100093 BAPTIST HOSPITAL	106,419,417	2,087,900,247	277,713,252	-	-	2,472,032,916
10166400	100099 ADVENTHEALTH LAKE WALES	70,073,093	392,892,936	69,904,130	-	-	532,870,159
10104400	100105 INDIAN RIVER MEMORIAL HOSPITAL	161,336,734	469,911,104	789,030,710	-	-	1,420,278,548
10180000	100106 DOCTORS MEMORIAL	573,750	28,165,724	11,465,131	-	-	40,204,605
10111700	100107 LEHIGH REGIONAL	15,726,518	285,595,367	-	-	-	301,321,885
10090100	100109 ADVENTHEALTH SEBRING	120,668,890	1,270,825,012	122,149,796	-	-	1,513,643,698
10138900	100110 OSCEOLA REGIONAL MEDICAL CENTER	295,436,229	3,605,928,109	625,292,867	-	-	4,526,657,205
10003000	100113 UF HEALTH SHANDS	1,323,142,425	4,762,224,239	217,656,364	-	-	6,303,023,028
10232600	100117 BAPTIST MEDICAL CENTER-BEACHES	181,444,910	602,502,087	96,054,020	-	-	880,001,017
10189300	100118 ADVENTHEALTH PALM COAST	100,985,049	785,641,525	90,069,030	-	-	976,695,604
12041300	100121 BARTOW REGIONAL MEDICAL CENTER	41,811,595	298,776,363	80,155,395	-	-	420,743,353
10126500	100122 NORTH OKALOOSA MEDICAL CENTER	36,032,474	997,268,079	102,830,046	-	-	1,136,130,599
10174500	100124 SANTA ROSA MEDICAL CENTER	13,932,578	690,428,133	184,660,438	-	-	889,021,149
10226100	100125 HOMESTEAD HOSPITAL	189,246,684	825,808,476	207,214,109	-	-	1,222,269,269
12011100	100126 HCA FLORIDA PASADENA HOSPITAL	92,979,268	894,604,337	151,558,271	-	-	1,139,141,876
10158300	100127 MORTON PLANT HOSPITAL	289,447,349	2,639,989,473	194,577,905	9,893,320	-	3,114,121,407
10099400	100128 TAMPA GENERAL HOSPITAL	1,172,098,155	7,483,276,318	547,404,401	-	-	9,202,778,874
10144300	100130 LAKESIDE MEDICAL CENTER	13,439,502	105,710,042	21,030,315	-	-	140,179,859
12037500	100131 HCA FLORIDA AVENTURA HOSPITAL	346,380,742	2,764,433,221	237,930,983	-	-	3,348,744,946
10098600	100132 SOUTH FLORIDA BAPTIST HOSPITAL	67,781,096	567,510,939	90,250,082	-	-	725,542,117
10004800	100134 ED FRASER MEMORIAL HOSPITAL	7,867,651	40,767,587	21,709,060	5,047,779	-	65,296,519
10113300	100135 TALLAHASSEE MEMORIAL HOSPITAL	441,383,861	2,705,698,153	297,099,386	29,636,488	-	3,414,544,912
10228800	100137 ADVENTHEALTH HEART OF FLORIDA	140,085,039	1,438,978,127	132,383,585	-	-	1,711,446,751
10123100	100140 BAPTIST MEDICAL CTR-NASSAU	63,730,810	296,564,419	62,124,617	-	-	422,419,846
10106100	100142 JACKSON HOSPITAL MARIANNA	10,978,441	124,960,399	31,126,461	-	-	167,065,301
10119200	100150 LOWER KEYS MEDICAL CENTER	53,736,611	351,889,854	48,649,029	-	-	454,275,494
10072200	100151 MAYO CLINIC FLORIDA	277,344,365	2,359,047,736	94,544,899	-	-	2,730,937,000
10058700	100154 SOUTH MIAMI HOSPITAL	371,082,901	1,661,363,796	383,232,554	-	-	2,415,679,251
11976800	100156 HCA FLORIDA LAKE CITY HOSPITAL	76,054,895	983,622,436	336,281,776	-	-	1,395,959,107
10164800	100157 LAKELAND REGIONAL MED CTR	427,695,510	3,636,124,685	795,873,785	-	-	4,859,693,980
10178800	100161 HCA FLORIDA LAKE MONROE HOSPITAL	107,482,023	1,332,857,983	219,544,154	-	-	1,659,884,160
11995400	100166 HCA FLORIDA SARASOTA DOCTORS HOSPITA	109,374,534	1,496,540,499	198,804,028	-	-	1,804,719,061
12000601	100167 HCA FLORIDA MERCY HOSPITAL	629,036,742	3,787,589,256	454,127,823	-	-	4,870,753,821
10141900	100168 BOCA RATON REGIONAL HOSPITAL	252,445,320	2,589,027,190	162,252,858	-	-	3,003,725,368
10102800	100173 ADVENTHEALTH TAMPA	394,934,530	2,876,921,164	334,465,075	-	-	3,606,320,769
10192300	100175 DESOTO MEMORIAL HOSPITAL	17,628,264	108,773,555	30,099,869	-	-	156,501,688
10210500	100176 PALM BEACH GARDENS	322,183,106	1.808.845.342	148,459,941	-	-	2,279,488,389
10009900	100177 CAPE CANAVERAL HOSPITAL INC	89,814,279	473,749,640	84,136,800	-	-	647,700,719
10193100	100179 MEMORIAL HOSPITAL OF JACKSONVILLE	509.440.814	3,618,536,638	556,333,328			4,684,310,780
12010300	100180 ST. PETERSBURG GENERAL	74.334.485	947,576,511	270,371,948			1.292.282.944
12005700	100181 LARKIN COMMUNITY HOSPITAL	82,068,250	210,169,688	63,273,754			355,511,692
10960600	100183 CORAL GABLES HOSPITAL	158,537,340	507,873,203	75,785,148			742,195,691
10460400	100187 PALMETTO GENERAL HOSPITAL	244,115,376	1,220,662,746	149,028.328	-	-	1,613,806,450
10459100	100187 PALMETTO GENERAL HOSPITAL	294,254,488	2,264,023,854	96,884,924	-	-	2,655,163,266
10552000	100199 NORTHWEST MEDICAL CENTER 100191 MEDICAL CENTER OF TRINITY	234,234,488	2,507,260,636	175,957,103	-	-	2,915,525,084
10821900	100200 BROWARD HEALTH IMPERIAL POINT	68,539,832	427,478,065	46,860,062	-	-	542,877,959
10821900	100200 BROWARD HEALTH IMPERIAL POINT 100204 NORTH FLORIDA REGIONAL MED CTR	381,310,913	4,269,146,683	40,000,002	-	-	5,244,488,678
11279800					-	-	
	100206 MEMORIAL HOSPITAL OF TAMPA	132,630,394	1,262,552,225	133,483,118	-	-	1,528,665,737
12013800	100209 HCA FLORIDA KENDALL HOSPITAL	496,487,669	4,106,712,053	508,738,875	- 10 717 005	-	5,111,938,597
10959200		62,428,726	456,024,832	74,162,537	18,717,065	-	573,899,030
10988600	100212 HCA FLORIDA OCALA HOSPITAL	336,845,782	4,865,709,352	538,809,478	-	-	5,741,364,612
11021300	100213 HCA FL BLAKE HOSPITAL	325,876,427	1,947,979,368	133,759,947	-	-	2,407,615,742
12001400	100217 SEBASTIAN RIVER MEDICAL CENTER	44,860,886	931,097,608	98,030,585	2,389,811	-	1,071,599,268

		057 574 440	0.000.000.040	040,000,005	0.707.000		0 000 000 750
11134100	100220 GULF COAST MEDICAL CENTER	357,571,143	2,233,236,046	248,282,905	6,727,336	-	2,832,362,758
11132500	100223 FORT WALTON BEACH MEDICAL CTR	189,237,890	3,003,653,124	271,342,773	-	-	3,464,233,787
11280100	100224 HCA FLORIDA WOODMONT HOSPITAL	227,205,610	844,866,272	144,494,403	-	-	1,216,566,285
11174100	100226 HCA FLORIDA ORANGE PARK HOSPITAL	547,440,125	3,319,833,206	593,028,760	-	-	4,460,302,091
11230500	100228 WESTSIDE REGIONAL MEDICAL CENTER	253,825,242	1,781,532,295	108,971,985	-	-	2,144,329,522
10222900	100230 MEMORIAL HOSPITAL PEMBROKE	104,826,221	468,017,752	528,331,312	-	-	1,101,175,285
11321200	100231 WEST FLORIDA HOSPITAL	344,158,236	2,459,195,964	322,697,033	-	-	3,126,051,233
11351400	100232 HCA FLORIDA PUTNAM HOSPITAL	53,189,738	547,219,016	160,272,843	-	-	760,681,597
11746300	100236 HCA FL FAWCETT HOSPITAL	198,164,372	2,072,770,535	272,048,032	-	-	2,542,982,939
11519300	100238 HCA FLORIDA NORTHSIDE HOSPITAL	165,825,770	1,821,425,066	166,561,698	-	-	2,153,812,534
11761700	100242 HCA FLORIDA GULF COAST HOSPITAL	210,497,650	2,156,652,023	240,507,990	-	-	2,607,657,663
11807900	100243 HCA FLORIDA BRANDON HOSPITAL	323,715,014	4,193,837,905	542,980,152	-	-	5,060,533,071
11971700	100244 CAPE CORAL HOSPITAL	228,548,386	1,256,991,451	220,261,307	-	-	1,705,801,144
11969500	100246 HCA FL LAWNWOOD HOSPITAL	505,575,324	3,213,117,828	345,357,803	-	-	4,064,050,955
11974100	100248 LARGO MEDICAL CENTER	322,292,376	2,618,585,431	246,318,003	-	-	3,187,195,810
11998900	100249 SEVEN RIVERS REGIONAL MEDICAL CENTER	74,764,480	769,807,132	171,047,656	-	_	1,015,619,268
11975000	100252 RAULERSON HOSPITAL	46,304,254	514,858,106	44,671,193	_	_	605,833,553
12029400	100253 JUPITER MEDICAL CENTER	134,964,552	1,290,344,694	110,260,901	_	_	1,535,570,147
11980600	100255 HCA FLORIDA CAPITAL HOSPITAL	238,159,794	1,896,089,706	288,377,718	-	-	2,422,627,218
11980000	100256 HCA FLORIDA CAFITAL HOSPITAL	261,212,872	2,984,599,475	143,742,947	-	-	3,389,555,294
				353,597,633	-	-	
12009000		604,222,156	3,254,962,943		-	-	4,212,782,732
11994600	100259 HCA FLORIDA SOUTH SHORE HOSPITAL	93,861,811	832,098,543	96,978,996	-	-	1,022,939,350
11997100	100260 HCA FLORIDA ST. LUCIE HOSPITAL	155,629,237	1,867,834,555	183,950,172	-	-	2,207,413,964
12007300	100264 OAK HILL HOSPITAL	433,898,138	2,648,478,658	250,798,723	-	-	3,333,175,519
12008100	100265 MEASE HOSPITAL COUNTRYSIDE	159,709,089	1,481,003,607	8,875,033	-	-	1,649,587,729
10074900	100266 GULF BREEZE HOSPITAL	15,640,068	607,870,729	58,631,167	-	-	682,141,964
10253900	100267 ENGLEWOOD COMMUNITY HOSPITAL	34,244,839	681,026,114	136,153,402	-	-	851,424,355
12024300	100268 WEST BOCA MEDICAL CENTER	238,756,306	1,115,579,701	209,666,117	-	-	1,564,002,124
12026000	100269 HCA FLORIDA PALMS WEST HOSPITAL	158,923,079	1,452,164,378	136,372,726	-	-	1,747,460,183
12032400	100271 MOFFITT CANCER CENTER	86,027,836	848,158,010	4,189,867,231	-	-	5,124,053,077
10213000	100275 WELLINGTON REGL MEDICAL CENTER	328,350,494	1,603,652,007	203,967,090	-	-	2,135,969,591
12040500	100276 BROWARD HEALTH CORAL SPRINGS	125,612,288	682,978,871	67,069,032	-	-	875,660,191
10277600	100277 MIAMI JEWISH HEALTH SYSTEMS INC.	46,182,353	16,666,144	998,737	43,580,062	-	20,267,172
10252100	100281 MEMORIAL HOSPITAL WEST	403,312,947	1,639,341,815	1,876,933,310	-	-	3,919,588,072
10062500	100284 WESTCHESTER GENERAL HOSPITAL	17,337,742	107,564,386	33,860,063	-	-	158,762,191
10345400	100285 MEMORIAL HOSPITAL MIRAMAR	137,179,213	504,340,253	660,423,280	-	-	1,301,942,746
10314400	100286 PHYSICIANS REGIONAL MEDICAL CENTER	601,081,929	2,273,267,253	280,698,533	-	-	3,155,047,715
10152400	100287 GOOD SAMARITAN HOSPITAL	270,345,516	1,645,375,353	532,621,365	-	-	2,448,342,234
10148600	100288 ST MARYS MEDICAL CENTER	486,186,456	1,947,158,123	359,919,613	-	_	2,793,264,192
10220200	100289 CCF HOSPITAL - WESTON	213,481,936	1,306,766,997	89,092,984	_	_	1,609,341,917
10317900	100290 THE VILLAGES REGIONAL HOSPITAL	78,795,555	530,997,933	96,153,811			705,947,299
10320900	100291 MELBOURNE REGIONAL MEDICAL CENTER	21,838,118	667,460,635	45,252,951	-	-	734,551,704
10323300	100292 ASCENSION SACRED HEART EMERALD COAST	42,709,173	620,272,085	108,854,326	-	-	771.835.584
10323300		121,771,195		74,560,901	-	-	, - ,
10354300	100296 DOCTORS HOSPITAL		710,494,931		-	-	906,827,027
-	100299 LAKEWOOD RANCH MEDICAL CENTER	127,774,554	1,156,567,576	127,611,444	-	-	1,411,953,574
10346200	100302 ST. CLOUD REGIONAL MEDICAL CENTER	66,247,109	404,084,034	-	-	-	470,331,143
10373000	100307 ASCENSION ST. VINCENTS SOUTHSIDE HO	115,904,561	1,025,764,370	151,975,366	-	-	1,293,644,297
2012700	100313 ASCENSION SACRED HEART GULF	2,561,757	44,191,282	19,573,040	-	-	66,326,079
3226500	100314 WEST KENDALL BAPTIST HOSPITAL	195,181,117	861,340,466	391,314,583	-	-	1,447,836,166
3158800	100315 VIERA HOSPITAL INC	62,873,461	481,604,009	75,297,326	-	-	619,774,796
3297500	100316 PALM BAY HOSPITAL	94,285,761	385,154,835	124,667,571	-	-	604,108,167
5456800	100319 ADVENTHEALTH WESLEY CHAPEL	113,636,391	1,492,805,509	189,377,623	-	-	1,795,819,523
9268300	100320 POINCIANA MEDICAL CENTER	49,075,306	810,421,837	280,323,556	-	-	1,139,820,699
9701300	100321 ASCENSION ST. VINCENTS CLAY COUNTY	99,866,660	618,560,501	120,994,348	-	-	839,421,509
21094100	100329 OVIEDO MEDICAL CENTER	32,118,403	678,325,448	160,284,871	-	-	870,728,722

105531100	100330 MEDICAL CENTER OF DELTONA	4,262,083	35,838,797	14,852,301	-	-	54,953,181
10260100	101300 ADVENTHEALTH WAUCHULA	8,859,510	79,743,894	31,762,586	-	-	120,365,990
10822700	101303 LAKE BUTLER HOSPITAL	7,082,599	20,686,430	-	-	-	27,769,029
10026900	101304 CALHOUN-LIBERTY HOSPITAL ASSN	1,164,977	14,667,034	11,021,609	-	-	26,853,620
10080300	101305 GEORGE E. WEEMS MEMORIAL HOSPITAL	553,674	13,645,737	-	-	-	14,199,411
10103600	101307 DOCTORS MEMORIAL HOSPITAL	2,412,400	36,256,620	7,363,319	-	-	46,032,339
10190700	101308 NORTHWEST FLORIDA COMMUNITY HOSPITAL	6,401,013	74,178,793	23,591,945	2,241,390	-	101,930,361
10086200	101309 HENDRY REGIONAL MEDICAL CENTER	2,405,167	53,518,205	16,372,588	-	-	72,295,960
10115000	101311 MADISON MEMORIAL HOSPITAL	2,182,547	17,767,337	2,534,536	-	-	22,484,420
10120600	101312 FISHERMENS HOSPITAL	175,932	37,618,830	14,638,948	-	-	52,433,710
10121400	101313 MARINERS HOSPITAL	11,031,325	197,784,496	28,419,118	-	-	237,234,939
10337300	102001 SSH - MIAMI	56,215,756	103,026,360	-	-	-	159,242,116
10339000	102003 SSH -ORLANDO	140,142,403	272,147,091	-	-	-	412,289,494
10234200	102009 KINDRED HOSPITAL BAY AREA	132,589,519	196,870,934	-	-	-	329,460,453
10019600	102010 KINDRED HOSPITAL SOUTH FLORIDA	199,215,062	250,325,204	-	3,376,637	-	446,163,629
10647000	102012 CURAHEALTH JACKSONVILLE LLC	27,092,273	23,733,397	-	-	-	50,825,670
10230000	102013 KINDRED HOSPITAL CENTRAL TAMPA	90,599,398	142,508,360	-	-	-	233,107,758
10267900	102015 KINDRED HOSPITAL NORTH FLORIDA	64,969,082	108,315,953	-	-	-	173,285,035
10343800	102017 SSH - PANAMA CITY INC	32,588,941	44,018,175	-	-	-	76,607,116
10356000	102018 PAM SPECIALTY HOSPITAL OF SARASOTA	34,164,584	54,795,250	-	-	-	88,959,834
10353500	102019 KINDRED HOSPITAL OCALA	14,722,218	12,416,761	-	-	-	27,138,979
10374800	102020 SSH -TALLAHASSEE INC.	42,484,877	55,617,051	-	-	-	98,101,928
10372100	102021 BAYCARE ALLIANT HOSPITAL	24,121,543	45,395,898	-	-	-	69,517,441
10377200	102022 SSH - GAINESVILLE INC	53,883,521	71,898,115	-	-	-	125,781,636
10376400	102023 SSH - PALM BEACH LLC	80,402,970	120,697,021	-	-	-	201,099,991
10368300	102024 SSH - PENSACOLA INC	79,138,248	111,057,036	-	-	-	190,195,284
417000	102025 KINDRED HOSPITAL THE PALM BEACHES	66,013,873	88,460,785	-	-	-	154,474,658
949600	102026 ADVENTHEALTH CONNERTON	76,700,558	115,904,024	-	-	-	192,604,582
1681500	102027 KINDRED HOSPITAL MELBOURNE	48,897,917	68,655,132	-	-	-	117,553,049
13800200	102028 SSH - THE VILLAGES	37,334,480	39,796,389	-	-	-	77,130,869
13854800	102029 SSH - FORT MYERS	45,999,255	55,588,717	-	-	-	101,587,972
16486300	102030 SSH - DAYTONA BEACH	32,921,891	66,061,692	-	-	-	98,983,583
19556500	102031 SSH - MIAMI LAKES	56,615,649	94,488,292	-	-	-	151,103,941
16431100	102032 LANDMARK HOSPITAL OF SOUTHWEST FLORI	50,465,964	90,694,760	-	-	-	141,160,724
12002200	103026 ST CATHERINES REHAB HOSPITAL	40,685,281	14,021,205	220,517	24,776,886	-	30,150,117
16972100	103027 ST JOHNS REHABILITATION HOSPITAL	27,666,470	9,172,247	393,792	20,676,318	-	16,556,191
12027800	103028 ENCOMPASS HEALTH REHABILITATION HOS	36,145,670	40,015,926	-	-	-	76,161,596
12038300	103031 ENCOMPASS HEALTH REHABILITATION HOSP	34,674,368	37,265,860	-	-	-	71,940,228
12034100	103032 ENCOMPASS HEALTH REHABILITATION HOSP	19,486,501	21,399,393	-	-	-	40,885,894
12033200	103033 ENCOMPASS HEALTH REHABILITATION HOSP	11,839,854	19,659,628	-	-	-	31,499,482
12042100	103034 SEA PINES REHABILITATION HOSPITAL A	19,614,425	23,461,115	-	-	-	43,075,540
10170200	103036 WEST GABLES REHABILITATION HOSPITAL	38,764,539	56,822,020	-	-	-	95,586,559
10175300	103037 ENCOMPASS HEALTH REHABILITATION HOSP	16,455,048	26,279,225	-	-	-	42,734,273
10270900	103038 ENCOMPASS HEALTH REHABILITATION HOSP	14,853,382	24,047,067	-	-	-	38,900,449
10271700	103039 BROOKS REHABILITATION	68,430,898	292,836,562	-	-	-	361,267,460
10275000	103040 ENCOMPASS HEALTH REHABILITATION HOSP	14,607,420	18,366,224	-	-	-	32,973,644
10355100	103042 ENCOMPASS HEALTH REHABILITATION HOSP	15,785,226	26,527,829	-	-	-	42,313,055
8369200	103043 ENCOMPASS HEALTH REHABILITATION HOSP	14,086,037	22,295,532	-	-	-	36,381,569
9587500	103044 ENCOMPASS HEALTH REHABILITATION HOSP	28,678,718	30,543,145	-	-	-	59,221,863
14235500	103045 ENCOMPASS HEALTH REHABILITATION HOSP	28,166,382	30,464,575	-	-	-	58,630,957
103449400	103046 ARCHER REHABILITATION LLC	52,460,169	49,594,243	-	-	-	102.054.412
103047	103047 ENCOMPASS HEALTH REHABILITATION HOSP	10,680,768	10,736,779	-	-	-	21,417,547
112381700	103048 ENCOMPASS HEALTH REHABILITATION OF P	3,423,680	3,082,957	-	-	-	6,506,637
10151600	103300 JOHNS HOPKINS ALL CHILDRENS HOSPITA	454,661,242	1,015,810,703	82,949,685	-	-	1,553,421,630
10060900	103301 NICKLAUS CHILDRENS HOSPITAL	434,028,638	1,562,674,734	19,969,714	-	-	2,016,673,086
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4087600	103304 NEMOURS CHILDRENS HOSPITAL	219,992,779	526,432,138	84,973,841	-	-	831,398,758
26002900	104007 NORTHEAST FLORIDA STATE HOSPITAL	4,337,474	-	-	-	2,477,189	1,860,285
24058800	104016 RIVER POINT BEHAVIORAL HEALTH	41,041,450	1,506,800	2,773,600	-	-	45,321,850
10823300	104017 WINDMOOR HEALTHCARE	45,445,400	1,359,000	6,259,420	-	-	53,063,820
1 <b>1</b> 4440700	104018 LIFESTREAM BEHAVIORAL CENTER	27,071,377	2,313,292	22,016,526	-	-	51,401,195
16552300	104024 CIRCLES OF CARE INC.	32,441,474	13,481,603	-	-	-	45,923,077
10357800	104026 FT. LAUDERDALE HOSPITAL	100,155,000	2,517,000	4,078,617	-	-	106,750,617
16949600	104049 SOUTHERN WINDS HOSPITAL LLC	32,157,284	7,574,900	-	-	-	39,732,184
16552600	104057 SPRINGBROOK HOSPITAL	36,913,500	1,700,201	-	-	-	38,613,701
16911900	104059 EASTSIDE PSYCHIATRIC HOSPITAL	8,725,234	458,723	-	-	-	9,183,957
104063	104063 THE WILLOUGH AT NAPLES	29,304,000	1,093,950	-	-	-	30,397,950
17078300	104067 ASPIRE HEALTH PARTNERS INC	13,499,170	-	-	-	-	13,499,170
8589300	104069 WEKIVA SPRINGS CENTER LLC	50,927,350	13,050	6,949,975	-	-	57,890,375
4805200	104070 PORT ST LUCIE HOSPITAL	36,304,500	-	1,789,590	-	-	38,094,090
160000100	104071 THE VINES HOSPITAL	47,344,459	2	3,263,964	-	-	50,608,425
17079000	104072 CENTRAL FLORIDA BEHAVIORAL HEALTH	96,664,920	3,312,635	7,729,195	-	-	107,706,750
105750000	104073 EMERALD COAST BEHAVIORAL HOSPITAL	46,626,800	-	4,861,468	-	-	51,488,268
16551100	104074 PARK ROYAL HOSPITAL	66,208,448	17,016,702	3,777,140	-	-	87,002,290
5456800	104075 NORTH TAMPA BEHAVIORAL HEALTH	58,202,063	7,404,137	1,783,600	-	-	67,389,800
360086617	104076 UNIVERSITY BEHAVIORAL CENTER	60,107,155	-	-	-	-	60,107,155
104784700	104078 SUNCOAST BEHAVIORAL HEALTH CENTER	22,589,600	-	410,955	-	-	23,000,555
15775700	104079 LARKIN COMMUNITY HOSPITAL BEHAVIORAL	34,541,525	4,395,187	-	-	-	38,936,712
22041500	104080 CORAL SHORES BEHAVIORAL HEALTH	23,344,200	-	424,200	-	-	23,768,400
110947200	104081 OGLETHORPE OF ORLANDO INC.	30,885,000	-	-	-	-	30,885,000
101334000	104082 PALM POINT BEHAVIORAL HEALTHCARE	18,884,800	-	678,600	-	-	19,563,400
		49,131,139,701	304,307,885,456	48,148,546,236	203,306,588	2,477,189	401,381,787,616

10019600		Cost Report	Cost Report	Cost Report			Cost Report	Cost Report	Cost Report	Cost Report	Cost Report						
	rov Num	Total Gross G3		C Part 1 R202	Calculated	Calculated	Inpatient	Ancillary	Ancillary	Outpatient		Calculated		Calculated		alculated	Calculated
10067600	fedicare Facility 100001 SHANDS JACKSONVILLE MEDICAL CENTER	G-3 L1.00 C1.00 4,018,002,245	G-3 L3.00 C1.00 680,980,074	C Part 1 GR 4,007,592,931	G-2 GR - adjusted 3,981,252,747	G-2 derived NPR 674.751.686	G-2 L17.00 C1.00 417,090,127	G-2 L18.00 C1.00 1,368,659,130	G-2 L18.00 C2.00	G-2 L19.00 C3.00 2,217,483,262	[wG-2tvl7.00c3.00] 21,979,772	Total Gross G2 4,003,232,519	Inpatient Ratio 45%	Outpatient Rat	tio Ir 55%	npatient Net 300,991,091	Outpatient Net 373,760,596
10140100	100002 BETHESDA HOSPITAL	2.271.031.984	338,186,610	2.265.343.891	2.265.343.891	337.339.578	399.371.519	955,196,906	725,289,196	185.486.270	21,979,772	2,265,343,891	40%		40%	201.713.101	135.626.477
10133800	100006 ORLANDO HEALTH	16,862,292,759		16,965,388,700		2,873,117,969		7,300,682,798	5,447,975,125	1,324,999,709	-	16,848,687,382	60%		40%	1,718,158,223	1,154,959,746
10129000 10035800	100007 ADVENTHEALTH ORLANDO	24,812,982,853	5,004,081,001	25,228,335,063		4,982,252,957	3,862,649,675	10,776,835,397	9,227,635,819	837,626,526	-	24,704,747,417	59%		41%	2,952,372,536	2,029,880,421
10135800	100008 BAPTIST HOSPITAL 100012 LEE MEMORIAL HOSPITAL	6,308,786,462 5,629,638,935	1,532,888,457 1,191,987,787	6,308,711,365 5,302,933,866	6,308,711,365 5,587,655,432	1,532,870,210 1,183,098,438	926,942,863 559,758,292	2,250,961,982 1,918,649,700	2,573,762,823 2,489,066,359	557,043,697 622,435,803	2,254,722	6,308,711,365 5,589,910,154	50% 44%		50% 56%	772,157,004 524,552,371	760,713,206 658,546,067
10183400	100014 ADVENTHEALTH NEW SMYRNA BEACH	478,760,939	124,025,313	542,095,513	453,348,481	117,442,094	52,799,089	142,533,363	201,960,591	56,055,438		453,348,481	43%		57%	50,601,807	66,840,287
10184200	100017 HALIFAX MEDICAL CENTER	2,298,803,240	550,169,626	2,181,865,687	2,179,980,699	521,731,980	370,902,610	827,219,232	777,602,523	204,256,334	-	2,179,980,699	55%		45%	286,744,961	234,987,019
10031500 10008100	100018 NAPLES COMMUNITY HOSPITAL 100019 HOLMES REGL MEDICAL CENTER	2,914,146,427 2,692,895,118	609,381,590 511,902,618	2,913,432,651 2,925,228,019	2,914,146,427 2,661,381,825	609,381,590 505,912,137	298,129,927 482,614,576	1,207,161,988 1,292,968,284	1,075,245,066 616,503,004	333,609,446 269,295,961		2,914,146,427 2,661,381,825	52% 67%		48% 33%	314,773,881 337,527,261	294,607,709 168,384,876
10042100	100019 HOLMES REGLIMEDICAL CENTER 100022 JACKSON MEMORIAL	2,092,895,118	1,315,420,355	6,040,988,334	5,950,533,788	1,295,723,950	1,432,003,358	2,780,447,924	1,209,875,467	528,207,039		5,950,533,788	71%		33% 29%	917,257,881	378,466,069
10219900	100023 CITRUS MEMORIAL HOSPITAL	2,448,821,729	206,237,787	2,448,821,729	2,448,821,729	206,237,787	131,106,480	1,266,164,418	888,727,990	162,822,841	-	2,448,821,729	57%		43%	117,677,026	88,560,761
10076500	100025 ASCENSION SACRED HEART PENSACOLA	3,342,437,787	854,863,352	2,983,125,346	3,148,038,938	805,143,817	368,064,518	826,776,493	1,028,032,848	925,165,079	-	3,148,038,938	38%		62%	305,593,060	
10006400 10010200	100026 ASCENSION SACRED HEART BAY 100028 PARRISH MEDICAL CENTER	1,005,081,409 602,452,173	166,363,800 131,457,387	1,004,076,121 602,267,518	1,004,076,120 602,452,173	166,197,402 131,457,387	57,066,299 47,090,544	434,343,907 197,553,674	303,701,104 357,807,955	208,964,810	-	1,004,076,120 602,452,173	49% 41%		51% 59%	81,339,550 53,382,312	84,857,852 78,075,075
10049800	100029 NORTH SHORE MEDICAL CENTER AND FMC C	612,412,644	58,733,629	609,728,644	611,867,077	58,681,306	79,798,655	299,797,464	165,170,428	67,100,530		611,867,077	62%		38%	36,405,286	22,276,020
10135400	100030 ORLANDO HEALTH-HEALTH CENTRAL HOSPIT	1,802,530,785	270,274,809	1,802,530,784	1,802,530,785	270,274,809	343,991,282	822,813,629	635,725,874	-	-	1,802,530,785	65%		35%	174,952,892	95,321,917
10156700	100032 BAYFRONT HEALTH ST. PETERSBURG	2,121,337,541	246,528,943	2,121,337,542	2,121,337,541	246,528,943		1,154,839,145	698,776,690	- 294 238 809	-	2,121,337,541	67%		33% 46%	165,321,367	81,207,576
10116800	100034 MOUNT SINAI MEDICAL CENTER OF FLORID 100035 MANATEE MEMORIAL HOSPITAL	3,305,769,599	847,348,006 311,618,716	2,980,082,513 3,125,106,230	2,963,126,682 3,125,106,230	759,520,411 311.618.716	447,943,462 307,167,520	1,145,210,955 1,596,744,297	1,075,733,456 1,004,701,791	294,238,809 216,492,622		2,963,126,682 3,125,106,230	54% 61%		40% 39%	408,363,674 189,847,804	351,156,737 121,770,912
10020000	100038 MEMORIAL REGIONAL HOSPITAL	6,977,743,327	1,129,210,449	6,465,482,545		1,072,808,990	777,593,267	3,103,973,350	-	2,747,654,517		6,629,221,134	59%		41%	628,155,175	
10012900	100039 BROWARD HEALTH MEDICAL CENTER	2,140,909,298	424,383,101	2,140,909,439	2,140,909,298	424,383,101	318,189,542	1,021,520,524	640,862,457	160,336,775	-	2,140,909,298	63%		37%	265,564,876	158,818,225
10073100	100040 ASCENSION ST. VINCENTS RIVERSIDE	2,789,743,888	481,359,637	2,740,652,209	2,752,626,748	474,955,216	313,149,834	1,097,198,553	1,144,206,843	198,071,518	-	2,752,626,748	51%		49%	243,350,220	231,604,997
10154100 10118400	100043 MEASE HOSPITAL AND CLINIC 100044 MARTIN MEDICAL CENTER	528,782,059 3,296,277,317	112,770,938 574,394,650	519.225,504 3.247.107.386	528,782,059 3.242.090.117	112,770,938 564,952,229	64,792,196 327,869,407	201,614,081 1,228,142,187	209,791,591 1.241,295,516	52,584,191 444,783.007	-	528,782,059 3.242.090.117	50% 48%		50% 52%	56,815,252 271,143,672	55,955,686 293,808,557
10187700	100045 ADVENTHEALTH DELAND	783,157,606	158,870,396	861,437,788	783,157,606	158,870,396	82,873,320	257,126,870	357,257,385	85,900,031		783,157,606	43%		57%	68,972,024	89,898,372
10149400	100046 ADVENTHEALTH ZEPHYRHILLS	1,256,402,506	198,565,317	1,248,440,753	1,256,402,506	198,565,317	118,373,009	535,774,828	480,053,425	122,201,244	-	1,256,402,506	52%		48%	103,383,328	95,181,989
10027700	100047 BAYFRONT HEALTH PUNTA GORDA	688,513,465	74,180,085	686,683,439	688,513,465	74,180,085	116,724,581	279,779,929	197,253,440	94,755,515		688,513,465	58%		42%	42,719,191	31,460,894
10173700 10089700	100048 JAY HOSPITAL 100049 HIGHLANDS REGIONAL MEDICAL CENTER	54,449,181 678,230,901	9,843,977 81,417,848	54,449,181 678,230,901	53,981,128 678,230,901	9,759,357 81,417,848	1,575,624 39,666,098	7,612,827 292,602,748	29,916,547 298,802,201	14,876,130 47,159,854		53,981,128 678,230,901	17% 49%		83% 51%	1,661,199 39,887,027	8,098,158 41,530,821
10053600	100050 LARKIN HOSP PALM SPRINGS CAMPUS LLC	339,621,954	72,718,964	339,621,954	339,621,954	72,718,964	89,833,569	147,223,967	59,463,090	33,101,328	-	339,621,954	70%		30%	50,758,139	21,960,825
10108700	100051 ORLANDO HEALTH SOUTH LAKE HOSPITAL	2,140,107,182	318,812,366	2,146,288,766	2,136,550,388	318,282,509	278,316,052	835,736,563	1,025,731,092		3,233,319	2,139,783,707	52%		48%	165,709,955	152,572,554
10169900	100052 WINTER HAVEN HOSPITAL	2,166,352,774	436,706,679	2,117,026,302		436,706,679	283,941,013	938,017,065	787,351,531	157,043,165		2,166,352,774	56%		44%	246,329,804	190,376,875
10041200	100053 HIALEAH HOSPITAL 100054 TWIN CITIES HOSPITAL	239,702,531 743,176,418	23,692,516 65,932,563	238,245,465 743,176,418	239,702,531 743,176,418	23,692,516 65,932,563	26,657,428 29,749,926	127,018,398 217,186,186	63,179,244 411,865,710	22,847,461 84,374,596		239,702,531 743,176,418	64% 33%		36% 67%	15,189,522 21,907,491	8,502,994 44,025,072
10161300	100055 ADVENTHEALTH - NORTH PINELLAS	666.523.618	136,712,396	659,717,536	657,747,935	134,912,393	72,039,512	252,649,691	227,394,988	114,439,427	8,775,683	666,523,618	49%		51%	65,720,998	69,191,395
10109500	100057 ADVENTHEALTH WATERMAN	1,657,464,569	336,894,465	1,656,601,023	1,651,898,455	335,763,103	141,688,438	648,961,804	612,886,575	248,361,638	-	1,651,898,455	48%		52%	160,706,718	175,056,385
10117600	100062 ADVENTHEALTH OCALA	2,632,857,211	367,375,733	2,632,857,216		367,375,733	191,896,084	1,342,022,255	917,932,357	181,006,515	-	2,632,857,211	58%		42%	214,035,297	153,340,436
10150800 12022700	100063 MORTON PLANT NORTH BAY HOSPITAL 100067 ST. ANTHONYS HOSPITAL	828,592,427 2.080,579,379	174,998,962 436,900,681	816,625,780	828,592,427	174,998,962	138,212,675 208,699,525	396,090,965 825,055,475	219,772,699 898,184,002	74,516,088	-	828,592,427	64% 50%		36% 50%	112,845,084	62,153,878
12022700	100067 ST. ANTHONYS HOSPITAL 100068 ADVENTHEALTH DAYTONA BEACH	2,080,579,379	421,775,654	2,050,957,882 2,175,860,643	2,080,579,379 1,802,524,770	436,900,681 390,112,376	208,699,525	820,050,475	667,174,842	148,640,377 145,107,999		2,080,579,379	50%		50% 45%	217,078,122 214,313,633	219,822,559 175,798,743
10094300	100069 ADVENTHEALTH CARROLLWOOD	1,223,761,423	214,648,627	1,223,761,421	1,223,761,423	214,648,627	69,394,228	508,310,019	506,530,236	139,526,940	-	1,223,761,423	47%		53%	101,329,737	113,318,890
11973300	100070 VENICE REGIONAL BAYFRONT HEALTH	1,540,959,324	172,996,683	1,540,959,324	1,540,959,324	172,996,683	102,654,995	627,737,524	686,884,294	123,682,511	-	1,540,959,324	47%		53%	81,997,935	90,998,748
10087100	100071 BROOKSVILLE REGIONAL HOSPTAL	1,679,147,146	133,067,813	1,679,147,143		133,067,813	118,280,982	739,680,171	593,428,994	227,756,999	-	1,679,147,146	51%		49%	67,991,072	65,076,741
10182600	100072 ADVENTHEALTH FISH MEMORIAL 100073 HOLY CROSS HOSPITAL	870,141,881 2,236,749,915	192,075,808 512,731,324	1,015,377,293 2,234,137,531	841,345,404 1,968,011,223	185,719,251 451,128,217	92,516,033 127,455,948	336,745,473 616,043,242	303,104,986 689,996,492	108,978,912 534,515,541		841,345,404 1.968.011.223	51% 38%		49% 62%	94,755,525 170,432,699	90,963,726 280,695,518
10097802	100075 ST. JOSEPHS HOSPITAL	5.884.541.149	1.477.077.094	5,696,504,245	5,884,541,149	1,477,077,094	608.842.190	2,518,840,840	2,218,661,380	538,196,739		5,884,541,149	53%		47%	785.078.878	691,998,216
10028500	100077 BAYFRONT HEALTH PORT CHARLOTTE	1,898,406,075	180,147,305	1,898,406,075	1,898,406,075	180,147,305	118,554,884	932,037,628	653,827,691	193,985,872	-	1,898,406,075	55%		45%	99,694,903	80,452,402
10047100	100079 UNIVERSITY OF MIAMI HOSP & CLINICS	9,211,435,965	1,961,878,304	9,219,696,524	9,211,435,965	1,961,878,304	210,738,751	2,149,290,421	5,553,231,873	1,298,174,920	-	9,211,435,965	26%		74%	502,645,847	1,459,232,457
10146000 10107900	100080 JFK MEDICAL CENTER 100084 LEESBURG REGIONAL MEDICAL CENTER INC	5,897,940,351 873,338,977	607,125,775 229,107,522	5,897,940,351 865,961,354	5,897,940,351 865,933,352	607,125,775 227,164,766	762,905,994 96,746,999	2,867,906,733 415,122,006	1,813,522,245 255,089,005	453,605,379 98,975,342		5,897,940,351 865,933,352	62% 59%		38% 41%	373,750,811 134,281,238	233,374,964 92,883,528
10012900	100086 BROWARD HEALTH NORTH	1,127,871,004	220,050,238	1,127,871,006		219,289,658	160,067,999	539,176,554	359,402,313	65,325,775	-	1,123,972,641	62%		38%	136,424,227	82,865,431
10176100	100087 SARASOTA MEMORIAL HOSPITAL	5,510,453,866	1,017,781,763	5,365,364,489	5,510,453,866	1,017,781,763		2,574,971,687	1,761,520,920	396,287,854	-	5,510,453,866	61%		39%	619,234,117	398,547,646
10064100	100088 BAPTIST MEDICAL CENTER	7,747,611,783	1,688,937,000	7,707,888,262		1,680,452,417	1,522,462,731	2,261,819,393	3,113,193,850	811,214,725	-	7,708,690,699	49% 52%		51%	824,952,808	855,499,608
10171100 10011100	100090 FLAGLER HOSPITAL 100092 ROCKLEDGE REGIONAL MEDICAL CENTER	1,367,865,174	313,921,346 149,758,590	1,367,865,175	1,367,865,174	313,921,346 149.620.245	199,982,026 94,770,526	512,531,831 610.848.335	515,835,855 609,826,250	139,515,462 90,248,864	-	1,367,865,174	52% 50%		48% 50%	163,519,997 75.105.157	150,401,349 74,515,088
10074900	100093 BAPTIST HOSPITAL	2,472,032,916	413,885,259	2,487,476,202	2,472,032,915	413,885,259	105,419,417	861,577,560	1,226,322,687	277,713,252	-	2,472,032,916	39%		61%	162,068,910	251,816,349
10166400	100099 ADVENTHEALTH LAKE WALES	532,870,159	62,883,523	510,577,084	532,870,159	62,883,523	70,073,093	193,172,391	199,720,545	69,904,130	-	532,870,159	49%		51%	31,065,360	31,818,163
10104400 10180000	100105 INDIAN RIVER MEMORIAL HOSPITA.L 100106 DOCTORS MEMORIAL	1,420,278,548 47,589,197	332,260,301 16,879,946	1,187,243,746 45,554,126	1,420,278,548 40,204,605	332,260,301 14,260,622	161,336,734 573,750	469,911,104 2,726,278	25,439,446	789,030,710 11,465,131	-	1,420,278,548 40,204,605	44% 8%		56% 92%	147,674,269 1,170,524	184,586,032 13,090,098
10180000	100106 DOCTORS MEMORIAL 100107 LEHIGH REGIONAL	47,589,197 301,321,885	16,879,946 45,366,925	45,554,126 301,321,890	40,204,605 301,321,885	14,260,622 45,366,925	573,750 15,726,518	2,726,278 112,149,764	25,439,446 173,445,603	1,405,131	-	40,204,605	8% 42%		92% 58%	1,170,524	13,090,098 26,113,914
10090100	100109 ADVENTHEALTH SEBRING	1,521,523,717	283,855,396	1,437,405,718		282,385,300		599,028,987	671,796,025	122,149,796	-	1,513,643,698	48%		52%	134,266,803	148,118,497
10138900	100110 OSCEOLA REGIONAL MEDICAL CENTER	4,526,792,901	473,776,095	4,526,657,205		473,761,893	295,436,229	2,461,539,826	1,144,388,283	625,292,867	-	4,526,657,205	61%		39%	288,546,302	185,215,591
10003000	100113 UF HEALTH SHANDS	6,432,992,596	1,762,726,716	6,374,150,021	6,303,023,028	1,727,113,302		2,650,981,882	2,111,242,357	217,656,364	-	6,303,023,028	63%		37%	1,088,963,649	638,149,653
10232600 10189300	100117 BAPTIST MEDICAL CENTER-BEACHES 100118 ADVENTHEALTH PALM COAST	880,001,017 1,070,212,941	168,782,017 281,607,703	880,001,017 994,284,833	880,001,017 976,695,604	168,782,017 257,000,261	181,444,910 100,985,049	245,945,389 349,640,996	356,556,698 436,000,529	96,054,020 90,069,030		880,001,017 976,695,604	49% 46%		51% 54%	81,972,402 118,574,314	86,809,615 138,425,947
12041300	100121 BARTOW REGIONAL MEDICAL CENTER	420,743,353	87,070,363	414,759,313	420,743,353	87,070,363	41,811,595	135,592,505	163,183,858	80,155,395	-	420,743,353	40%		58%	36,712,735	50,357,628
10126500	100122 NORTH OKALOOSA MEDICAL CENTER	1,138,860,257	96,083,312	1,136,799,802	1,136,130,599	95,853,016	36,032,474	400,030,096	597,237,983	102,830,046	-	1,136,130,599	38%		62%	36,789,708	59,063,309
10174500	100124 SANTA ROSA MEDICAL CENTER	889,141,727	92,795,441	886,113,391	889,021,149	92,782,857	13,932,578	260,425,097	430,003,036	184,660,438	-	889,021,149	31%		69%	28,633,390	64,149,467
10226100 12011100	100125 HOMESTEAD HOSPITAL 100126 PALMS OF PASADENA	1,222,306,097	259,782,723 89,558,866	1,222,269,269	1,222,269,269	259,774,896 89.546.087	189,246,684 92,979,268	386,656,260 515,193,051	439,152,216 379,411,286	207,214,109 151.558.271	-	1,222,269,269	47% 53%		53% 47%	122,399,484 47,807,435	137,375,412 41,738,652
10158300	100120 PALMS OF PASADENA 100127 MORTON PLANT HOSPITAL	3,124,014,727	735,506,273	2,989,357,468	3,114,121,407	733,177,027	289,447,349	1,359,930,174	1,280,059,299	194,577,905	9,893,320	3,124,014,727	53%		47%	387,093,472	346,083,555
10099400	100128 TAMPA GENERAL HOSPITAL	9,345,828,225	1,583,517,643	9,345,785,171	9,202,778,874	1,559,279,965	1,172,098,155	4,982,930,525	2,500,345,793	547,404,401		9,202,778,874	67%		33%	1,042,882,051	516,397,914
10144300	100130 LAKESIDE MEDICAL CENTER	140,179,859	33,373,923	140,179,859	140,179,859	33,373,923	13,439,502	43,564,190	62,145,852	21,030,315	-	140,179,859	41%		59%	13,571,399	19,802,524
12037500 10098600	100131 AVENTURA HOSPITAL AND MED CTR 100132 SOUTH FLORIDA BAPTIST HOSPITAL	3,348,744,946 725,542,117	392,330,627 157,701,840	3,348,744,946 714,102,552	3,348,744,946 725,542,117	392,330,627 157,701,840	346,380,742 67,781,096	2,093,899,150 260,582,553	670,534,071 306,928,386	237,930,983 90,250,082	-	3,348,744,946 725,542,117	73% 45%		27% 55%	285,897,121 71,372,220	106,433,506 86,329,620
10098800	100132 SOUTH FEORIDA BAPTIST HOSPITAL 100134 ED FRASER MEMORIAL HOSPITAL	725,542,117	29.158.119	65.659.659	65.296.519	26,760,237	7.867.651	3.937.535	36.830.052	21,709,060	5.047.779	70.344.298	45%		55% 83%	4.490.905	22,269,332
10113300	100135 TALLAHASSEE MEMORIAL HOSPITAL	3,687,189,419	824,238,839	3,450,647,578	3,414,544,912	763,291,552	441,383,861	1,330,479,488	1,375,218,665	297,099,386	29,636,488	3,444,181,400	51%		49%	392,676,276	370,615,276
10228800	100137 ADVENTHEALTH HEART OF FLORIDA	1,711,446,751	201,515,361	1,712,506,118		201,515,361	140,085,039	740,969,592	698,008,535	132,383,585	-	1,711,446,751	51%		49%	103,740,325	97,775,036
10123100	100140 BAPTIST MEDICAL CTR-NASSAU 100142 JACKSON HOSPITAL MARIANNA	422,419,846 191,739,784	93,256,846 76,126,733	422,419,846 167,065,301	422,419,846 167 065 301	93,256,846 66,330,186	63,730,810 10,978,441	85,047,688 30,316,650	211,516,731 94 643 749	62,124,617 31,126,461	-	422,419,846	35% 25%		65% 75%	32,845,553 16,395,452	60,411,293 49 934 734
10100100	TOTHE SAGRON FOOT THE MARIANNA	101,130,104	10,120,133	107,000,301	107,000,301	00,330,180	10,970,441	50,310,050	24,043,748	51,120,401	-	107,000,301	23%		1 5 70	10,380,432	40,004,104

10119200	100150 LOWER KEYS MEDICAL CENTER	454,392,118	112,505,515	453,402,777	454,275,494	112,476,639	53,736,611	138,249,257	213,640,597	48,649,029	-	454,275,494	42%	58%	47,534,867	64,941,772
10072200	100151 MAYO CLINIC FLORIDA	2,779,429,500	986,907,022	2,774,029,502	2,730,937,000	969,688,529	277,344,365	1,123,247,195	1,235,800,541	94,544,899	-	2,730,937,000	51%	49%	497,315,599	472,372,930
10058700	100154 SOUTH MIAMI HOSPITAL	2,415,741,697	619,607,044	2,415,679,252	2,415,679,251	619,591,027	371,082,901	863,505,552	777,858,244	383,232,554	-	2,415,679,251	52%	48%	321,785,994	297,805,034
11976800	100156 LAKE CITY MEDICAL CENTER	1.396.642.215	166.438.282	1.404.905.291	1.395.959.107	166.356.876	76.054.895	404.050.139	579,572,297	336.281.776	-	1.395.959.107	34%	66%	57.214.264	109,142,611
10164800	100157 LAKELAND REGIONAL MED CTR	4.859.693.980	875,440,972	4.859.693.980	4,859,693,980	875,440,972	427,695,510	2,022,303,365	1,613,821,320	795,873,785	-	4,859,693,980	50%	50%	441,350,712	434,090,260
10178800	100161 CENTRAL FLORIDA REGIONAL HOSPITAL	1,659,884,160	202,706,439	1,659,884,158	1,659,884,160	202,706,439	107,482,023	869,295,324	463,562,659	219,544,154	-	1,659,884,160	59%	41%	119,284,865	83,421,574
11995400	100166 HCA FLORIDA SARASOTA DOCTORS HOSPITA	1.804.719.062	187,994,823	1.804.719.062	1.804.719.061	187,994,823	109,374,534	712.194.628	784.345.871	198.804.028	_	1.804.719.061	46%	54%	85,581,602	102.413.221
12000601	100167 PLANTATION GENERAL HOSPITAL	4.870.760.033	498,230,593	4,870,753,821	4,870,753,821	498,229,958	629,036,742	2,414,733,147	1,372,856,109	454,127,823		4,870,753,821	62%	38%	311,347,565	186,882,392
10141900	100168 BOCA RATON REGIONAL HOSPITAL	3 008 996 154	595.510.879	3,008,677,891	3,003,725,368	594.467.737	252.445.320	847.597.674	1.741.429.516	162.252.858	-	3.003.725.368	37%	63%	217.709.674	376,758,063
10102800	100173 ADVENTHEALTH TAMPA	3,606,320,769	632,892,571	3,606,320,767	3.606.320.769	632.892.571	394,934,530	1.658.111.198	1.218.809.966	334,465,075		3,606,320,769	57%	43%	360,300,004	272.592.567
10102800	100175 ADVENTREALTH TAMPA					41 407 365		21 486 964						43%	10.349.144	
		157,538,106	41,681,581	154,552,723	156,501,688		17,628,264		87,286,591	30,099,869		156,501,688	25%			31,058,221
10210500	100176 PALM BEACH GARDENS	2,279,488,389	235,368,283	2,272,904,416	2,279,488,389	235,368,283	322,183,106	1,179,879,714	628,965,628	148,459,941		2,279,488,389	66%	34%	155,095,305	80,272,978
10009900	100177 CAPE CANAVERAL HOSPITAL INC	663,614,504	135,829,956	723,425,644	647,700,719	132,572,690	89,814,279	197,238,145	276,511,495	84,136,800	-	647,700,719	44%	56%	58,754,469	73,818,221
10193100	100179 MEMORIAL HOSPITAL OF JACKSONVILLE	4,684,310,780	472,837,468	4,796,499,352	4,684,310,780	472,837,468	509,440,814	2,311,597,757	1,306,938,881	556,333,328	-	4,684,310,780	60%	40%	284,757,523	188,079,945
12010300	100180 ST. PETERSBURG GENERAL	1,292,283,584	100,462,490	1,292,282,944	1,292,282,944	100,462,440	74,334,485	520,443,732	427,132,779	270,371,948	-	1,292,282,944	46%	54%	46,238,226	54,224,214
12005700	100181 LARKIN COMMUNITY HOSPITAL	355,511,692	94,545,513	355,511,692	355,511,692	94,545,513	82,068,250	120,733,947	89,435,741	63,273,754	-	355,511,692	57%	43%	53,933,635	40,611,878
10960600	100183 CORAL GABLES HOSPITAL	742,195,691	74,767,192	742,114,825	742,195,691	74,767,192	158,537,340	191,208,423	316,664,780	75,785,148	-	742,195,691	47%	53%	35,232,633	39,534,559
10460400	100187 PALMETTO GENERAL HOSPITAL	1,618,824,329	206,177,093	1,617,431,739	1,613,806,450	205,538,005	244,115,376	841,969,427	378,693,319	149,028,328	-	1,613,806,450	67%	33%	138,326,194	67,211,811
10459100	100189 NORTHWEST MEDICAL CENTER	2,655,163,266	269,317,779	2,655,163,266	2,655,163,266	269,317,779	294,254,488	1,506,511,765	757,512,089	96,884,924	-	2,655,163,266	68%	32%	182,654,820	86,662,959
10552000	100191 MEDICAL CENTER OF TRINITY	2,915,525,084	277.239.332	2,915,188,725	2.915.525.084	277.239.332	232.307.345	1.439.882.593	1.067.378.043	175,957,103		2.915.525.084	57%	43%	159.009.718	118.229.614
10821900	100200 BROWARD HEALTH IMPERIAL POINT	542,877,959	100,242,787	542,877,960	542,877,959	100,242,787	68,539,832	196,299,335	231,178,730	46,860,062		542,877,959	49%	51%	48,902,734	51,340,053
10862600	100204 NORTH FLORIDA REGIONAL MED CTR	5,251,984,423	545,121,363	5,251,984,320	5,244,488,678	544,343,354	381,310,913	2,684,796,467	1,584,350,216	594.031.082	-	5,244,488,678	58%	42%	318,241,735	226.101.619
11279800	100206 MEMORIAL HOSPITAL OF TAMPA	1.528.665.737	158.881.772	1,528,665,737	1,528,665,737	158,881,772	132,630,394	533,956,444	728,595,781	133,483,118	_	1.528.665.737	44%	56%	69,281,659	89,600,113
12013800	100209 KENDALL REGIONAL MEDICAL CENTER	5,113,188,517	553,414,945	5,111,938,597	5,111,938,597	553,279,663	496,487,669	2,832,643,786	1,274,068,267	508,738,875		5,111,938,597	65%	35%	360,321,372	192,958,291
10959200	100211 ADVENTHEALTH DADE CITY	592.616.095	73.423.553	592.616.097	573.899.030	71.104.559				74.162.537	18,717,065	592.616.095	55%	45%		31,996,731
10988600							62,428,726	263,512,796	192,512,036	538.809.478	10,717,000		61%	40% 39%	39,107,828	
11021300	100212 OCALA REGIONAL MEDICAL CENTER	5,741,364,910	637,191,618	5,741,364,614	5,741,364,612	637,191,585	336,845,782	3,187,778,796	1,677,930,556 526 143 801	133 759 947	-	5,741,364,612 2 407 615 742	73%	39% 27%	391,172,008	246,019,577 75 947 719
	100213 BLAKE MEDICAL CENTER	2,407,615,742	277,090,295	2,407,615,742	2,407,615,742	277,090,295	325,876,427	1,421,835,567							201,142,576	
12001400	100217 SEBASTIAN RIVER MEDICAL CENTER	1,073,989,079	110,706,760	1,073,989,079	1,071,599,268	110,460,418	44,860,886	401,214,074	529,883,534	98,030,585	2,389,811	1,073,989,079	42%	58%	45,879,076	64,581,342
11134100	100220 GULF COAST MEDICAL CENTER	2,839,090,094	558,427,551	2,757,784,118	2,832,362,758	557,104,335	357,571,143	1,392,722,300	840,513,746	248,282,905	6,727,336	2,839,090,094	62%	38%	343,453,724	213,650,611
11132500	100223 FORT WALTON BEACH MEDICAL CTR	3,466,750,094	326,964,508	3,466,749,979	3,464,233,787	326,727,184	189,237,890	1,671,592,939	1,332,060,185	271,342,773	-	3,464,233,787	54%	46%	175,503,172	151,224,012
11280100	100224 UNIVERSITY HOSPITAL	1,216,566,285	121,202,778	1,216,566,285	1,216,566,285	121,202,778	227,205,610	562,466,177	282,400,095	144,494,403	-	1,216,566,285	65%	35%	78,672,585	42,530,193
11174100	100226 ORANGE PARK MEDICAL CENTER	4,460,302,091	393,035,250	4,460,302,091	4,460,302,091	393,035,250	547,440,125	2,275,158,859	1,044,674,347	593,028,760	-	4,460,302,091	63%	37%	248,723,265	144,311,985
11230500	100228 WESTSIDE REGIONAL MEDICAL CENTER	2,144,329,522	240,379,286	2,144,329,522	2,144,329,522	240,379,286	253,825,242	1,287,487,994	494,044,301	108,971,985	-	2,144,329,522	72%	28%	172,781,175	67,598,111
10222900	100230 MEMORIAL HOSPITAL PEMBROKE	1,101,175,285	166,884,034	1,042,935,941	1,101,175,285	166,884,034	104,826,221	468,017,752	-	528,331,312	-	1,101,175,285	52%	48%	86,814,982	80,069,052
11321200	100231 WEST FLORIDA HOSPITAL	3,126,051,233	366,553,908	3.134.882.822	3,126,051,233	366,553,908	344,158,236	1,312,152,789	1,147,043,175	322,697,033	-	3.126.051.233	53%	47%	194,215,396	172.338.512
11351400	100232 PUTNAM COMMUNITY MEDICAL CENTER	760.681.597	87.356.098	760.681.597	760.681.597	87.356.098	53,189,738	282,546,609	264.672.407	160.272.843		760.681.597	44%	56%	38,555,708	48,800,390
11746300	100236 HCA FL FAWCETT HOSPITAL	2,543,663,530	203,442,182	2,542,983,149	2,542,982,939	203,387,748	198.164.372	1,413,879,345	658,891,190	272.048.032		2,542,982,939	63%	37%	128,931,239	74,456,509
11519300	100238 NORTHSIDE HOSPITAL	2,153,812,534	181,309,188	2,153,812,534	2,153,812,534	181,309,188	165 825 770	1,187,388,993	634 036 073	166 561 698		2 153 812 534	63%	37%	113 914 403	67 394 785
11761700	100242 HCA FLORIDA GULF COAST HOSPITAL	2,607,657,663	265,682,990	2,644,411,283	2,607,657,663	265,682,990	210,497,650	1,153,669,255	1,002,982,768	240,507,990		2,607,657,663	52%	48%	138,989,081	126,693,909
11807900	100243 HCA FLORIDA BRANDON HOSPITAL	5.060.533.088	498,218,652	5.060.533.071	5.060,533.071	498,218,650	323,715,014	2,323,570,907	1.870,266,998	542,980,152	=	5,060,533,071	52%	48%	260,630,096	237,588,555
11971700		1.705.801.144	339,985,640	1.629.624.776		339.985.640	228,548,386	644.487.497		220.261.307	-	1.705.801.144	51%	40%	174.006.017	165.979.623
11971700	100244 CAPE CORAL HOSPITAL	4.064.050.955			1,705,801,144	432,856,876	228,546,366		612,503,954 838,285,483	220,261,307	-		51%			126.068.334
	100246 LAWNWOOD REGIONAL MEDICAL CENTER		432,856,876	4,064,050,955	4,064,050,955			2,374,832,345			-	4,064,050,955		29%	306,788,542	
11974100	100248 LARGO MEDICAL CENTER	3,187,195,810	325,712,648	3,183,133,872	3,187,195,810	325,712,648	322,292,376	1,835,714,037	782,871,394	246,318,003	-	3,187,195,810	68%	32%	220,535,551	105,177,097
11998900	100249 SEVEN RIVERS REGIONAL MEDICAL CENTER	1,015,686,351	105,833,673	1,013,132,514	1,015,619,268	105,826,683	74,764,480	419,012,068	350,795,064	171,047,656	-	1,015,619,268	49%	51%	51,451,106	54,375,577
11975000	100252 RAULERSON HOSPITAL	605,833,553	80,573,012	605,833,553	605,833,553	80,573,012	46,304,254	232,563,171	282,294,935	44,671,193	-	605,833,553	46%	54%	37,088,055	43,484,957
12029400	100253 JUPITER MEDICAL CENTER	1,535,570,147	305,700,878	1,535,570,146	1,535,570,147	305,700,878	134,964,552	627,927,269	662,417,425	110,260,901	-	1,535,570,147	50%	50%	151,876,292	153,824,586
11980600	100254 CAPITAL REGIONAL MEDICAL CENTER	2,422,948,780	314,447,863	2,422,949,006	2,422,627,218	314,406,131	238,159,794	1,024,817,304	871,272,402	288,377,718	-	2,422,627,218	52%	48%	163,907,901	150,498,230
11988100	100256 REGIONAL MEDICAL CENTRE BAYONET POIN	3,389,555,294	318,524,255	3,389,077,345	3,389,555,294	318,524,255	261,212,872	2,259,716,976	724,882,499	143,742,947	-	3,389,555,294	74%	26%	236,897,537	81,626,718
12009000	100258 DELRAY MEDICAL CENTER	4,212,782,732	454,996,575	4,224,434,651	4,212,782,732	454,996,575	604,222,156	2,415,407,839	839,555,104	353,597,633	-	4,212,782,732	72%	28%	326,131,537	128,865,038
11994600	100259 SOUTH BAY HOSPITAL	1,022,939,350	79,743,184	1,022,939,351	1,022,939,350	79,743,184	93,861,811	519,772,939	312,325,604	96,978,996	-	1,022,939,350	60%	40%	47,835,865	31,907,319
11997100	100260 ST. LUCIE MEDICAL CENTER	2,207,413,964	252,047,266	2,207,413,963	2,207,413,964	252,047,266	155,629,237	1,222,105,448	645,729,107	183,950,172		2,207,413,964	62%	38%	157,312,704	94,734,562
12007300	100264 OAK HILL HOSPITAL	3,333,175,519	291,443,565	3,333,175,520	3,333,175,519	291,443,565	433,898,138	1,813,729,468	834,749,190	250,798,723		3,333,175,519	67%	33%	196,526,285	94,917,280
12008100	100265 MEASE HOSPITAL COUNTRYSIDE	1.649 587.729	383,680,716	1,609,522,298	1.649 587 729	383,680,716	159 709.089	745,681,546	735.322.061	8.875.033	_	1 649 587 729	55%	45%	210.586.513	173 094 203
100749001	100266 GULE BREEZE HOSPITAL	682 141 964	115 156 917	714 765 454	682 141 964	115 156 917	15 640 068	155 838 136	452 032 593	58 631 167	_	682 141 964	25%	75%	28 948 375	86 208 542
10253900	100267 ENGLEWOOD COMMUNITY HOSPITAL	851,424,355	67.923.618	851,424,356	851.424.355	67,923,618	34,244,839	304.911.615	376,114,499	136,153,402		851,424,355	40%	60%	27,056,700	40.865.918
12024300	100268 WEST BOCA MEDICAL CENTER	1,572,004,566	214 860 144	1,582,133,790	1.564.002.124	213,766,378	238 756 306	597 374 773	518 204 928	209 666 117	-	1.564.002.124	53%	47%	114.281.630	99 484 748
12024300	100269 PALMS WEST HOSPITAL	1.747.460.183	204,229,470	1,747,460,183	1,747,460,183	204,229,470	158,923,079	906.672.259		136.372.726		1,747,460,183	61%	39%	124,538,443	79.691.027
12026000	100269 PALMS WEST HOSPITAL 100271 MOFFITT CANCER CENTER	1,747,460,183	204,229,470 1,447,136,058	1,747,460,183	1,747,460,183	204,229,470			545,492,119		-	1,747,460,183		39% 82%	124,538,443	1.183.303.111
							86,027,836	848,158,010	-	4,189,867,231	-		18% 64%	82% 36%		
10213000	100275 WELLINGTON REGL MEDICAL CENTER	2,135,969,591	252,970,519	2,135,969,592	2,135,969,591	252,970,519	328,350,494	1,041,110,689	562,541,318	203,967,090	-	2,135,969,591			162,190,186	90,780,333
12040500	100276 BROWARD HEALTH CORAL SPRINGS	875,660,191	176,336,572	875,660,192	875,660,191	176,336,572	125,612,288	388,962,979	294,015,892	67,069,032		875,660,191	59%	41%	103,622,889	72,713,683
10277600	100277 MIAMI JEWISH HEALTH SYSTEMS INC.	63,847,234	40,688,015	63,847,234	20,267,172	12,915,689	46,182,353	16,637,930	28,214	998,737	43,580,062	63,847,234	98%	2%	12,707,946	207,742
10252100	100281 MEMORIAL HOSPITAL WEST	3,919,588,072	616,154,940	3,751,752,606	3,919,588,072	616,154,940	403,312,947	1,639,341,815		1,876,933,310	-	3,919,588,072	52%	48%	321,103,085	295,051,855
10062500	100284 WESTCHESTER GENERAL HOSPITAL	158,762,191	34,733,771	158,762,191	158,762,191	34,733,771	17,337,742	48,849,225	58,715,161	33,860,063	-	158,762,191	42%	58%	14,480,292	20,253,479
10345400	100285 MEMORIAL HOSPITAL MIRAMAR	1,301,942,746	227,602,957	1,242,403,510	1,301,942,746	227,602,957	137,179,213	504,340,253	-	660,423,280	-	1,301,942,746	49%	51%	112,149,116	115,453,841
10314400	100286 PHYSICIANS REGIONAL MEDICAL CENTER	3,155,047,715	353,743,221	3,155,047,715	3,155,047,715	353,743,221	601,081,929	1,124,282,726	1,148,984,527	280,698,533	-	3,155,047,715	55%	45%	193,447,487	160,295,734
10152400	100287 GOOD SAMARITAN HOSPITAL	2,451,253,721	234,510,941	2,446,354,783	2,448,342,234	234,232,400	270,345,516	966,008,413	679,366,940	532,621,365	-	2,448,342,234	50%	50%	118,281,727	115,950,673
10148600	100288 ST MARYS MEDICAL CENTER	2,798,445,240	410,017,026	2,802,723,313	2,793,264,192	409,257,920	486,186,456	1,448,703,846	498,454,277	359,919,613	-	2,793,264,192	69%	31%	283,492,404	125,765,516
10220200	100289 CCF HOSPITAL - WESTON	1,609,341,917	453,872,813	1,609,341,917	1,609,341,917	453,872,813	213,481,936	662,019,843	644,747,154	89,092,984	-	1,609,341,917	54%	46%	246,912,388	206,960,425
10317900	100290 THE VILLAGES TRI-COUNTY MEDICAL CENT	709,451,156	173,642,960	705,947,420	705,947,299	172,785,367	78,795,555	305,438,590	225,559,343	96,153,811		705.947.299	54%	46%	94,043,901	78,741,466
10320900	100291 MELBOURNE REGIONAL MEDICAL CENTER	734 551 704	80,175,105	1 019 511 432	734.551.704	80,175,105	21 838 118	335.275.714	332 184 921	45,252,951	-	734 551 704	49%	51%	38,978,385	41 196 720
10323300	100292 ASCENSION SACRED HEART EMERALD COAST	772.139.381	148,284,518	769.852.739	771.835.584	148.226.176	42,709,173	179.129.756	441.142.329	108.854.326	-	771.835.584	29%	71%	42.602.773	105.623.403
10354300	100296 DOCTORS HOSPITAL	952,551,357	246,197,557	952.534.923	906.827.027	234.379.592	121 771 195	307 798 154	402 696 777	74,560,901	-	906.827.027	47%	53%	111.027.005	123.352.587
10342000	100299 LAKEWOOD RANCH MEDICAL CENTER	1,411,953,574	156.094.768	1,411,953,574	1.411.953.574	156.094.768	127,774,554	554,837,556	601,730,020	127,611,444	-	1.411.953.574	48%	52%	75,464,364	80.630.404
10346200	100299 EAREWOOD RANCH MEDICAL CENTER	470.331.143	63.787.954	470.331.142	470.331.143	63.787.954	66.247.109	208.013.855	196.070.179	127,011,444	-	470.331.143	58%	42%	37,196,231	26.591.723
										464 076 080	-					
10373000	100307 ASCENSION ST. VINCENTS SOUTHSIDE HO	1,294,887,212	234,818,398	1,293,648,566	1,293,644,297	234,593,004	115,904,561	379,432,105	646,332,265	151,975,366	-	1,293,644,297	38%	62%	89,825,709	144,767,295
2012700	100313 ASCENSION SACRED HEART GULF	70,659,464	17,649,202	70,874,769	66,326,079	16,556,816	2,561,757	6,261,394	37,929,888	19,573,040	-	66,326,079	13%	87%	2,203,832	14,362,985
3226500	100314 WEST KENDALL BAPTIST HOSPITAL	1,447,837,453	344,047,409	1,447,836,166	1,447,836,166	344,047,103	195,181,117	441,813,040	419,527,426	391,314,583	-	1,447,836,166	44%	56%	151,367,951	192,679,152
3158800	100315 VIERA HOSPITAL INC	619,774,796	124,378,533	717,992,353	619,774,796	124,378,533	62,873,461	156,295,618	325,308,391	75,297,326		619,774,796	35%	65%	43,983,603	80,394,930
3297500	100316 PALM BAY HOSPITAL	604,108,167	100,266,350	714,166,081	604,108,167	100,266,350	94,285,761	173,498,371	211,656,464	124,667,571		604,108,167	44%	56%	44,445,248	55,821,102
5456800	100319 ADVENTHEALTH WESLEY CHAPEL	1,795,819,523	348,896,127	1,762,771,238	1,795,819,523	348,896,127	113,636,391	629,544,085	863,261,424	189,377,623	-	1,795,819,523	41%	59%	144,386,887	204,509,240
9268300	100320 POINCIANA MEDICAL CENTER	1,139,820,699	99,502,683	1,139,820,699	1,139,820,699	99,502,683	49,075,306	365,065,763	445,356,074	280,323,556	-	1,139,820,699	36%	64%	36,153,184	63,349,499
9701300	100321 ASCENSION ST. VINCENTS CLAY COUNTY	839,774,143	146,883,227	839,421,513	839,421,509	146,821,548	99,866,660	249,394,318	369,166,183	120,994,348	-	839,421,509	42%	58%	61,088,544	85,733,005
21094100	100329 OVIEDO MEDICAL CENTER	870,728,722	108,514,133	870,728,721	870,728,722	108,514,133	32,118,403	316,201,130	362,124,318	160,284,871	-	870,728,722	40%	60%	43,409,148	65,104,985
105531100	100330 MEDICAL CENTER OF DELTONA	59,325,255	11,364,132	160,515,929	54,953,181	10,526,633	4,262,083	10,480,814	25,357,983	14,852,301	-	54,953,181	27%	73%	2,824,096	7,702,537
10260100	101300 ADVENTHEALTH WAUCHULA	129,491,264	33,095,572	125,375,447	120,365,990	30,763,321	8,859,510	18,193,840	61,550,054	31,762,586	-	120,365,990	22%	78%	6,914,336	23,848,985

10822700	101303 LAKE BUTLER HOSPITAL	34,602,579	12,178,501	28,664,566	27,769,029	9,773,409	7,082,599	5,921,016	14,765,414	-		27,769,029	47%	53%	4,576,669	5,196,740
10026900	101304 CALHOUN-LIBERTY HOSPITAL ASSN	30,047,745	9.288.317	30,042,188	26,853,620	8,300,954	1,164,977	1,983,307	12,683,727	11.021.609		26.853.620	12%	88%	973,193	7.327.760
10080300		15,711,060							12,300,152	11,021,000			13%	87%		
	101305 GEORGE E. WEEMS MEMORIAL HOSPITAL		8,568,189	13,653,506	14,199,411	7,743,796	553,674	1,345,585		-	-	14,199,411			1,035,781	6,708,015
10103600	101307 DOCTORS MEMORIAL HOSPITAL	50,329,163	16,005,583	46,452,013	46,032,339	14,639,115	2,412,400	8,480,739	27,775,881	7,363,319	-	46,032,339	24%	76%	3,464,215	11,174,900
10190700	101308 NORTHWEST FLORIDA COMMUNITY HOSPITAL	114,286,701	32,713,805	103,536,545	101,930,361	29,176,885	6,401,013	12,902,196	61,276,597	23,591,945	2,241,390	104,171,751	19%	81%	5,406,528	23,770,357
10086200	101309 HENDRY REGIONAL MEDICAL CENTER	76,003,960	37.211.512	75.097.868	72.295.960	35,396,077	2,405,167	7.056.884	46.461.321	16.372.588		72,295,960	13%	87%	4.632.617	30,763,460
10115000	101311 MADISON MEMORIAL HOSPITAL	22,484,420	10,131,795	20,725,902	22,484,420	10,131,795	2,182,547	6,511,884	11,255,453	2,534,536	-	22,484,420	39%	61%	3,917,833	6,213,962
10120600	101312 FISHERMENS HOSPITAL	52,434,700	22,288,315	52,433,710	52,433,710	22,287,894	175,932	168,305	37,450,525	14,638,948	-	52,433,710	1%	99%	146,324	22,141,570
10121400	101313 MARINERS HOSPITAL	237,253,069	84.020.354	237,234,939	237,234,939	84.013.933	11,031,325	18,337,927	179,446,569	28,419,118		237,234,939	12%	88%	10,400,771	73,613,162
10337300	102001 SSH - MIAMI	159,242,116	28,049,460	159,242,115	159,242,116	28,049,460	56,215,756	103,026,360	110,110,000	20,110,110		159,242,116	100%	0%	28,049,460	10,010,102
									-	-	-					-
10339000	102003 SSH -ORLANDO	412,289,494	59,450,845	412,289,495	412,289,494	59,450,845	140,142,403	272,147,091	-	-	-	412,289,494	100%	0%	59,450,845	-
10234200	102009 KINDRED HOSPITAL BAY AREA	329,460,453	61,477,819	329,460,453	329,460,453	61,477,819	132,589,519	195,217,364	1.653.570	-		329,460,453	99%	1%	61,169,260	308,559
10019600	102010 KINDRED HOSPITAL SOUTH FLORIDA	449,540,266	91,688,167	449,540,266	446,163,629	90,999,469	199.215.062	248.657.785	1.667.419		3,376,637	449,540,266	100%	0%	90.661.937	337,532
										-	3,370,037					
10647000	102012 CURAHEALTH JACKSONVILLE LLC	50,825,670	10,418,557	50,825,670	50,825,670	10,418,557	27,092,273	23,682,773	50,624	-	-	50,825,670	100%	0%	10,408,180	10,377
10230000	102013 KINDRED HOSPITAL CENTRAL TAMPA	233,107,758	43,428,839	233,107,758	233,107,758	43,428,839	90,599,398	141,342,474	1,165,886	-	-	233,107,758	99%	1%	43,211,630	217,209
10267900	102015 KINDRED HOSPITAL NORTH FLORIDA	173.285.035	35,575,378	173,285,035	173.285.035	35.575.378	64.969.082	106,370,745	1,945,208	-	-	173,285,035	99%	1%	35,176,027	399,351
10343800	102017 SSH - PANAMA CITY INC	76,607,116	16,205,938	76.607.116	76.607.116	16,205,938	32,588,941	44.018.175	110 101200			76,607,116	100%	0%	16,205,938	000,001
										-	-					
10356000	102018 PAM SPECIALTY HOSPITAL OF SARASOTA	88,959,834	26,572,625	88,959,834	88,959,834	26,572,625	34,164,584	54,501,658	293,592	-	-	88,959,834	100%	0%	26,484,928	87,697
10353500	102019 KINDRED HOSPITAL OCALA	27.138.979	6,939,718	27,138,979	27,138,979	6,939,718	14,722,218	12.416.761	-	-	-	27,138,979	100%	0%	6.939.718	-
10374800	102020 SSH -TALLAHASSEE INC.	98.101.928	22,894,021	98,101,928	98,101,928	22,894,021	42,484,877	55.617.051	_	_		98,101,928	100%	0%	22,894,021	-
10372100	102021 BAYCARE ALLIANT HOSPITAL	69.517.441	19.801.214	68.447.456	69.517.441	19.801.214	24,121,543	45,395,898	-			69.517.441	100%	0%	19.801.214	-
									-	-	-					-
10377200	102022 SSH - GAINESVILLE INC	125,781,636	26,382,490	125,781,637	125,781,636	26,382,490	53,883,521	71,898,115	-	-	-	125,781,636	100%	0%	26,382,490	-
10376400	102023 SSH - PALM BEACH_LLC	201.099.991	33,221,313	201.099.990	201.099.991	33,221,313	80,402,970	120,697,021	-	-		201.099.991	100%	0%	33,221,313	-
10368300	102024 SSH - PENSACOLA INC	190,195,284	35,128,325	190,195,285	190,195,284	35,128,325	79,138,248	111.057.036				190,195,284	100%	0%	35,128,325	
				154 474 658	154 474 658			88 380 839	79 946	-	-	154 474 658	100%	0%		15 658
417000	102025 KINDRED HOSPITAL THE PALM BEACHES	154,474,658	30,254,901			30,254,901	66,013,873			-	-				30,239,243	
949600	102026 ADVENTHEALTH CONNERTON	192,604,582	44,448,796	192,591,396	192,604,582	44,448,796	76,700,558	115,858,585	45,439	-	-	192,604,582	100%	0%	44,438,310	10,486
1681500	102027 KINDRED HOSPITAL MELBOURNE	117 553 049	25,547,167	110,073,462	117 553 049	25.547.167	48 897 917	67 352 170	1,302,962	-	-	117,553,049	99%	1%	25 264 001	283,166
13800200	102028 SSH - THE VILLAGES	77,130,869	23,133,877	77,130,870	77,130,869	23,133,877	37,334,480	39,796,389				77,130,869	100%	0%	23,133,877	
									-	-	-					-
13854800	102029 SSH - FORT MYERS	101,587,972	26,529,001	101,587,972	101,587,972	26,529,001	45,999,255	55,588,717	-	-	-	101,587,972	100%	0%	26,529,001	-
16486300	102030 SSH - DAYTONA BEACH	98,983,583	19,843,671	121,545,569	98,983,583	19,843,671	32,921,891	66,061,692	-	-	-	98,983,583	100%	0%	19,843,671	-
19556500	102031 SSH - MIAMI LAKES	151,103,941	34.578.139	151,103,941	151,103,941	34,578,139	56.615.649	94,488,292				151,103,941	100%	0%	34,578,139	
										-	-					
16431100	102032 LANDMARK HOSPITAL OF SOUTHWEST FLORI	141,892,377	25,456,193	141,160,724	141,160,724	25,324,931	50,465,964	44,101,861	46,592,899	-	-	141,160,724	67%	33%	16,965,935	8,358,996
12002200	103026 ST CATHERINES REHAB HOSPITAL	54,927,003	36,579,167	54,927,003	30,150,117	20,078,761	40,685,281	13,916,432	104,773	220,517	24,776,886	54,927,003	99%	1%	19,959,850	118,911
16972100	103027 ST JOHNS REHABILITATION HOSPITAL	37,232,509	23,690,524	37,232,509	16,556,191	10,534,472	27,666,470	9,071,912	100,335	393,792	20,676,318	37,232,509	99%	1%	10,394,665	139,807
12027800	103028 ENCOMPASS HEALTH REHABILITATION HOSP	76.161.596	44 141 320	76.161.595	76.161.596	44.141.320	36,145,670	40.013.774		335,732	20,070,070	76.161.596	100%	0%	44.140.073	
									2,152	-	-					1,247
12038300	103031 ENCOMPASS HEALTH REHABILITATION HOSP	71,940,228	55,549,316	71,938,796	71,940,228	55,549,316	34,674,368	37,265,860	-	-	-	71,940,228	100%	0%	55,549,316	-
12034100	103032 ENCOMPASS HEALTH REHABILITATION HOSP	40,885,894	29.812.356	40,885,894	40,885,894	29,812,356	19,486,501	21,399,393	-	-		40,885,894	100%	0%	29,812,356	
12033200	103033 ENCOMPASS HEALTH REHABILITATION HOSP	31,499,482	23,115,549	31,499,481	31,499,482	23,115,549	11.839.854	19,659,628	_			31,499,482	100%	0%	23,115,549	
										-						-
12042100	103034 SEA PINES REHABILITATION HOSPITAL A	43,075,540	28,134,072	51,697,389	43,075,540	28,134,072	19,614,425	23,459,723	1,392	-	-	43,075,540	100%	0%	28,133,163	909
10170200	103036 WEST GABLES REHABILITATION HOSPITAL	95,586,559	35,964,127	95,586,560	95,586,559	35,964,127	38,764,539	52,746,025	4,075,995	-	-	95,586,559	96%	4%	34,430,547	1,533,580
10175300	103037 ENCOMPASS HEALTH REHABILITATION HOSP	42,734,273	32,838,386	42,734,274	42,734,273	32,838,386	16,455,048	26.279.225		_		42,734,273	100%	0%	32,838,386	
10270900		38,900,449							20,310			38,900,449	100%	0%		13.139
	103038 ENCOMPASS HEALTH REHABILITATION HOSP		25,165,309	38,900,449	38,900,449	25,165,309	14,853,382	24,026,757		-	-				25,152,170	
10271700	103039 BROOKS REHABILITATION	361,267,460	117,519,689	361,267,460	361,267,460	117,519,689	68,430,898	158,673,767	134,162,795	-	-	361,267,460	63%	37%	73,876,760	43,642,929
10275000	103040 ENCOMPASS HEALTH REHABILITATION HOSP	32.973.644	23,073,688	32,973,644	32.973.644	23.073.688	14.607.420	18.366.224	-	-	-	32,973,644	100%	0%	23.073.688	-
10355100	103042 ENCOMPASS HEALTH REHABILITATION HOSP	42,313,055	31,808,330	42,313,055	42,313,055	31,808,330	15,785,226	25,915,725	612,104			42,313,055	99%	1%	31,348,188	460,142
									012,104	-	-					460,142
8369200	103043 ENCOMPASS HEALTH REHABILITATION HOSP	36,381,569	28,823,572	36,381,569	36,381,569	28,823,572	14,086,037	22,295,532	-	-	-	36,381,569	100%	0%	28,823,572	-
9587500	103044 ENCOMPASS HEALTH REHABILITATION HOSP	59.221.863	45,012,481	59,221,863	59,221,863	45,012,481	28,678,718	30,543,145	-	-	-	59,221,863	100%	0%	45,012,481	-
14235500	103045 ENCOMPASS HEALTH REHABILITATION HOSP	58.630.957	37,891,956	58,630,956	58,630,957	37,891,956	28,166,382	30,464,575				58,630,957	100%	0%	37,891,956	
									-	-	-					-
103449400	103046 ARCHER REHABILITATION LLC	102,054,412	31,716,325	102,054,414	102,054,412	31,716,325	52,460,169	49,594,243	-	-	-	102,054,412	100%	0%	31,716,325	-
103047	103047 ENCOMPASS HEALTH REHABILITATION HOSP	21,417,547	13,388,639	21,417,546	21,417,547	13,388,639	10,680,768	10,736,779	-	-		21,417,547	100%	0%	13,388,639	-
112381700	103048 ENCOMPASS HEALTH REHABILITATION OF P	6,506,637	3,682,271	6,506,637	6,506,637	3,682,271	3,423,680	3,082,957				6,506,637	100%	0%	3,682,271	
10151600								504,384,836	511,425,867	82.949.685			62%	38%		475 440 600
	103300 JOHNS HOPKINS ALL CHILDRENS HOSPITA	1.553,421,630	458,525,557	1,553,421,630	1,553,421,630	458,525,557	454,661,242				-	1,553,421,630			283,082,924	175,442,633
10060900	103301 NICKLAUS CHILDRENS HOSPITAL	2,016,673,086	714,880,649	1,996,703,371	2,016,673,086	714,880,649	434,028,638	641,878,138	920,796,596	19,969,714	-	2,016,673,086	53%	47%	381,392,968	333,487,681
4087600	103304 NEMOURS CHILDRENS HOSPITAL	831.398.758	247,257,535	831,398,757	831,398,758	247,257,535	219,992,779	238,385,215	288,046,923	84,973,841	-	831.398.758	55%	45%	136,321,364	110.936.171
26002900	104007 NORTHEAST FLORIDA STATE HOSPITAL	4 337 474	4 337 474	74,191,067	1,860,285	1,860,285	4 337 474					4 337 474	100%	0%	1,860,285	
24058800	104016 RIVER POINT BEHAVIORAL HEALTH	45.321.850	12,541,394	45,321,850	45,321,850	12,541,394	41.041.450	171,350	1 335 450	2 773 600		45.321.850	91%	9%	11 404 344	1 137 050
											-					
10823300	104017 WINDMOOR HEALTHCARE	53,063,820	15,131,751	53,063,820	53,063,820	15,131,751	45,445,400	80,400	1,278,600	6,259,420	-	53,063,820	86%	14%	12,982,199	2,149,552
114440700	104018 LIFESTREAM BEHAVIORAL CENTER	51,401,195	(4,353,689)	51,401,195	51,401,195	(4,353,689)	27,071,377	1,073,205	1,240,087	22,016,526	-	51,401,195	55%	45%	(2,383,850)	(1,969,839)
16552300	104024 CIRCLES OF CARE INC.	45,923,077	21,792,490	51,652,796	45,923,077	21,792,490	32,441,474	1,246,065	12,235,538			45,923,077	73%	27%	15,986,197	5,806,293
10357800	104024 CIRCLES OF CARE INC.	106.750.617			106.750.617	31,986,750	100.155.000	961.500		4 079 617	,	106.750.617	95%	5%	30.298.543	
			31,986,750	106,750,617					1,555,500	4,078,617						1,688,207
16949600	104049 SOUTHERN WINDS HOSPITAL LLC	39,847,376	16,972,402	39,732,184	39,732,184	16,923,338	32,157,284	7,574,900	-	-		39,732,184	100%	0%	16,923,338	-
16552600	104057 SPRINGBROOK HOSPITAL	43,630,489	20,096,465	38,613,705	38,613,701	17,785,702	36,913,500	-	1,700,201	-	-	38,613,701	96%	4%	17,002,580	783,123
16911900	104059 EASTSIDE PSYCHIATRIC HOSPITAL	9,183,957	4,287,587	9,183,957	9,183,957	4,287,587	8,725,234	458,723		-	-	9.183.957	100%	0%	4,287,587	· · · · ·
104063	104063 THE WILLOUGH AT NAPLES	31,597,570	15,199,617	30.397.954	30,397,950	14,622,555	29.304.000		1,093,950			30,397,950	96%	4%	14,096,324	526,231
								-	1,093,950	-	-					020,201
17078300	104067 ASPIRE HEALTH PARTNERS INC	161,957,265	98,956,179	161,957,269	13,499,170	8,248,017	13,499,170	-	-	-	-	13,499,170	100%	0%	8,248,017	-
101338000	100006 ORLANDO HEALTH	15,467,859,160	2,657,979,022	16965388700	16965388700	2.657.979.022	9734477918	0	5733381242	0	0	15,467,859,160	63%	37%	1,672,761,423	985.217.599
101290000	100007 ADVENTHEALTH ORLANDO	11,015,036,611	2,342,367,257	25228335063	24704747417	2.342.367.257	7600670705	0	3414365906	0	ñ	11.015.036.611	69%	31%	1.616.296.234	726,071,023
103390000			59 450 845		412289494			272147091	34 14303300	0	0					. 20,07 1,020
	102003 SSH -ORLANDO	412,289,494		412289495		59,450,845	140142403		0	0	0	412,289,494	100%	0%	59,450,845	-
40876000	103304 NEMOURS CHILDRENS HOSPITAL	831,398,758	247,257,535	831398757	831398758	247,257,535	219992779	238385215	288046923	84973841	0	831,398,758	55%	45%	136,321,364	110,936,171
170783000	104067 ASPIRE HEALTH PARTNERS INC	17.081.391	9.638.670	161957269	13499170	9.638.670	17081391	0	0	0	0	17.081.391	100%	0%	9.638.670	-
8589300	104069 WEKIVA SPRINGS CENTER LLC	57,890,375	16,358,789	57,890,375	57,890,375	16,358,789	50,927,350	13,050		6 949 975		57,890,375	88%	12%	14,394,850	1,963,939
								13,050	-		-					
4805200	104070 PORT ST LUCIE HOSPITAL	41,202,360	16,424,782	38,094,094	38,094,090	15,185,711	36,304,500	-	-	1,789,590	-	38,094,090	95%	5%	14,472,314	713,397
160000100	104071 THE VINES HOSPITAL	54,489,385	15,843,059	50,608,425	50,608,425	14,714,651	47,344,459	1	1	3,263,964	-	50,608,425	94%	6%	13,765,637	949,014
17079000	104072 CENTRAL FLORIDA BEHAVIORAL HEALTH	107,706,750	40.643,154	107,706,750	107.706.750	40,643,154	96.664.920	756,900	2,555,735	7,729,195		107,706,750	90%	10%	36,762,135	3.881.019
								100,000	2,000,700		-					
105750000	104073 EMERALD COAST BEHAVIORAL HOSPITAL	51,488,268	6,156,091	51,488,268	51,488,268	6,156,091	46,626,800	-	-	4,861,468	-	51,488,268	91%	9%	5574839.376	581,252
16551100	104074 PARK ROYAL HOSPITAL	87,002,290	35,277,641	87,002,290	87,002,290	35,277,641	66,208,448	15,937,002	1,079,700	3,777,140		87,002,290	94%	6%	33,308,292	1,969,349
5456800	104075 NORTH TAMPA BEHAVIORAL HEALTH	67,389,800	21,450,602	67,389,799	67,389,800	21,450,602	58,202,063	7,404,137		1,783,600		67,389,800	97%	3%	20,882,871	567,731
360086617	104076 UNIVERSITY BEHAVIORAL CENTER	60 107 155	21,931,202	60.107.155	60.107.155	21,931,202	60 107 155	.,				60,107,155	100%	0%	21 931 202	
								-								
104784700	104078 SUNCOAST BEHAVIORAL HEALTH CENTER	23,000,555	8,669,590	23,000,555	23,000,555	8,669,590	22,589,600	-	-	410,955		23,000,555	98%	2%	8,514,689	154,901
15775700	104079 LARKIN COMMUNITY HOSPITAL BEHAVIORAL	38,936,712	10,871,398	38,936,712	38,936,712	10,871,398	34,541,525	4,395,187	-	-	-	38,936,712	100%	0%	10,871,398	-
22041500	104080 CORAL SHORES BEHAVIORAL HEALTH	23,768,400	6.566.100	23,768,400	23,768,400	6.566.100	23.344.200		-	424,200		23,768,400	98%	2%	6,448,913	117,187
110947200	104081 OGLETHORPE OF ORLANDO INC.	32,582,930	14 677 483	30,885,000	30,885,000	13,912,624	30,885,000	_	_	,	-	30,885,000	100%	0%	13,912,624	
								-	-	670.600	-			0.%		470 407
101334000	104082 PALM POINT BEHAVIORAL HEALTHCARE	19,563,400	5,077,867	26,480,000	19,563,400	5,077,867	18,884,800	-	-	678,600	-	19,563,400	97%	3%	4,901,730	176,137
		432,281,025,054	73,997,416,497	446,841,859,337	444,309,111,155	73,192,219,619	66,843,504,897	174,355,802,306	139,898,409,527	48,233,520,077		429,331,236,807			40,511,737,376	32,680,482,244

145-2, Polt RV 3 0001 000 200001 SH4YDS JACKSONVIKE VERKALCENTER	(w5-2.99105-20.0011.00) (w5-2. E1/2020	6730/2021	401500224>	319 3 000 1.00] [9/0- 0009800/4 33508610	41/090127	13686-9130	211/16/09/2 001   (+45-3 0	182395819	203508/443	217 15:00:3.001 (wd 221.N83262	21×2.0003.00   1+0- 0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 00 00 160 215 6,000 00	[w6-2tr / 00 s00] [+-6-2tr 6 00c3-00] 0 219/97/2	[AG-211-93002-00] 0	(ord. Part 1011 e 20100-052 ta: 202,0005 00) 0 1964260	(AC, PA1RI LC XVIII) (0333) 2020	007.000 (AC, Part III f 1 e XV IN Hosp 2049032512 2645965207	13- 202-0008-008 4007/92931 2265343895
200002 FETHESIDA HOSPITAL 200006 ORLANDOLFERLIN	10/1/2020	5/30/2021 5/30/2021	22/1081954 16662292719	257:440022	27/1029/10	933196906 7909682798	723288596 3643973123	468:9481 920806456	134596889 9/4114259	181466270 14/4999709	00925792	37423600 30/163469	0	D D	0 0 0 0	0	3 1401.560 1 104.94099	94	4281957/1	19963465700
100007 ADVENTINEALIN- GRUANDO 100000 RAPTIST FOSPILIEL	1/1/2021 10/1/2030	52/31/2021	24012982515 6308/66462	1582888417	35636496/s 036042963	10//683:29/	922/63:019 25/9/62828	263926-22	5/5/62004 458116824	55/626025	513.0056	4:42900:	0	0	0 D	0	0 Lastes to 12 / 02 / 94	10 1 14	102/116120 K0156154/	2522835a063 6888/1146a
100012 LEE VEVORIAL HOSPITAL 200014 ADVENTIMANE NEW SYNTHA BLACH	16/1/2020	9/30/3021 9/30/3021 12/31/2020	1639639931 475-50122	129198/787	109/18292 22/2009	22:0961962 1910649400 1972533965	201960501	05924673 1951/0681	427259172	33/043657 623453658 36033455	0	108/8/17	0	0	0 2254723		No804/ 228/72	41.	2644686425 2653236V2	6309/1136c 1302933666 140293213
100017 HALINAX VERCEAL CENTER 100017 HALINAX VERCEAL CENTER 100018 NAPELS COVV DNITY HOSPITAL	10/1/3030	9/96/2021 9/96/2021	2356403249	550169636 609381560	3/0603610 256126927	82/219232	177602528	1996990/ /9916/01 8:0913/0	134399633	204256334 233609495	29209128 #30228/	3/364946	0	0	0 0	ě.	0 9/6/1	42	\$207745	218186;687
200019 HOLVES RECK VEDICAL CENTER	10/1/2020 10/1/2019	5/ A9/2020	2014346437 2652895188	A1902648		1207151648 1297966284 2750667924	10/5243066 618/03004	9/060491 1535/0506	248513876	269290991	0	1960/C66 0	0	0	0 0 0 0	0	0 1543538 2061812	9	1119608000 363412435	291363654 2925226019
100022 IACHSON VEVORIAL 100023 CIFRUS VEVORIALF OSPITAL	12/1/2020 13/1/2020	9/30/2021 30/31/2021	6040983336 2445821/29	131.5420355 200257787	141206033-0 131106450 168064516	2793467924	12092/5457 555/2/990	1935/0008	344535531 132069605	128207039 163032941	75.792.096 0	3451/095 0	0	0	0 D	0	0 646015.4 0 544,4851	53 16	19601306/1 0001333563	9540962324 2440021/29
500025 ASEENSADIN SACRED FEARL PENSACOLA	1/1/2020 1/1/2020	6/30/2021	3542467767 100:081409	504063552	168064316	829776495 434343907	1028033846 303701104	50213336 90397655 45694042	834.467224 16x269568	92 > 16 > 00 / 7 2039645 10	0		u	0	u 0 0 0	0	3 1/61/5% 5 5340585	92 S	1/01/29564 4/001/2/2	2555125546 1004076121
100026 ASCENSION SACRED FEARLEAN 100028 PARRISH VEDICAL OFNIER 100026 YORIH SHORE WEDICAL CENTER AND FVC C	10/1/2020	6/30/2021 9/30/2021 2/35/3021	6024-2179 612413668	365363600 333457387 32788639	27066239 47090544 79786635	197553674 399797464	82/30/955 1611/0428	220622627	0	6/100-30	0	ė	0	0	0 0		245152 401257	32	85/115136 2004/01/06	60226/s18 629/25644
50000 ORLANDO FEALIN-FEALIN CENTRAL FOSFI 50002 DAVERDNT FEALIN ST. PETERSURG	10/1/2020	9/30/3021 9/30/3021	1502330/67	2/02/4509	343995282 267/21/06	82281,629	63+72+8/4	0	0	0	0	0	0	0	0 0	0	116600		6422/4062	1902/30/04 212130/342
100014 VOUNTSINALVEDICALCENTER OF FLORID	10/1/2020 1/1/2021	32/31/3031	2121337541 3305/59599	246325943 847345000	447943452	1854839145 1145210955	694/76690 10/5/33456	69206491	2349/2316	294236009	14609127	205/6196 1/566597	0	D D	0 D 0 O	0	0 56605.284	28	/1/201890 1299-5403	29900063513
10083 VANATEL VEVORAL FOSPITAL 100856 VEVORAL REGOVAL FOSPITAL	1/1/2021 1/1/2020	12/31/2021 4/30/2021	512-406230 60///4132/	313615/16	10/16/520 ///285207	1396744297 1103973350	1064/01/01	3/213442 0	12/12/200	216492622 2747654517	2/9/8316	4113/12	0	D P	0 0 0 0	0	0 196112/1 0 30400500	29 32	11519/50/1 3024:92103	9125106210 6405462545
100036 VENDRIAL REGENARHOSPITAL 100039 BROWARD HEALTH VEDICAL CENTER 100040 ASCENDRIST MINICENTS RIVERSIDE	1/1/2020	4/99/2021 6/90/2021 5/90/2022	2140609293 2.085/045568	1129210449 424383101 481529637	777585267 318189542 414189548	1021520524 1097125553	640862457	28950379 46476636	1313N396 121294892	960336775 199071548	22901970	0	0	0	0 D	0	) 1966609 J (434)04.	5	//21408c4 1906147309	6405462545 2540909439 27406502009
100043 SYEASE FOSPITAL AND CLINIC 100064 SYARTIN VEDICAL CENTER	1/1/2021 1/1/2021	52/31/2021 52/31/2021	>28/92059 32962//31/	312770938	515149854 64/92196 92/069407 630/9220	201614081 122314218J	1144206843 20979-1591 124129-016	0	32384191 312329489	>2584791 444/9300/	0		0	0	0 0		261,54%		25/62/846 55/55461/2	> 9922/504 324/10/396
200045 A 0VEN THRALEH DALEND	1/1/2020 1/1/2021	12/31/3820 12/31/2821	/831)/606 1296402906	370398630	6,10/9320	25/1268/0	451231885	24856/91 429/7/17	1901,4240	81/400041 122201244	41,222						405/56	34	4036/9294	
1000HF ADVENTINGALIHI ZERHYRHILLS 1000H / BANKRONT HEALTH PENTA GORDA	10/1/2020	9/30/2021	685113465	293365347 74130085	1183/3005 116/24561 15/5624	2/97/9929	480033425 19/255448	42077717 521/2417	/9023527 62585098	94/53515 148/6380	42.33/04		0	0	0 0	•	2 00011- 2 4200400 2 51684	n 1	H960x333 2x9556x33	L2458440753 6366653439 54646181
100048 IAY HOSPITAL 200949 HIGH LANDS REGIONAL VEDICAL CENTER	10/1/2020	9/30/3031 50/31/2021	54448481 6/0230901	9343917 8141/845	15/5624	/612827 292602/46	29906547 298882201	152630/1	140/4130 1507-685 2,638957	4/105604	0		0	0	0 0 0 0	0	54.0300	s7	45368/30 392692244	6/5250901
5000-0 LARKINE-OSP PALY SPRITOS CAVEUS BLC 5000-1 OFLAYDO PESETE SOUTH LARK POSPILAR	10/1/2021 10/1/2021	52/31/3021 9/30/3021	339621/5-4 214080/162	72718564 315012366	19666275 89833.69 2./83050.2	84/223967 835736563	256502201 66468050 1031.731092	/462383 0		33101328	0	0	0	0	0 0 0 3233316	0	244 ₀ 19 110544d	1/	5-10208/ 004913600/	339623554 3566358766
2000/2 WHITEREAVEN FOSPILAT	1/1/2011 1/1/2011	12/31/2021	21663-2774 299402531	315312256 436706679 25502-36	254943014 2465-42/6 29749925 7209512 141652435 191896034	939017065 127015890	78/35/D31 6/17/244	13823	12-7043160 82-766286 83-766286	12/04/965 2204/461 563/4516	0		0	0	8 0 8 0	0	0 126666 0 126667	10 12	910142667 70597764	213-026302
2000, J. FRANKER FOSFILAN 2000, J. FRANK CITES FOSFILAN 2000, J. FRANKER POSFILAN	6/1/2020	5/30/2021 12/11/2021	7859766915 666523618	23892536 65952565 336712396	29/40925	21/150186 252949691	411560/50	248-2993	6/06/242	545/4:90 11445(42/	0		0	0	0 D 0 8//268		2655254	8	4795535c2 (012)6677	238245465 A3175418 659717585
2006:5 A074" (HEALH- INDREPTYULLAS 2008: 7 A074" (HEALH- INDREPTYUL 2008: 7 A074" (HEALH- IGGAL 2008: 7 DREPTYUL INDREF RAPHOSPITAL	6/1/2021 10/1/2020	52/31/2021	165/464589 268285/211 83859342/	33639446o 36/3/5/33 3/499662	141652435	640961204 1342022255 296090963	/2/1596968 612686575	45904081	85-83494 170555528 132352434	240361633 331006±15	0	6269634	đ		0 D	•	1 #34400 5 5/2420 0 5/2420	<b>29</b>	/041/3014 05/0144965 3084/6896	16:0603003 26328:>(216
10002 ADVENTION PLANT VORTH Ray HOSPITAL	1/1/2025	\$2/35/3035	838593427	1/4996962		29609096.5	91/932357 215/72099	0	/1-1-0068	/4516868	é	801197	0	ø	a 6	è	18160	/4	NELISADS	8 9662 5/80
S00067 SL AVIEOWS FOSPILM S00061 ADVENTIMABLE DAVIONA BLACK	1/1/2021 1/1/2020	12/31/2021 12/31/2020	20805/9379 1940523082 1373/51423	436500681 4217/5654	208659375	825055475 771505638	898384002 66/1/4342	0 16726-40	/1516068 145640377 106370220 130265549	145640377 245107999	31440219	21/0/340	0	0	0 0 0 0	0	0 10130395 0 1216/40	15 10	919791/963 919702253	201055-682 217.666643
2006/ SLAVING VOID STATE AND A	1/1/2021	32/35/3035	1223/61423	214648637 272998460	00204220 102604990	506310009 627737224	106330236 666564294	20931301 43729689	190-05549 7995-2925	120526040	0	e e	0	0		0	1 CONDECT 2 //1224 3 11/26/	10 70	614602403	12237/01421 12409/09/24 10/914/143
10007 ADVENTIFEALTE FOR VEVODIAL	10/1/2020	12/01/2021 9/06/2021 12/31/2020	1,409,9124 16/984/146 8/0441881	496500681 4217/1654 216648627 172996660 355061815 395061815	208499-375 2183/32101 26284228 1028-34995 118280952 92-50033	7996801/1	303104886	20931091 43729599 39736291 30727550 89562249	/9952625 16/995768 /8251252	227758995	۰		0	0	0 0 0 0	0	1 91/26/ 	12	/646/8929 /5155551/1 405802535	10/914/143
1000/3 FORCE 1005 FORFITAL 1000/3 ST 20567F5 FORFITAL 1000/3 ST 20567F5 FORFITAL 1000/7 NAVEROVE FALLE FORE CEARGE IL	1/1/2020 1/1/2021	6/92/2023	2256/49980	512791524 5427027094	121420346	556941242 21108642640	609996992 2218661-920	89912281	444550260	304012541 305196/39	0	12505-41	0	0	0 0 0 0	0 0	5 53464 1 #605-10	pa In	1971/92507	
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100118 ADVENTHEALTH PALVICIDASE 100121 PARTICIN PROCESS VEDICIDAL CONTRE	1/1/2021 1/1/2021	52/31/3021	10/0332941	25150//05	10065-049	349640996	436000539		85 /00/51 0033 v 97v	90565090	0	0	0	0	0 D	0	0 4/6640- 1 10/514	10	51/044133	994254533
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100127 YORIOVPLANI POSPITAL	1/1/2021	12/31/2021	3124054/2/	/3.5306273	20944/349	13:99:01/4	12000/9299	0	1942-77905	2945/7905	0	0	a	D	0 935130	0	3 1624/22/	33	18463465	242925/465
100135 BAYRA GENERAL HOSPITAL 200135 LARCSIDE VEDICAL CENTER	10/1/2020	9/30/2021	9345628225 1401/9519	333/9923	11439302	43364190	2:00243/93 6214:052	15/626654 185/508 114910633	101/7/747	21050315	0	0	0	D D	0 0 0 0	0	0 GDM10. 25910	x x	81130249	9945/051/1 1401/5859
100131 AVENTURA FOSPITALAND VED CTR 100132 SOUTH FLORIDA RAPHIST FOSPITAL	6 / 2 / 2021 6 / 2 / 2020 6 / 2 / 2020 1 (0 / 2 / 2020 1 (0 / 2 / 2020 1 (0 / 2 / 2020) 1 (0 / 2	52/31/3031 52/31/3031	3346,598346 /2594218/	992330627 357701840	546380742 67783096	2003000150 200582553	6/0x340/1 306833386		13302360 99250083	23/930643 902:0082	227994966 0	0	0	0	0 0 0 0	0	0 25552001 3142151	20	3104413 21060-251 4220-041 3510-233 4000-1403 4000-1403 4000-1403 4000-1403 4000-1403 2010011-5 8118799 733-447/7 353-447/7 353-447/7 353-1404 353-1404	3348/44546 /34103563
100134 ED FRASER VE VORIALFOSPITAL 100135 RALLAS ASSEL VE VORIAL FOSPITAL		9/ 20/2023 9/ 20/2023	1147499	291,8119	106-10-1	\$557.55 1333479488	368300-2 15/0218860	344597	20064165	21/05040	2390/037		0	0	0 304/7/9 0 25639466	0	3 125426 1 1029072:	50 90	5551/024 No15/4998	63637637 343064076
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100156 LARE CITY V101CAL CEVER	18/1/2020	9(30)3031 30/31/3031	1396642215	5056438262	3/1062901 /60:499:	404050139	5/\$5/2297	84497 2 21/03454 24/20/55 4/30/49 3/305405 4/30/49 3/305405 4/305405 4/305405 4/30540 4/30540 4/30540 4/30540 4/30540 4/30540 2/30540 4/30540 2/30540 2/30540 4/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/30540 2/300000000000000000000000000000000000	255060915	386361/A5	0	ů	0	0		0	1 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,00000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000	57 50	NaL3 (488 A)(962) 24 (1004) 13 (401) 13 (401) 13 (401) 13 (401) 13 (401) 13 (401) 13 (401) 13 (401) 13 (401) 13 (401) 14	24356/9053 1404905391
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100126 PCA FLORIDA SARASONA DOCTORS F OSPITA 200167 FLAVIATION GENERALF OSPITAL	1/1/2021 9/1/2020	52/35/3035 8/35/3025	1804/19962 45/0/6033	38/994823 496230/93	1093-51334 5290-547	712194635	/2434;4/1 13/26;409	48220093	110183930	196804025 404127623	80/8416 20198966	0 20240-058	0	0	0 D 0 D	0 9	0 209/86 3 \$10+124	20 11	944636602 1714630590	1004719503 4870753823
100165 BOCA RALON RECEIVAL P OSPITAL 100103 ADV253 UPPAURE LAVIDS	10/1/2020	9/33/2021	300599631-8	195510279	223442320	597597574	1/41429516	23/28/95	135124000	\$52252533 \$54465675	0	0	0	0	0 0	0	101/0	90 20	1982906404	300567/0391
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100180 SI, PELEKSPUNG GENERAL	5/5/2020	4/30/2021	1252253554	309462450	/433485	520443/92	42/132/75	/5891293	1914-9925	2/03/1548	0	ő	0	0	6 0	0	6/96/6	x	648626239	1272282544
100181 LARCIN CO V VUNTY HOSPITAL 100183 CORAL GANLIS HOSPITAL	1/1/2021	52/85/3031 2/85/3031	A55511092 /42395091	94545513 ALAG/192	\$2068250 12853/340	820738987	\$9433.741 336664.580	10339927 20010912	129985377 14974236	GR2/3/54 /5/85346	0	e 0	34366019	0 0	0 0 0 0	•	2191433 3./05645	24	1023/0258	355513680 /42114825
100107 PALVETIG GENERA FOSHI AT 100109 NORP WEST VEDICAL CENTER	6/1/2021 1/1/2021	///1/2021 12/31/2021	1618624329 265>353206	2061//091 26231//79	294115376	642969427 1206511/6o	3/3493319 /:/st2009	30067354 31234854	0994-1144 55029970	345026328 90054824	0	°	0	0	0 0 0 D	0	1146406- 0 11321391	ю 17	470964974 021024129	161/401/59 25:5163266
100151 YEDIGAL CENTER OF TRANTY 100200 PROTOARD HEALTH TAMERIAL POTAT	1/1/2020 1/1/2020	6/30/2021	2915c25084 14257/919	277299392 900242787	23230/345 68:49852	1439882593 19629953>	2311/8/30	0	1/585/103 46580062	1/295/308 46860052	34991336 18239251	0 2	0	0	0 D	0 0	0 56/21993 2 2640391	17 98	124299-468 20036-092	2935188725 24267/960
500204 NORTH FIORIDA REGIONAL VED CIR 500206 VEVGRALFIOSPITAL OF LAVRA	1/1/2020	2/28/2021 90/31/2021	5251984423 L525663737	343121363 3x3831/72	381347913 132630394	2654796467	1584350216 /25559/01	196823120 29102013	40/20/962 1043/9300	394031082 203403110	3499(135 1829051 16512279 1600366 15821586	0	0	0	0 D	0	32604263	89 14	9991a580V5 43297a684	52:1564320 152366:797
10029 HENDALL REGIONEL VEDICAL CENTER 100201 ADVENTIMATE DAGE CITY	1/1/2011 10/1/2020	12/31/3031 9/30/2021	5118198517 252636055	552414945 /3422553	49645/069	251541/86	12/1068257 192:42086	2254523334	252256551 36385657		1:021:006		a a	D D	0 0 0 13/1/06)	0	10006400 10076620	19 24	15568028/8 2396s4063	111936107 192616207
20222 OCALA REGIONAL VEDICAL CENTER	9/1/2020	6/31/2021	3/41364710	65/151615	536645762	315/7/6/36	184/1930336	15/10092	161,00406	355809476 101 (Select of Select of S	0	201.79690		0	0 0		3663043		X5012131/	>/41364614
<ul> <li>Handler Vertre Valkanden Versiker 2011</li> <li>Handler Versiker 2012</li> <li>Handler Versiker 2014</li> <li>Handler Versiker 2014</li></ul>	Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Шеления Ше	12/31/2021		110/06/60	44580555	401214074		19682310 29102015 226623134 17574050 157700992 6741246 9716357913 66009389 36742544 199117649 57056425	6-156-1006	55050.5		0			0 299511		5 500000000000000000000000000000000000		44055394 44055394 44055394 171050504 470644 470644 470644 470644 470644 470644 470644 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 470744 47074 47074 47074 47074 47074 47074 47074 47074 47074 47074 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 4707 470 470	
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100225 WESTSIDE REGIONAL VEDICAL CENTER 100220 VENORIAL POSPILAL PENNINGKL	2/1/2020	1/31/2021 4/30/3021	2164329522 11011/5285	2403/9286 366834034	258925242	400017/52			71305:60	3009/1905	0	°	0	0	0 D 0 D	0	0 15/91.00 0 20/361	51 57		2144329522 1042385641
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S0245 LANVINGER RESIDINAL VERCALCENTER S0245 LANCO VEDICALCENTER	10/1/2020	5/25/2021	4064060935 3187825310 10156866351 6054843554	452536576 325712645	505575524 572252376	2374852345 1835704037	838265469 /82871394	/8411141	213039687	\$43.557005 246318003	57606005 43145965	96422515 31821/41		0	0 0	0			950:40341	40640.0010
100249 SEVEN RIVERS REGISTREE VEHICLE, CENTER 100217 RAULERGONFORMAL	10/1/3030 3/1/3030	9/36/3621	1013606321 6050333333	30x886678 80x78017	/4/64450 46324734	419012068 232569171	350/15064 35.7244935	99471467 10776149	1312-6189 3209-018	1/104 No6 446/1199	0	0	0	0	0 0 0 0	0 0	360/631 2596475	96 14	482577248 216796239	1033133514 605635554
500233 LUFENR VED GAL OFFER 100234 CAREAS REGIONAL VED GALCETER	10/1/2020 3/1/2020	9/30/2021 A/30/3021	1,585370147 2432648760	305 /008 /8 31444/563	134964552 238159794	62/92/269 102481/304	66241.425 8./1272802	22960047 59366176	8/3606/4 225055543	110260901 2004/7/10	0	0	0	0 0	0 D 0 D	0	19:6430 11:22110		/19926537	5339570146 34325446006
2022 DEDRY VEDCAL CHINE 2022 DEDRY VEDCAL CHINE 2022 DEDRY VEDCAL CHINE 2023 DEDRY VEDCAL CHINE 2023 DEDRY VEDCAL CHINE 2023 DEDRY VEDCAL CHINE 2023 DEDRY VEDCAL CHINE	1/1/2020 1/1/2020 1/1/2021	2/24/2021 12/11/2021	80489333294	30524255 424225272	2612128/2 6042221:6	52/92/269 502481/304 22/97/60/6 241.540/635	66241/425 8/1272800 724882499 82500104		143742947 15404265	343/42947	0	0 4031229/	0	0	6 0 6 0	0	2,00929		368147495 1042447992	33980//34) #2246545-1
		0/31/3021 0/31/3021 5/36/2021 2/26/2021 52/31/2021	4212/02/02 10020985:0 220/419964 55658/5519 1049:87729	/9/43184 2 (2041/06	93563811 1 vie29247	2412-607/099 5197/2019 22210-140 24157/29468 2436812-65 25955135 354911662 297576275		109533340 34421259 37030033 10340392	164042060 1255/167 129900139 145362523 3875033 3875033 38691167 101443048	353597035 9697036 355950172 250766725 88/5033 26651367 18615466	0	0	0	P	a a	0	6460431			
10029 SOLIN BALKOSTIAL 100265 ST LUCE VERCALCENTRI 100265 CALENDAR COSTIAL 100265 VERS FOSTIAL COUVERSIDE	10/1/2020 10/1/2020 1/1/2020	2/28/2021	5555170019 1626-07775	291445360	43.55561.55	VSL 5729468	645/29107 834/09190 785922051	10.47.452	145323251	230796723	0				- · ·		25.4104 3 25.4104 3 890.704		772629045 772629045 960072422 716815047	220/413663 33335/2020 1609/22288
30036 VESS FOSTIAL COUNTRING 30026 GUE REEZE FOSTIAL 30026 UNGEWOOD COUVED FOSTIAL 30026 VESE BOCA VEDICAL CENTR	10/1/2020 3/1/2020 3/1/2021	5/25/2021 5/39/2021 12/31/2021	662112960 662112960 662112960	115126917	13640068	1318/5136	452092299 452092299 846154499		5691167	26651367	0			0			0 204109 204109 1 8/6569	**	/1681521/ 510665160 47/16042	138/63824 138/63824 11314248256
200265 WEST BOCK VEDICAL CEVER	1/2/2021 1/1/2021	12/11/2021	1 \(72004\)465	105-000-01 1103/1255 4103/1255 4102/1255 4142256-75 4142256-75 4142256-75 4142256-75 1043/124 1041/256 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-81 1041/250-	34244839 235/36306	994911645 397376773	>11209926	94707499 97401575 40560341	10144,043 162364:42	10615-0402 209666117	0	0	0 0	0	0 0	0	5500143	s7	992110933	1002103/90
10020 PALVS WIST HOSPITAL 1002/1 VIDENTLI CANCER CENTER	6/1/2030	5/31/3021 6/30/3021	1/4/460158 s1340s8077	2042254-10 1447136058	1, \$923079 \$6027835	906672259 846158050	343492119 0		162264342 67962868 4188667231	209464117 1953/2726 4182967231 203967090	0	0	0	0 0	0 0 0 0	0	0 11.417.0 9 944200	et.	G33364582 41902527/3	1747460153
1002/5 WEED WOTO'N RECE VEDICAL CENTER 1002/6 FROWARD HEALTH CORAL SPRINGS	6 (7.000) 67 (7.000) 77 (7.000)	52/31/2021 6/90/2021 6/90/2021	215:505:91 8/5660191 6384/234	2529/0519 3/33955/2 80639015	261212872 601222136 90160011 1.54829237 4.54596136 1.6470686 3.624669 2.2873656 1.5692666 3.624699 2.2873656 3.639266 3.639266 3.639266 3.639266 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639256 3.639556 3.639556 3.639556 3.639556 3.63955656 3.63955656 3.63956	0941110686 3809029/9 10032909	162141918 294015800 28214	53945155 11233543	130021952 130021952 15033409 996/87	20396-090 6702002 966/37	0	0	0	0		0	5 515508	10 I	/12:632/1 349651882	213,960,972 375660193 6364/224
202277 VIAVLEWSE FLALTESISTEVS INC 202251 VESCHALFOSPILALWEST	// (/2000 5/1/2020 1/1/2020	6/30/3031 4/30/2021 52/35/2021	63542234 3919.448072 115.952191	40638015 6161.4940 34733/71	46182358 403312547 1/317/42	10037930 3639343512		°		12/06/4112	0		0	0	0 433830000 0 0	0	0 63238 201892	11 19	10006-1 1/9054009/ 013336/9	6364/224 97737/39906
100264 WESTCHESTER GENERAL HOSPITAL 200265 VENCHAL HOSPITAL VIREINAR	1/1/2021	52/35/2025 4/20/2025	152/02191	34733771	1/31//42	1639341613 40049225 504340253	25753161	11242245	2201/010 669425/50	33056063	5776400		0	0	0 D	0 0	//426 1 66042	12	813335/9	97.517.28606 1.08763191 1.242404510
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[45-2, Part Ry 3 082.00]

200256 PHYSICIANS REGIONAL MEDICAL DETTER 200257 GOOD SAVARITAN HOSPITAL		15/1/2020 6/1/2020	5/20/2023 1/31/2021	3153047785 2451230721	35574921 284510941	601062909 2.4094a516	1124282726 556005413	1148964.27	110206881 825-0314	1/04896-2	2006/96-55 392621263	U					0	• •	1830 a 190 56 1817 20 55 40	17198 (4179 112849-110	95,004/15 246(3)4/8)
200268 ST VARIS VEOIGALCENTER		6/1/2020	>/31/2423	2/56845240	40001/026	456186436	1443/03546	458434277	18 (666) 02	1/60103	\$/9919615	66847305	18/18:44	ŭ	P	0	0		21,16606833	666134458	2002723313
200289 CCF HOSPITAL - WESTOR 200289 RHE VILLAGES TRI-COUNTY STEDICAL DENT		121/2021 1/1/2020	12/31/2021 6/30/2021	1609H1917	4538/2813	213462596 /8/Robbi	962019643 305436260	644747034	24601/3> 269/0P09	64487229 71382592	89092944 96153511	0	0	0	P	0	0	0 0	90010/314 40920x064	709234363 2967423:5	000641917 /0064/42D
100291 VERBURNERIGIONAL VERICAL CENTER		1/1/2020	12/31/3030	/84551.008	301/5105	11535116	3352/5/14	33.2164921	10461250	34/91/01	40202991	õ		ā	ō	ō	ō	0 0	46.008/1858	339434048	1039611413
100291 ASCENSION SACRED HEART EVERALD COASE 100298 DOCIORS FOSPITAL		10/1/2020	6/30/2021 2/30/2021	//2109881 952531357	345284u18 24515/257	42/091/3	1/9129/56 30/795154	441142829 402696/77	1/51/583	62834678 57045068	1058-4336 /4:55901	0	e	0	p	0	0	a o	2367±0649 447087032	si8101680 30544/781	Aideo1739 952554923
1002HE LAKEWOOD RANCH VEDICAL CENTRE		1/1/3021	32/34/3021	14116-3574	335494768	1277/4554	:54837.99	601/99020	32456750	55355694	12/611444	ő	ő	ů	ů.	ő	0	0 0	/150/390	666681/04	14319535/4
100302 ST. COUR REGIONAL VERICAL CEVER 200407 ASER VISION M. VENCLVIS SOUTHING FO		1/1/2021	9/30/3031 6/30/3023	430421543	63757954	11/99/61	200014655	1960/01/9	0 000000141	1/15606	1150.06	0	0	0	0	0	0	0 0	2/5255/34	191014408 (91906-42	4/0831143 L29846046
100383 ASCENSION SACELD HEART GUIP		1/1/2020	6/33/2021	706c9464	1/649302	2:46/57	6251394	1/92920	1212231	11260509	195/3040	ő	ě	ő	ě	ő	ò	ō ō	10014639	60560130	100/4/64
100394 WEST KENDALLBAPTIST FOSPITAL 100395 VIENA FOSPITALING		10/1/2020	9/30/2021 5/30/2020	144/83/4±5 015//4/25	34404/400	195183117 6J879401	443013040	41952/426	\$0665×13 16/185×2	354643070	391314:53	0		0	0	0	D	0 0	6 (36636/0 2 ( (71.959)	/741/2405 44006564/	1447030166 /1051423
100395 FALV BAY HOSFIFAK		10/1/2019	9/33/2030	604305157	300266350	\$428a/61	1/39983-11	211655464	24/3595/	99931:34	12466/5/1	0	÷	ő	0	0	Ď	÷ ÷	3/901/465	334340636	/14166001
100389 ADVENTHEALIFE RESILV CHAPEL 100339 POINCIANA VEDICAL CENTER		1/1/2021	52/31/3021 6/30/3031	1/9:829:23	343896127 99102643	113636391 49075306	629544085 361061763	868261424 4453560/4	4/1/642/ 51802655	142209196 238+30901	10937/623 200323536	0		0	0	0	0	0 0	/80:4/535 46:04421/	962223649 679626422	L/62//1236 1138620699
500323 ASCENSION \$4, STNCENTS CLAR COUNTY		1/1/2020	6/30/2021	8997/4149	\$46839227	59066660	249394318	369169183	25139353	5285 4995	120594348	0		0	0	0	0	0 0	3 405 96 496	468622737	839421+13
100329 OVEDO VEDICAL CENTER 100339 VEDICAL CENTER OF DELTONA		8/1/2021 1/4/2020	12/31/2021 9/30/3030	0/0/25/22 39825255	100514135 11364132	12105403 4252053	316201130	162124916 2535/923	3191.8012 1661549	1243/15/9	1002046/1	0		0	0	0		0 0	16223/423 2524/232	405491298	5.0/26/21 1920-1-929
502500 ADVENTHEADER WADCHUGA		1/4/2021	12/31/2021	129401264	132201-212	\$5129+10	1519540	61,000,4	201200	11,41254	01/62:36		÷		6/00:10		0	0 0	2/16/232	9500429	12:1/244/
SOLIDE LARS BUTCH POSPILAL SOLIDE CALE DUTY LISE BY POSPILAL ASSA		6/1/2021	52/35/3031 52/85/3031	34602579	121./8x01 97/88117	1082509	3921005	14/Eo414 12683/27	•	٥	0	0			6771616	0		• •	13003615	1:0609:0	20054566
10150 OLDRUE WEEVS VENORAL HOSPITAL		10/10/00/0	2/26/2011	30047745	9798317	1104977	1963307	1/1001.1/	29953	9099 %666 0	110/1009	0		0	P	0	0	0 0	17444	20053724	30341138 150505
10130/ DOCIORS VEVORAL HOSPITAL		10/1/2020	9730/2021	50329163	16005-283	2442400	3430/39	27775881	641433	6/2 (\$86	/963349	0	0	0	36/500	0	0	0 0	1140-117	3:046895	4(4>301.)
101205 NORTHWEST FLORIDA COMMUNITY FOSPITAL 101205 FENDRY REGIONAL VEDICAL CENTER	1	10/1/3031	52/31/2021 5/30/2021	114206/01	32713960	6400013 1405167	12902196 /056584	612/5:97	936954 1073002	22654991 83297386	23191945	0		0	2000		2281.090	0 0 0 0	19/10:32	83/6603 645520/5	203336545 /309/866
SOLDEL MADESON VENDRAL HOSPITAL		10/1/2020	9/33/2021	22404420	60101/95	2182547	6314534	1123-453	/223.>	2462251	2534536	ò	0	a	100590	ė.	è.	e 0	\$366303	12139099	20/2:902
SOLINE VIEWERS HOSPICAL		10/1/2020	9/30/2021	52454700	2225831>	1/2952	168300	3/430525	23/90 186/01	1464.5218 27053365	14638545	0		0	0		P	0 0	36,767	5206-415 2064599:4	3N53/1D 21/24458
102001 SSE- VIAVI		9/1/2020	8/31/2021	12/242105	20040400	25212/25	803926360	0	0	0	0	ő	ě		0	ő	0		159242115		1/204/11:
SCOOL SSE-CRUANOUS SCOOL EVORUS - CSPILAL BAY ARMA		6/1/2021	12/31/2021 9/15/3021	412255494 139450413	294,50945 634/7519	140142403	2/214/091 19521/364	100.00		0		0	0 \$147/82	0	0		0	8 0	412045243	2/12/2 16/22/0	4122894% 32962063
202049 KINDRED FOSPITAL SOUTH FLORIDA		9/1/29/0	8/31/2023	449.240.296	91.685.847	199.215.062	246.657.782	1.667.415	ő	e e		0	/162492	0	0		3374631	a u	44 (8/2847	166-/429	549,40266
202012 CURAFEAUF TROSONVILLEUIC 202012 CURAFEAUF TOSPITAL CENTRAL LA VIA		8/1/2020 9/1/2020	8/31/2021	30523970 235907725	10418557 45425339	2/0522/4 90:99395	29402/73	20624 116:556	0	0	9	0	0	0			0	0 0	20/73046 2319439/2	306/4 1163856	206226/0 23310/26
202011 KINDRU FOSPITAL CENTRAL IN VER		6/1/2020	8/31/2021	1/12000	100/03/0	64160062	806370745	194,208		ő	å		6762066	0	ő		0	0 0	23 1943972	190,000	1/328107/38
202087 SSH - PANAMA CHY INC		(134-2020	//31/2021	75607116	16205935	32:80941	240161/>	0	a		0		0	ā	0	0			/660/100	0	/960/115
102018 PAY SPECIALLY FOSPITAL OF SARASOTA 102019 HINDRAD FOSPITAL OCALD		5/1/2020 6/1/2020	8/31/2021	889:9334	26572625	34164584	54501658 12416/61	259:92		0		0	°.	0	6 P	0	D D	0 0	53666242 271309-09	295592	505-0634 2/1865/9
SOSSIP SSE - MILLAEASSEE INC		1/1/2020	2/28/2021	56401923	22894021	42464877	2261/001	0	0			0	ő	0	0	0	0	ē 0	9/59 1931	149997	38402526
102021 BARCARE AUGANE HOSPILAL 102022 SSF - GAINESVILLE INC		1/1/2021 1/1/2020	52/31/2021 //35/3031	6/01/441 125/58GBG	17071214	201212-00	45995090 /1099115	0		0	0	0	0	0	0		0	0 0	(844.00) U527999	1951	6344/416 125/121637
202023-55E - PALM BLACE LLC		12/1/2020	11/40/2021	201099991	1122111	10402970	1206/9 (021		ě	0	0	0	ě	ő	0	ŭ	0	0 0	200706517	1100	2010/09/90
102024 53F - PENSACOLA IVC 302025 KINDRED FOSPITAL INERALV BEACHES		10/1/2020	9/30/2021	19085-264 1544/4628	551,2652.5 302,54901	/91.85245	81,0057096 83390839	0			0	0	°		0	0	0	• •	190038519	1967/2	19045-385 L: 44/46-8
102026 AD7ENTHEADER CONVERTON		6/1/2021	12/11/2021	19/2604 /62	34445/56	/6/00236	0.050079	4,452	, in the second s	0	å	0		0	0		0	0 0	192940927	4:4:5	122071000
502027 KINOKED HOSPITAL VEDRUCHE 502023 SSH- THE VILLAGES		5/1/2019	8/31/2020	11/553049	53241,041	4865/517	67352170 19706188	130/562		0	u u	0	•	U	p	U U	0	0 U	105/49519 (/12/52)	121043	1300/3462
202029 SSH FORL WYERS		6/1/2020	6/30/2021 8/35/2021	10118/9/2	23130077	3/334400 42999222	19796389			0	0	0		0	0	0	0	0 0 0 0	101:6:0:0	334>	7/1305/D 9758/6/3
102030 SSH - DAVIONA BLACH		12/1/2010	11/30/3020	95903-58	19343611	32923991	00067692	•	٥	0	٥	0	٥	٥	D	0	0	0 0	1.1.stooid	0	121:40:68
102031 SSE - VIAVILAKES 102032 LAND VARX HOSPITAK 03 SOUTHWEST FLORE		4/1/2020 9/1/2020	5/31/2021 8/31/3031	151809941 141082377	545/8150 25456198	26642649 20462964	94458292 44101561	0		0	0	0	0	0	0	0	0	0 0	1,003/683	266306 46553330	151103941 141160724
103036 ST CATHERINES REHAR HOSPITAL		10/1/3030	9/92/3031	54627003	35579167	4558.281	13916432	104/78	33468	168019	220647	ō	ē	ā	0	ō	24/46886	0 0	24654211	1/2/92	±492,4503
10502 FSELOF NS REFAILURATION FOSPITAL 105028 ENCOVPASS FEALTH REFAILURATION FOSP		10/1/2020	5/36/2021	37232399 76861366	25990524 441,41220	2/6664/0 3614(5/0	9071912 40013/74	21.52	1/62/	22,2260	393/92	0			0		306-16316	e o	3690/320 AC1/9443	324509 2112	3/252:09 /01611/89
30501 ENCOMPASS FEALLE REPARTMEND VEGSP		11/2013	12/31/2021	(1590)28	20245538	\$46-75.965	31260660	0		0	u u	0		0	p		0	a a	(1936)4	102	/19/5/%
505012 ENCOVERSS FEALLE REPAREMENTION FOR 100013 ENCOVERSS FEALLE REPAREMENTION FOR		61/2021 1/1/2021	12731/2021	40853694	29612306	15466-01	21/99/04	0	0	0	a .	0		u	0	0	0	0 0	40565894	0	408/394 1/409/10
105014 SEA FINES FEE ARUITATION EDSETTAL A		1/1/2020	12/31/3820	410/2249	251.H0/2	19604475	214:4/11	1292		0	a	0		0	0	ő	0		>167/829	0	3169(101
106016 WEST GARLES REHARLING Y FUSPITAL		3/1/2021	12/34/3031	\$1086129	31964137	38/64539	52746035	407,9991	0	0	0	0	0	0	0		0	0 0	91,-93562	40/1495	91080060
105057 ENCOMPASS FEALTH REPARTMENTO/FOSH 105058 ENCOMPASS FEALTH REPARTMENTO/FOSH		1/1/2021 8/1/2021	52/31/2021 32/35/3031	42/342/9 36900449	32838386 2x163309	16433048 14633862	262/9225 24026/57	20210		0		0	ŝ	0	6		ő	8 0	42/342/4	20100	42754274
101029 FROMAS REPARTING TO THE VIEW		1/1/2025	12/35/3035	361367460	11/519649	68430893	1556/2/6/	121152-00		0	٥	٥		0	P	0	٥	0 0	23710665	114162185	25136/460
10300 LYCOVPASS FLALD REARING TO YEAR 103012 LYCOVPASS FLALP REARING OVERSE		1/1/2021	12/31/2021 12/35/3021	929/9644 42333035	230/9668	1460/420	15366224 23913/25	612106			0	0		0	0		è	0 0	12/07/9644	0	325/3644 42313055
305043 ENCOVPASS FEALTH REPAINING THOSE		6/1/2021	52/31/2021	36351.509	25823-12	14000037	27291032	o	0	0	0	0	0	0	p	0	0	0 0	36383059	130	36851565
1050H ENCOVERSS FEALLE REPAIRING TO VEOSE 1050H ENCOVERSS FEALLE REPAINTATION FOSE		6/1/2021 8/1/2021	12/31/2021	39220863 38680937	3/071956	256-75705 26126332	50343145 50454515	0		0	0	0			0	0	0	0 U	5922 1395 255 500 55	0	3522186d 35630926
105046 ARCHER REHABILITATION LLC		1/1/2021	52/31/2021	1020-4412	31/1632>	22460165	49594243	0	0	0	0	ō	ē	ő	ō	0	0	0 0	102064454	0	1020-4414
108067 ENCOMPASS FEALTF REFARILITED VEOSP 108068 ENCOMPASS FEALTF REFARILITED VEO P		4/36/3021 8/23/2021	12/31/2021 12/31/2021	31417347 6406637	369271	10680768 3423680	10736779 30022997	0		0		0		0	0	0	0	a o	2141/246 6:0063/	°	2141/246
503300 FOR NS FORKINS ALL CHRORENS FOSPILA		1/1/2020	6/33/2021	1553421630	436323357	414660262	104354836	511425567	ő	12149800	52949635	ő	õ	ä	Ď	ő	ō	0 Ö	9390460/6	3941/2022	L>3M2163D
103301 VICILIAIS CHLORINS HOSPITAL 203001 VENDORS CHLORINS HOSPITAL		1/1/2021 1/1/2021	12/31/3031 12/31/2021	20166/3006 531898/25	/14005649 24/25/585	434020508 239992779	641475185 230302215	930/96596 254049029	0 0000	19969/14 7/858225	19969/14 049/3041	0	0		P	0	0	0 0 0 0	10/5806//5 463433530	\$10/96396 \$6550544/	1996/033/1 631995/5/
104007 NORTHEAST FLORIDA STATE HOSPITAL		1/1/2020	6/30/3031	433/474	433/4/4	433/4/4	0		0	0	0	ő	ő	å	p		õ	0 34//129	0.0004	4611/3	/4193067
104016 HIVES POLYT BEFAVIORAL FEALTH 104017 WYTOWOR FEALTH CARE		1/1/2020	6/30/3031 6/30/2023	453218±0 55065820	12541394 15131/01	41045450	1/1350	1335450 1270609	9	2773600	2778000	0	0	0	0	0	0	0 0	41212800 455328 <b>7</b> 0	41090-0 (1998-0	45821850 59053820
SOADINE LIFES THRAM BEFASSIONAL CENTER		1/1/2020	6/ 30/2023	>148112>	-4325665	210/14/7	9976409	1240067	5184	21499880	2201ko26	ő		å	0		0		28662217	22/182/9	>140117:
104024 CIRCLES OF CARE FRC 104025 FT JAUDIEDALE FORPTAL		1/1/2029 1/1/2021	6/39/2020	45825077	21752450	52445374	1246965	122300.98	0	40/2617	40/0617	0	0	u .			D		909-78-726 101116-00	146/40/0	3063 Pb
104044 \$2013HIR V MTYOS HOSPITAL SIC		1/1/2021	12/31/2031	2964/276	169/2402	33127264	961200 /3/6900	0	0 0	-0/3617	-0/861/	0	0 0	0	0	0	0	a 0	jiri jina	0	83715745
1040: / SPRINGRROUX POSPILAL 1040: PLASTS/DLPS/CHALRIC POSPILAL		10/1/2020	9/30/3031 6/30/2021	41530400	20096465 425/24/	\$6013500 \$/212M	0 4:6/23	1.500201		è			9	9	2		2	• •	601 /s04 91899.7	1/00201	9151957
104063 IH MILODOHAT VAPILS		1/1/2021	12/31/3031	11:0/>/0	Lo199617	19109000	436723	10989.0	0	0	0	0	°.	0	P	0	0	. 0 0	15104004	0 10519-0	3019/5-4
104067 ASPIRE PEALTH PARTNERS INC		8/1/2020	673023031	16125/265	929561/9	134091/0		0	0	0	a	0	0	0	0	0	0	0 0	134991/4	146456095	16195-7364
S04089 WERVA SPRINGS CEVILER LLC MARKE FORT ST LINCE HOOFITAL		4/1/2020 8/1/2021	6/30/2021	5/890575	163,8789	20927550 M30500	1,5000			1/215/00	6940975 1788-00	0	e		8	0	0	0 0	305404000	80409/s 1,08640	3-62007/2 1009/a09/4
1060/1 BHR VINESHOSPITAL		1/1/2020	6/30/2031	14499305	1.0043099	4/344859	ĩ	ĩ	ò	3363964	126,1964	é	ě	ő	ê	õ	b	e 0	4/24462	3363965	:0660425
2040/2 CENTRAL REGISTRA BE-ANDIRAL FERLIF S080/2 EVERALD COAST RE-ANDORAL FOSPILAL		1/1/24/1	12/31/2021	10745-755	40645154 61.66091	56464520 46632900	196900	20046		1129195	(729295) 455,1463	0		0	0		0	0 0	97423820	10284990	107/06/50
104074 PARK ROVAL HOSPITAL		1/1/2021	12/31/2021	8/002290	3527/641	66200448	1.95/002	10/7/00	ō	3///140	377(1)40	ō	ē	ō	ō	0	D	0 0	5214:4:0	4636540	5/007290
1040/2 YORIF TA YEA REFAVIORAL FLACTE 1040/5 UNIVERSITY BEFAVIORAL CENTER		1/1/3021 1/1/2021	92/91/3021 92/31/2021	67829000 60907155	21450602	15/0206/0 6010/155	/404137	é a		1/1460	1/6%00	0	é	0	0	*	0		63606194 6010/135	1/63800	4/105/55 5010/125
1040/8 SUNCOASE REHAVIORAL FEALTH CENTER		13/1/2020	30/31/2021	18000000	\$605.40	2250000	ě		ő	4109.55	41085>	ő	ő	ő	0	ě	ő	a 0	12:49600	410955	23000000
2040/9 LIKE PLCOV VU'HTY HOLPITAL REHAVIORAL 504060 CORAL SHORES BEHAVIORAL HEACH		1/1/2025 6/1/2020	x93/38/3021	25895712 23/58400	103/1368	34543525 29344200	439:14/		2	424200	424200	0	0	0	0		0	a o	38936/12 23344200	624250	38936/13 23/66400
104851 OGLETHORPS OF ORLANDO TVC		4/1/2020	3/35/2025	12:423930	14677483	3063-000	ě	ě	ů.	0	٥	ě	ě	å	ě	0	ő		10641000	0	3052/500
106222 PALV POPUL BEHAVIORAL FEALTHCARE	(1.120)	11/1/2019	30/31/3030	19,63400	30/7567	1855-1000				6/18600	6/6000		2	9	0	0	D D	0 0	15293400	116400	35410500
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				404.537.558.640	66,660,723,168	49.111.119.401	175.845 270.000	50,462,613,436	4.698.666.572	19.429.842.064	48,148,546,236	1.402.996.805	566.Vol.128	34.506.029	17.636.004		205.306.388	- 2.471,189	252,813,518,394	170,246,419,148	403.242.490.053

Charles of AVX8112 BLLPY Gay, and ADX Lakes PTRUDOZINE (2022) BL Lakes PTRUDOZINE (2022) BL Laboration (2014) PTRUE Report In-out Report In-out Report In-out BL Servit State: Values II State: Values I

AHCA, Medicaid, M NB	IR Hospital	System Region CLIENT_CODE	SUBMISSION, NUMBER	City	County County # Construers	cial	inpatient.	Medicare Outpatient	Tolal	Gross Patient R	Al Outpatient	Ti Total	ES TO MODEL O - L Gross Re Incalient	enue w/o Medicar Outpatient	e Total	Commercial	legation	Medicare Outpatient	Total	Net F	atent Revenue All Outpatient	Total	ES TO MODEL Z - W Not Rever	nue w/o Medicare Outortient	Total
10 519500 10 10523200 10 10572100 2395 10175300 10 1022700 10 1019500 10 1029400 2395 1019500 10 10191000 10 10191000 10 1019700 10 10297100 10 1200100 11	VIDE OT PETENSIERD SCHEML, HOEFTAL, X000 ST PETENSIERD SCHEML, HOEFTAL, X000 JUNE (INCRN) HEAT HOEFTAL, X001 HOEFTAL, X001 HEAT HOEFTAL, X001 HOEFTAL, X001 HEAT HOEFTAL, X001 HARD COLUMN HEAT HOEFTAL, X001	5 23 5 23 5 23 5 23 5 23 5 23 5 23 5 23	001501501101101101101101101101101101101011000010000	SANT PETERSBURG CLEARWATER DUREDIN LARGO SANT PETERSBURG CLEARWATER SANT PETERSBURG SANT PETERSBURG SANT PETERSBURG SANT PETERSBURG SANT PETERSBURG SANT PETERSBURG SANT PETERSBURG SANT PETERSBURG SANT PETERSBURG	PINELLAS         52           PINELLAS         52	414,759,539 491,697,385 16,534,755 17,538,475 420,643,475 420,643,445 43,843,444 43,845,476 43,845,059 164,709,152 261,533,500 378,778,776,755 636,152,712 646,677,335 96,744,543 396,779,592	inpoderr. 369.222.461 1.534.827.320 55.380.241 35.48.163 569.205.061 1.1%1.197.385 121.533.788 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11,256,012,262 11,256,012,262 12,256,012,262 12,256,012,262 12,256,012,262 14,21,823,009 1,421,823,009 1,421,823,009 1,527,555,012 227,339,500 7,88,857,725 1,075,247,252	60 544 237 225,976,037 6,577,840 2,254,860 215,454,85 215,454,85 216,454,85 216,454,25 216,454,25 216,467,453 363,536,129 163,169,491 51,115,529 218,441,875 1642,554,733	Inpatient 31.705.787 333.304 6.291.305 13.607.744 29.512.965 20.137.975 34.025.042 34.225.046 74.780.023 74.401.544 445.600.022 37.718.892 37.718.892 37.718.994 45.97.338	Curgation 6.314,767 31.436 412.081 25.877,968 17.552,599 7.380,012 15.947,968 17.552,599 15.943,962 27.515,784 29.041,500 19.888,419 59.705,061 19.888,419 59.705,061 19.888,419 59.705,061 19.888,419 59.705,061 19.888,419 59.705,061 19.888,419 59.705,061 19.8351 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 20.505 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30,010,781 151,856,369 30,014,275 151,856,369 30,074,118 346,744,186 346,744,186 346,744,186 346,744,186 346,744,186 346,744,186 346,744,186 346,744,186 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 346,744,185 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121, 676, 575 121, 676, 577, 577	37.595,653 174.570,722 1,233,037 123,512,088 187,848,453 264,052 48,256,754 49,266,754 49,266,754 49,266,754 31,012,850 113,669,505	1024 69.6 496.2 13.5 7.2 238.6 395.5 9.8 81.2 238.6 9.8 81.2 42.8 71.8 168.2 175.1 56.7 234.7 2048.2

Prov Num Provider	G-2 line 17.00 column 3.00	G-2 line 18.00 column 3.00	G-2 line 19.00 column 3.00	G-2 line 7.00 column 3.00	G-2 line 9.00 column 3.00	G-2 Adjusted total
100001 SHANDS JACKSONVILLE MEDICAL CENTER	476,984,430	1,513,646,250	2,575,001,886	25,283,628	-	4,540,348,938
100002 BETHESDA HOSPITAL	393,245,289	1,755,545,696	216,550,077	-	-	2,365,341,062
100006 ORLANDO HEALTH	3,125,215,542	14,058,798,902	1,522,049,721	-	-	18,706,064,165
100007 ADVENTHEALTH ORLANDO	4,516,180,326	22,227,145,587	505,813,651	-	-	27,249,139,564
100008 BAPTIST HOSPITAL	983,111,336	5,265,420,208	653,466,670	-	-	6,901,998,214
100012 LEE MEMORIAL HOSPITAL	556,500,566	4,697,853,630	661,611,092	2,427,648	-	5,913,537,640
100014 ADVENTHEALTH NEW SMYRNA BEACH	72,784,491	471,395,094	77,955,116	-	-	622,134,701
100017 HALIFAX MEDICAL CENTER	347,306,664	1,652,425,242	226,552,913	-	-	2,226,284,819
100018 NAPLES COMMUNITY HOSPITAL	332,783,809	2,429,881,590	396,943,238	-	-	3,159,608,637
100019 HOLMES REGL MEDICAL CENTER	640,652,821	2,156,500,661	286,157,584	-	-	3,083,311,066
100022 JACKSON MEMORIAL	1,508,080,525	4,332,035,202	642,775,479	-	-	6,482,891,206
100023 CITRUS MEMORIAL HOSPITAL	127,406,500	2,245,730,107	174,739,321	-	-	2,547,875,928
100025 ASCENSION SACRED HEART PENSACOLA	489,381,685	2,301,574,007	1,347,844,567	-	-	4,138,800,259
100026 ASCENSION SACRED HEART BAY	67,340,774	863,904,603	248,887,594	-	-	1,180,132,971
100028 PARRISH MEDICAL CENTER	45,174,188	185,443,503	386,133,480	-	-	616,751,171
100029 NORTH SHORE MEDICAL CENTER AND FMC	467,672,959	2,449,655,048	426,849,621	-	-	3,344,177,628
100030 ORLANDO HEALTH-HEALTH CENTRAL HOSPIT	342,408,698	1,408,882,506	380,014,273	-	-	2,131,305,477
100032 BAYFRONT HEALTH ST. PETERSBURG	389,267,627	1,703,412,884	276,944,532	-	-	2,369,625,043
100034 MOUNT SINAI MEDICAL CENTER OF FLORID	413,114,770	2,448,156,047	314,912,704	-	-	3,176,183,521
100035 MANATEE MEMORIAL HOSPITAL	370,486,405	3,007,125,979	254,537,125	-	-	3,632,149,509
100038 MEMORIAL REGIONAL HOSPITAL	1,424,253,126	3,564,660,262	3,658,038,065	-	-	8,646,951,453
100039 BROWARD HEALTH MEDICAL CENTER	428,760,487	2,103,637,619	252,504,873	-	-	2,784,902,979
100040 ASCENSION ST. VINCENTS RIVERSIDE	270,537,372	2,523,341,968	227,611,535	-	-	3,021,490,875
100043 MEASE HOSPITAL AND CLINIC	74,142,435	431,921,660	55,871,323	-	-	561,935,418
100044 MARTIN MEDICAL CENTER	350,925,685	2,650,551,748	511,008,060	-	-	3,512,485,493
100045 ADVENTHEALTH DELAND	98,805,817	776,216,302	117,614,754	1,224,827	-	991,412,046
100046 ADVENTHEALTH ZEPHYRHILLS	120,679,485	1,121,546,447	126,269,019	-	-	1,368,494,951
100047 BAYFRONT HEALTH PUNTA GORDA	98,187,348	433,864,474	90,410,805	-	-	622,462,627
100048 JAY HOSPITAL	1,494,487	40,158,649	15,583,888	-	-	57,237,024
100049 HCA FLORIDA HIGHLANDS HOSPITAL	46,361,969	693,218,061	57,352,534	-	-	796,932,564
100050 LARKIN HOSP PALM SPRINGS CAMPUS LLC 100051 ORLANDO HEALTH SOUTH LAKE HOSPITAL				3,000,674	-	-
100051 ORLANDO HEALTH SOUTH LAKE HOSPITAL	295,344,236 254,752,689	1,551,874,097 1,647,144,481	517,506,548 199,714,202	3,000,074	-	2,361,724,207 2,101,611,372
100052 WINTER HAVEN HOSPITAL	118,979,234	991,912,174	161,130,988	-	-	1,272,022,396
100054 TWIN CITIES HOSPITAL	28,917,056	811,308,994	133,649,553	-	-	973,875,603
100055 ADVENTHEALTH - NORTH PINELLAS	28,917,030	811,308,994	135,049,555	-	-	973,875,003
100057 ADVENTHEALTH WATERMAN	- 145,782,178	- 1,344,651,095	- 291,048,760	-	-	1,781,482,033
100062 ADVENTHEALTH OCALA	145,762,176	1,344,051,095	291,048,700	-	-	1,701,402,033
100063 MORTON PLANT NORTH BAY HOSPITAL	- 155,538,160	- 640,784,730	91,806,866	-		- 888.129.756
100067 ST. ANTHONYS HOSPITAL	254.398.865	1,750,955,355	162,431,559	-	-	2,167,785,779
100068 ADVENTHEALTH DAYTONA BEACH	281,483,786	1,922,547,682	201.686,726			2,405,718,194
100069 ADVENTHEALTH CARROLLWOOD	201,400,700	1,922,047,002	201,000,720	-	-	2,403,710,134
100070 VENICE REGIONAL BAYFRONT HEALTH	44,513,658	739,304,700	61.665.421			845.483.779
100071 BROOKSVILLE REGIONAL HOSPTAL	109,821,714	833,868,588	253,173,642	_		1,196,863,944
100072 ADVENTHEALTH FISH MEMORIAL	138,198,477	764,011,466	149,705,642	_	_	1,051,915,585
100073 HOLY CROSS HOSPITAL	Missing	#VALUE!	Missing	Missing	Missing	#VALUE!
100075 ST. JOSEPHS HOSPITAL	705,449,217	5,022,638,857	593,668,132	-	-	6,321,756,206
100077 BAYFRONT HEALTH PORT CHARLOTTE	140,251,423	1,441,927,261	182,145,008	_	<u> </u>	1,764,323,692
100079 UNIVERSITY OF MIAMI HOSP & CLINICS	538,661,350	9,830,964,077	1,945,403,659	_	<u>-</u>	12,315,029,086
100080 HCA FLORIDA JFK HOSPITAL	928,204,979	5,905,336,732	555,153,642	-	-	7,388,695,353
100084 LEESBURG REGIONAL MEDICAL CENTER INC	354,153,809	751,963,178	103,444,182	-	-	1,209,561,169
100086 BROWARD HEALTH NORTH	173,041,764	1,036,770,478	131,257,875	-	-	1,341,070,117
100087 SARASOTA MEMORIAL HOSPITAL	732,826,864	4,293,426,674	748,930,562	-	-	5,775,184,100
100088 BAPTIST MEDICAL CENTER	1,688,756,247	5,979,832,665	986,488,509	-	-	8,655,077,421
100090 FLAGLER HOSPITAL	212,425,295	1,000,868,316	157,050,458	-	-	1,370,344,069
100092 ROCKLEDGE REGIONAL MEDICAL CENTER	89,311,962	1,306,453,602	94,684,653	-	-	1,490,450,217
100093 BAPTIST HOSPITAL	101,370,032	2,366,976,638	310,621,330	-	-	2,778,968,000
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100099 ADVENTHEALTH LAKE WALES	64,173,679	576,111,597	98,167,078	-	-	738,452,354
100105 INDIAN RIVER MEMORIAL HOSPITA.L	170,727,805	496,264,132	894,807,785	-	-	1,561,799,722
100106 DOCTORS MEMORIAL	Missing	#VALUE!	Missing	Missing	Missing	#VALUE!
100107 LEHIGH REGIONAL	13,153,035	299,826,174	-	-	-	312,979,209
100109 ADVENTHEALTH SEBRING	126,662,130	1,294,756,726	128,790,720	-	-	1,550,209,576
100110 OSCEOLA REGIONAL MEDICAL CENTER	313,823,953	3,761,496,708	690,425,800	-	-	4,765,746,461
100113 UF HEALTH SHANDS	1,569,459,936	5,629,332,720	271,525,294	-	-	7,470,317,950
100117 BAPTIST MEDICAL CENTER-BEACHES	191,193,210	637,081,344	108,557,766	-	-	936,832,320
100118 ADVENTHEALTH PALM COAST	109,180,923	875,444,590	105,165,225	-	-	1,089,790,738
100121 BARTOW REGIONAL MEDICAL CENTER	32,972,879	319,950,908	91,365,604	-	-	444,289,391
100122 NORTH OKALOOSA MEDICAL CENTER	39,954,604	1,242,652,659	132,116,453	-	-	1,414,723,716
100124 SANTA ROSA MEDICAL CENTER	12,586,161	821,545,803	227,776,578	-	-	1,061,908,542
100125 HOMESTEAD HOSPITAL	187,660,815	856,335,405	275,031,436	-	-	1,319,027,656
100126 HCA FLORIDA PASADENA HOSPITAL	88,177,735	843,221,808	162,112,338	-	-	1,093,511,881
100127 MORTON PLANT HOSPITAL	344,451,339	2,729,459,849	216,908,946	8,756,980	-	3,282,063,154
100128 TAMPA GENERAL HOSPITAL	1,287,196,588	8,252,011,023	649,714,297	-	-	10,188,921,908
100130 LAKESIDE MEDICAL CENTER	6,183,348	101,152,217	21,209,206	-	-	128,544,771
100131 HCA FLORIDA AVENTURA HOSPITAL	287,045,530	2,676,451,311	266,019,543	-	-	3,229,516,384
100132 SOUTH FLORIDA BAPTIST HOSPITAL	78,080,222	602,182,655	95,466,821	-	-	775,729,698
100134 ED FRASER MEMORIAL HOSPITAL	6,965,451	38,784,727	24,340,996	5.088.485	-	65.002.689
100135 TALLAHASSEE MEMORIAL HOSPITAL	488,698,200	2.938,702,312	308,140,299	34,089,202	-	3,701,451,609
100137 ADVENTHEALTH HEART OF FLORIDA	178,477,391	1,666,396,733	197,217,864		-	2,042,091,988
100140 BAPTIST MEDICAL CTR-NASSAU	55.058.155	285,264,064	73,134,373		-	413,456,592
100142 JACKSON HOSPITAL MARIANNA	8,793,536	132,044,781	35,616,292	_		176,454,609
100150 LOWER KEYS MEDICAL CENTER	57,688,137	361,725,941	55,630,291	_	_	475,044,369
100151 MAYO CLINIC FLORIDA	299,256,385	2,590,367,229	106,914,288	-	-	2,996,537,902
100154 SOUTH MIAMI HOSPITAL	381,103,195	1,785,534,259	419,772,964			2,586,410,418
100156 HCA FLORIDA LAKE CITY HOSPITAL	78,129,990	1,219,058,917	393,743,243	-	-	1,690,932,150
100157 LAKELAND REGIONAL MED CTR	413,973,039	3,889,458,216	706,069,641	-	-	5,009,500,896
				-	-	
100161 HCA FLORIDA LAKE MONROE HOSPITAL	125,453,279	1,551,643,668	250,230,118	-	-	1,927,327,065
100166 HCA FLORIDA SARASOTA DOCTORS HOSPITA	110,127,353	1,644,442,001	210,026,063	-	-	1,964,595,417
100167 HCA FLORIDA MERCY HOSPITAL	519,967,723	3,074,781,662	297,601,592	-	-	3,892,350,977
100168 BOCA RATON REGIONAL HOSPITAL	276,717,584	2,927,079,102	213,493,007	-	-	3,417,289,693
100173 ADVENTHEALTH TAMPA	524,536,934	3,178,875,132	335,781,347	-	-	4,039,193,413
100175 DESOTO MEMORIAL HOSPITAL	15,780,976	117,614,132	29,865,629	-	-	163,260,737
100176 PALM BEACH GARDENS	331,824,255	1,890,971,858	171,015,668	-	-	2,393,811,781
100177 CAPE CANAVERAL HOSPITAL INC	115,239,241	541,101,284	112,041,570	-	-	768,382,095
100179 MEMORIAL HOSPITAL OF JACKSONVILLE	490,134,333	3,739,607,225	624,710,588	-	-	4,854,452,146
100180 ST. PETERSBURG GENERAL	68,713,530	1,170,534,701	375,770,091	-	-	1,615,018,322
100181 LARKIN COMMUNITY HOSPITAL	81,145,361	188,888,364	63,205,567	-	-	333,239,292
100183 CORAL GABLES HOSPITAL	203,516,514	756,273,436	174,963,287	-	-	1,134,753,237
100187 PALMETTO GENERAL HOSPITAL	444,077,122	2,105,114,051	276,060,402	-	-	2,825,251,575
100189 NORTHWEST MEDICAL CENTER	287,128,121	2,364,541,518	146,955,526	-	-	2,798,625,165
100191 MEDICAL CENTER OF TRINITY	260,457,990	3,260,214,462	324,349,362	-	-	3,845,021,814
100200 BROWARD HEALTH IMPERIAL POINT	70,444,734	434,003,642	86,268,664	-	-	590,717,040
100204 NORTH FLORIDA REGIONAL MED CTR	507,480,564	5,532,561,896	845,609,720	-	-	6,885,652,180
100206 MEMORIAL HOSPITAL OF TAMPA	146,907,326	1,558,474,156	145,439,251	-	-	1,850,820,733
100209 HCA FLORIDA KENDALL HOSPITAL	515,278,991	4,275,755,046	538,302,385	-	-	5,329,336,422
100211 ADVENTHEALTH DADE CITY	-	-	-	-	-	-
100212 HCA FLORIDA OCALA HOSPITAL	381,109,650	5,627,968,252	605,690,167	-	-	6,614,768,069
100213 HCA FL BLAKE HOSPITAL	345,097,935	2,381,190,229	181,748,173	-	-	2,908,036,337
100217 SEBASTIAN RIVER MEDICAL CENTER	45,823,170	994,096,754	101,812,669	-	-	1,141,732,593
100220 GULF COAST MEDICAL CENTER	402,935,115	2,629,214,924	331,434,912	9,087,296	-	3,354,497,655
100223 FORT WALTON BEACH MEDICAL CTR	223,162,854	3,443,816,052	386,582,770	_,	-	4,053,561,676
100224 HCA FLORIDA WOODMONT HOSPITAL	323,444,133	1,334,388,777	220,336,898	-	-	1,878,169,808
100226 HCA FLORIDA ORANGE PARK HOSPITAL	545.468.252	3,858,380,535	746.862.787	-	_	5,150,711,574
100228 WESTSIDE REGIONAL MEDICAL CENTER	322,589,023	2,582,000,986	174.323.040	-	_	3,078,913,049
100230 MEMORIAL HOSPITAL PEMBROKE	165,576,232	454,377,506	708,460,447	_	_	1,328,414,185
	100,010,202	101,077,000	100,100,447	_	-	1,020,111,100

100231 WEST FLORIDA HOSPITAL	338,178,770	3,094,292,301	437,252,403	-	-	3,869,723,474
100232 HCA FLORIDA PUTNAM HOSPITAL	53,639,290	545,099,389	175,423,513	-	-	774,162,192
100236 HCA FL FAWCETT HOSPITAL	193,174,838	2,200,558,054	329,748,180	-	-	2,723,481,072
100238 HCA FLORIDA NORTHSIDE HOSPITAL	161,842,841	1,735,429,238	175,237,033	-	-	2,072,509,112
100242 HCA FLORIDA GULF COAST HOSPITAL	263,782,035	2,736,746,060	413,479,963	-	-	3,414,008,058
100243 HCA FLORIDA BRANDON HOSPITAL	301,133,274	4,487,051,763	594,973,864	-	-	5,383,158,901
100244 CAPE CORAL HOSPITAL	217,472,567	1,355,688,433	232,550,368	-	_	1,805,711,368
100246 HCA FL LAWNWOOD HOSPITAL	561,364,334	3,457,448,030	384,362,869	-	_	4,403,175,233
100248 LARGO MEDICAL CENTER	317,257,071	3,211,847,868	381,469,750	-	_	3,910,574,689
100249 SEVEN RIVERS REGIONAL MEDICAL CENTER	81,890,957	918,960,876	193.660.960	_	_	1,194,512,793
100252 RAULERSON HOSPITAL	52,048,571	611,863,951	68,209,615		_	732,122,137
100253 JUPITER MEDICAL CENTER	161,105,797	1,362,274,282	118,520,558	_	_	1,641,900,637
100254 HCA FLORIDA CAPITAL HOSPITAL	266,492,986	2.185.275.634	448.665.676	-	-	2,900,434,296
100256 HCA FLORIDA CALINAL HOST HAL	335.967.885	3.366.118.036	330.820.793	-	-	4,032,906,714
100258 DELRAY MEDICAL CENTER	643,411,780	3,497,086,607	394.473.058	-	-	
				-	-	4,534,971,445
100259 HCA FLORIDA SOUTH SHORE HOSPITAL	99,310,460	953,486,626	113,227,236	-	-	1,166,024,322
100260 HCA FLORIDA ST. LUCIE HOSPITAL	164,404,787	2,113,881,107	228,862,682	-	-	2,507,148,576
100264 OAK HILL HOSPITAL	521,982,320	3,621,044,144	376,384,976	-	-	4,519,411,440
100265 MEASE HOSPITAL COUNTRYSIDE	195,497,203	1,424,647,261	156,483,192	-	-	1,776,627,656
100266 GULF BREEZE HOSPITAL	14,466,979	697,843,851	59,417,752	-	-	771,728,582
100267 ENGLEWOOD COMMUNITY HOSPITAL	34,488,000	729,711,705	148,156,669	-	-	912,356,374
100268 WEST BOCA MEDICAL CENTER	238,052,058	1,262,128,809	268,069,825	-	-	1,768,250,692
100269 HCA FLORIDA PALMS WEST HOSPITAL	204,657,496	1,948,154,384	208,833,145	-	-	2,361,645,025
100271 MOFFITT CANCER CENTER	117,402,538	1,119,626,440	5,598,151,502	-	-	6,835,180,480
100275 WELLINGTON REGL MEDICAL CENTER	327,735,161	1,797,915,992	238,360,546	-	-	2,364,011,699
100276 BROWARD HEALTH CORAL SPRINGS	150,841,065	873,800,017	152,625,754	-	-	1,177,266,836
100277 MIAMI JEWISH HEALTH SYSTEMS INC.	36,119,466	10,018,358	1,499,586	35,640,537	-	11,996,873
100281 MEMORIAL HOSPITAL WEST	694,356,883	1,947,130,116	2,482,200,035	_	-	5,123,687,034
100284 WESTCHESTER GENERAL HOSPITAL	15,590,919	114,567,343	26,124,777	-	-	156,283,039
100285 MEMORIAL HOSPITAL MIRAMAR	247,513,818	489,452,207	849,923,602	-	-	1,586,889,627
100286 PHYSICIANS REGIONAL MEDICAL CENTER	630,907,746	2,487,686,554	328,575,667	-	-	3,447,169,967
100287 GOOD SAMARITAN HOSPITAL	301,226,633	1,886,737,459	651,710,238	-	-	2,839,674,330
100288 ST MARYS MEDICAL CENTER	482,558,875	2,191,911,190	459,806,679	-	_	3,134,276,744
100289 CCF HOSPITAL - WESTON	215,742,808	1,331,854,009	94,431,818		_	1,642,028,635
100290 THE VILLAGES REGIONAL HOSPITAL	295,106,259	619,105,647	154,669,180	_	_	1,068,881,086
100291 MELBOURNE REGIONAL MEDICAL CENTER	36,875,999	990,185,458	76,035,830		_	1,103,097,287
100292 ASCENSION SACRED HEART EMERALD COAST	58,248,232	818,230,045	148.306.738			1.024.785.015
100296 DOCTORS HOSPITAL	109,485,079	726,521,949	92,028,786	-	-	928,035,814
100298 FLORIDA STATE HOSPITAL	1,943,633	720,321,949	92,020,700	-	484.745	1,458,888
100299 LORIDA STATE HOSPITAL 100299 LAKEWOOD RANCH MEDICAL CENTER	1,945,055	1,378,396,925	- 154,640,448	-	404,745	
				-	-	1,676,558,693
100302 ST. CLOUD REGIONAL MEDICAL CENTER	119,108,019	477,883,882	132,196,525	-	-	729,188,426
100307 ASCENSION ST. VINCENTS SOUTHSIDE HO	184,270,720	1,144,901,570	211,052,084	-	-	1,540,224,374
100313 ASCENSION SACRED HEART GULF	2,788,297	56,120,495	29,670,695	-	-	88,579,487
100314 WEST KENDALL BAPTIST HOSPITAL	228,957,428	890,730,377	490,505,258	-	-	1,610,193,063
100315 VIERA HOSPITAL INC	99,340,874	597,801,973	118,845,179	-	-	815,988,026
100316 PALM BAY HOSPITAL	149,104,776	498,526,489	170,448,389	-	-	818,079,654
100319 ADVENTHEALTH WESLEY CHAPEL	120,430,299	1,612,571,180	205,850,913	-	-	1,938,852,392
100320 POINCIANA MEDICAL CENTER	47,747,864	1,001,403,707	473,934,237	-	-	1,523,085,808
100321 ASCENSION ST. VINCENTS CLAY COUNTY	110,177,019	752,360,668	131,491,374	-	-	994,029,061
100329 OVIEDO MEDICAL CENTER	33,110,146	778,477,779	172,794,149	-	-	984,382,074
100330 MEDICAL CENTER OF DELTONA	14,248,206	135,071,487	39,446,615	-	-	188,766,308
100350 UCF LAKE NONA HOSPITAL	27,135,878	619,965,011	114,260,129	-	-	761,361,018
100359 SARASOTA MEMORIAL HOSPITAL VENICE	97,416,258	329,734,629	351,359,954	-	-	778,510,841
100360 HCA FLORIDA UNIVERSITY HOSPITAL	129,467,169	751,171,944	91,548,030	-	-	972,187,143
101300 ADVENTHEALTH WAUCHULA	9,832,675	89,157,752	34,556,264	-	-	133,546,691
101303 LAKE BUTLER HOSPITAL	6,694,866	20,930,201	-	-	-	27,625,067
101304 CALHOUN-LIBERTY HOSPITAL ASSN	1,374,847	18,861,861	7,288,724	-	-	27,525,432
101305 GEORGE E. WEEMS MEMORIAL HOSPITAL	163,425	11,026,558	-	-	-	11,189,983
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101307 DOCTORS MEMORIAL HOSPITAL	2,532,940	44,255,498	9,813,859	-	-	56,602,297
101308 NORTHWEST FLORIDA COMMUNITY HOSPITAL	6,099,982	75,743,704	24,471,333	2,499,045	-	103,815,974
101309 HENDRY REGIONAL MEDICAL CENTER	9,394,740	13,661,978	49,827,623	- · · · -	-	72,884,341
101311 MADISON MEMORIAL HOSPITAL	2,189,667	18,469,334	2,696,228	-	-	23,355,229
101312 FISHERMENS HOSPITAL	853,604	74,900,969	22,179,069	-	-	97,933,642
101313 MARINERS HOSPITAL	9,548,142	180,815,063	34,745,702	-	-	225,108,907
102001 SSH - MIAMI	65,816,096	129,033,483	-	-	-	194,849,579
102003 SSH -ORLANDO	161,623,385	338,918,630	-	-	-	500,542,015
102009 KINDRED HOSPITAL BAY AREA	146,492,263	185,398,988	-	-	-	331,891,251
102010 KINDRED HOSPITAL SOUTH FLORIDA	223,643,593	255,928,818	-	3,694,331	-	475,878,080
102012 CURAHEALTH JACKSONVILLE LLC	26,411,429	27,243,907	-	-	-	53,655,336
102013 KINDRED HOSPITAL CENTRAL TAMPA	93,836,594	158,902,633	-	-	-	252,739,227
102015 KINDRED HOSPITAL NORTH FLORIDA	64,663,169	97,173,906	-	-	-	161,837,075
102017 SSH - PANAMA CITY INC	38,887,076	56,034,223	-	-	-	94,921,299
102018 PAM SPECIALTY HOSPITAL OF SARASOTA	35,596,139	51,329,529	-	-	-	86,925,668
102019 KINDRED HOSPITAL OCALA	17.330,250	10,242,308	-	-	-	27,572,558
102020 SSH -TALLAHASSEE INC.	59,322,772	98,471,236	-	-	-	157,794,008
102021 BAYCARE ALLIANT HOSPITAL	31,300,248	45,768,383	-	-	-	77.068,631
102022 SSH - GAINESVILLE INC	60,776,208	87,865,458	-	-	-	148,641,666
102023 SSH - PALM BEACH LLC	91,631,691	161,434,352	-	-	-	253,066,043
102024 SSH - PENSACOLA INC	47,584,700	83,492,251	-	-	-	131,076,951
102025 KINDRED HOSPITAL THE PALM BEACHES	75,419,276	82,361,209	-	-	-	157,780,485
102026 ADVENTHEALTH CONNERTON	83,709,294	134,514,583	-	-	-	218,223,877
102027 KINDRED HOSPITAL MELBOURNE	66.099.645	68,224,234	-	-	-	134,323,879
102028 SSH - THE VILLAGES	45,440,648	54,313,828	-	-	-	99,754,476
102029 SSH - FORT MYERS	55,958,184	69,779,456	-	-	-	125,737,640
102030 SSH - DAYTONA BEACH	44,564,649	97,276,782	-	-	-	141,841,431
102031 SSH - MIAMI LAKES	77,689,053	158,235,307	-	-	-	235,924,360
102032 LANDMARK HOSPITAL OF SOUTHWEST FLORI	38,406,770	32,554,025	-	_	-	70,960,795
103026 ST CATHERINES REHAB HOSPITAL	42,489,395	13,955,310	355.025	25.191.119	-	31,608,611
103027 ST JOHNS REHABILITATION HOSPITAL	28,494,502	9,596,691	469,986	21,326,838	-	17,234,341
103028 ENCOMPASS HEALTH REHABILITATION HOS	38,201,984	39,136,052	-	,	-	77,338,036
103031 ENCOMPASS HEALTH REHABILITATION HOSP	39,608,722	40,561,268	_	_	-	80,169,990
103032 ENCOMPASS HEALTH REHABILITATION HOSP	21,265,543	22,805,538	-	-	-	44,071,081
103033 ENCOMPASS HEALTH REHABILITATION HOSP	14,430,172	17,859,265	-	-	-	32,289,437
103034 SEA PINES REHABILITATION HOSPITAL A	25,631,813	28,986,634	-	-	-	54,618,447
103036 WEST GABLES REHABILITATION HOSPITAL	58,143,251	88.331.251	_	-	-	146,474,502
103037 ENCOMPASS HEALTH REHABILITATION HOSP	17,686,143	26,927,827	196	-	-	44,614,166
103038 ENCOMPASS HEALTH REHABILITATION HOSP	16,514,169	22,482.072	-			38,996,241
103039 BROOKS REHABILITATION	73,224,677	325,901,386		-		399,126,063
103040 ENCOMPASS HEALTH REHABILITATION HOSP	14,995,990	19,379,466	2,040	-	-	34,377,496
103042 ENCOMPASS HEALTH REHABILITATION HOSP	19.028.022	28,927,431	2,010	-		47,955,453
103043 ENCOMPASS HEALTH REHABILITATION HOSP	17,753,346	23,742,012	_	-	-	41,495,358
103044 ENCOMPASS HEALTH REHABILITATION HOSP	30,294,319	31,853,461	_	_	-	62,147,780
103045 ENCOMPASS HEALTH REHABILITATION HOSP	29,609,277	29,702,979	670	_	-	59,312,926
103046 ARCHER REHABILITATION LLC	55,862,864	58,117,669	-	_	_	113,980,533
103047 ENCOMPASS HEALTH REHABILITATION HOSP	21,254,737	20,443,117				41,697,854
103048 ENCOMPASS HEALTH REHABILITATION OF P	14,549,291	13,422,117				27,971,408
103049 ENCOMPASS HEALTH REHABILITATION HOSP	8,058,581	7,703,479				15,762,060
103050 ENCOMPASS HEALTH REHABILITATION HOSP	5,998,335	5,686,627			-	11,684,962
103051 TAMPA GENERAL REHABILIATION HOSPITAL	9,413,600	5,877,904				15,291,504
103052 ENCOMPASS HEALTH REHABILITATION HOSP	5,761,536	4,692,739	-	_	_	10,454,275
103053 ENCOMPASS HEALTH REHABILITATION HOSP	6,829,971	5,812,221	-	-	-	12,642,192
103054 REHABILIATION HOSPITAL OF NAPLES	4,561,630	2,923,461	-	-	-	7,485,091
103034 REPABILIATION HOSPITAL OF NAPLES 103300 JOHNS HOPKINS ALL CHILDRENS HOSPITA	4,561,630	1,155,252,843	102,218,274	-	-	1,830,121,249
103300 JOHNS HOFKINS ALL GHILDRENS HOSPITAL	468,817,466	1,900,231,653	18,830,233	-	-	2,387,879,352
103301 NICKLAUS CHILDRENS HOSPITAL	232,082,207	537,673,409	127,988,538	-	-	897,744,154
104001 BROWARD	1,643,297	129,134	121,000,000	-	1,412,976	359,455
	1,040,237	123,134	-	-	1,412,310	000,400

104007 NORTHEAST FLORIDA STATE HOSPITAL	5,465,039	-	-	-	3,207,539	2,257,500
104016 RIVER POINT BEHAVIORAL HEALTH	45,412,600	1,033,650	5,010,690	-	-	51,456,940
104017 WINDMOOR HEALTHCARE	51,686,800	-	6,954,640	-	-	58,641,440
104018 LIFESTREAM BEHAVIORAL CENTER	Missing	#VALUE!	Missing	Missing	Missing	#VALUE!
104024 CIRCLES OF CARE INC.	41,551,605	17,271,226	-	-	-	58,822,831
104026 FT. LAUDERDALE HOSPITAL	100,687,400	2,331,000	3,631,819	-	-	106,650,219
104040 CENTERSTONE OF FLORIDA INC.	9,680,058	1,342,070	-	-	-	11,022,128
104049 SOUTHERN WINDS HOSPITAL LLC	38,459,165	6,619,880	-	-	-	45,079,045
104057 SPRINGBROOK HOSPITAL	34,188,000	2,123,055	-	-	-	36,311,055
104059 EASTSIDE PSYCHIATRIC HOSPITAL	9,285,518	614,945	-	-	-	9,900,463
104063 THE WILLOUGH AT NAPLES	23,203,500	-	1,064,580	-	-	24,268,080
104067 ASPIRE HEALTH PARTNERS INC	21,958,695	-	-	-	-	21,958,695
104069 WEKIVA SPRINGS CENTER LLC	51,686,800	-	8,912,200	-	-	60,599,000
104070 PORT ST LUCIE HOSPITAL	33,475,500	-	1,574,265	-	-	35,049,765
104071 THE VINES HOSPITAL	43,122,239	2	2,705,729	-	-	45,827,970
104072 CENTRAL FLORIDA BEHAVIORAL HEALTH	111,208,460	2,885,410	7,662,090	-	-	121,755,960
104073 EMERALD COAST BEHAVIORAL HOSPITAL	47,707,000	-	4,956,621	-	-	52,663,621
104074 PARK ROYAL HOSPITAL	73,737,509	11,871,591	4,482,900	-	-	90,092,000
104075 NORTH TAMPA BEHAVIORAL HEALTH	62,565,395	6,807,205	1,729,000	-	-	71,101,600
104076 UNIVERSITY BEHAVIORAL CENTER	58,383,375	-	-	-	-	58,383,375
104078 SUNCOAST BEHAVIORAL HEALTH CENTER	21,388,200	-	310,545	-	2,312,000	
104079 LARKIN COMMUNITY HOSPITAL BEHAVIORAL	37,562,714	4,028,877	-	-	-	
104080 CORAL SHORES BEHAVIORAL HEALTH	38,005,000	-	1,058,000	-	-	
104081 OGLETHORPE OF ORLANDO INC.	25,963,500	-	-	-	-	
104082 PALM POINT BEHAVIORAL HEALTHCARE	23,546,600	-	148,800	-	-	
	56,068,171,627	#VALUE!	61,121,480,698	177,310,610	7,417,260	#VALUE!

	Cost Report	Cost Report	Cost Report			Cost Report	Cost Report	Cost Report	Cost Report					
Prov Num			C Part 1 R202	Calculated	Calculated	Inpatient	Ancillary	Ancillary	Outpatient	Calculated	Calculated	Calculated	Calculated	Calculated
Medicare Facility 100001 SHANDS JACKSONVILLE MEDICAL CENTER	G-3 L1.00 C1.00 4,581,112,449	G-3 L3.00 C1.00 861,446,114	4,564,838,730	G-2 GR - adjusted 4,540,348,938	G-2 derived NPR 853,780,821	G-2 L17.00 C1.00 476,984,430	G-2 L18.00 C1.00 1,513,646,250	G-2 L18.00 C2.00	G-2 L19.00 C3.00 2,575,001,886	Total Gross G2 4,565,632,566	Inpatient Ratio 44%	Outpatient Ratio 56%	Inpatient Net 372,251,221	Outpatient Net 481,529,600
100001 SHANDS JACKSONVILLE MEDICAL CENTER 100002 BETHESDA HOSPITAL	2,371,704,293	335,282,622	2,365,341,063	2,365,341,062	334,383,066	393,245,289	979,529,478	776,016,218	216,550,077	2,365,341,062	44 % 58%	42%	194,066,151	140.316.915
100006 ORLANDO HEALTH	18,752,427,678	3,049,724,845	18,925,770,353	18,706,064,165	3,042,184,704	3,125,215,542	7,776,823,111	6,281,975,791	1,522,049,721	18,706,064,165	58%	42%	1,773,008,739	1,269,175,965
100007 ADVENTHEALTH ORLANDO	27,387,247,041	5,403,037,761	27,872,188,450	27,249,139,564	5,375,791,506	4,516,180,326	11,328,634,409	10,898,511,178	505,813,651	27,249,139,564	58%		3,125,912,298	2,249,879,208
100008 BAPTIST HOSPITAL	6,902,086,356	1,709,663,543	6,901,998,214	6,901,998,214	1,709,641,710	983,111,336	2,240,337,054	3,025,083,154	653,466,670	6,901,998,214	47%	53%	798,455,990	911,185,720
100012 LEE MEMORIAL HOSPITAL 100014 ADVENTHEALTH NEW SMYRNA BEACH	5,954,476,597 622,134,701	1,276,366,068 152,668,335	5,642,348,348 602,593,187	5,913,537,640 622,134,701	1,267,590,637 152,668,335	556,500,566 72,784,491	1,882,315,248 185,253,485	2,815,538,382 286,141,609	661,611,092 77,955,116	5,915,965,288 622,134,701	41% 41%	59% 59%	522,555,482 63,321.059	745,035,156 89,347,276
100017 HALIFAX MEDICAL CENTER	2,337,202,401	567,827,282	2,227,447,114	2,226,284,819	540,879,668	347,306,664	817,543,847	834,881,395	226,552,913	2,226,284,819	52%	48%	283,002,405	257,877,263
100018 NAPLES COMMUNITY HOSPITAL	3,159,608,637	677,748,228	3,140,084,324	3,159,608,637	677,748,228	332,783,809	1,257,502,643	1,172,378,947	396,943,238	3,159,608,637	50%	50%	341,122,572	336,625,656
100019 HOLMES REGL MEDICAL CENTER	3,118,216,331	593,053,145	3,105,632,804	3,083,311,066	586,414,517	640,652,821	1,437,428,623	719,072,038	286,157,584	3,083,311,066	67%	33%	395,230,031	191,184,487
100022 JACKSON MEMORIAL	6,575,092,862	1,471,427,135	6,575,092,863	6,482,891,206	1,450,793,507	1,508,080,525	2,862,943,987	1,469,091,215	642,775,479	6,482,891,206	67%	33%	978,183,002	472,610,505
100023 CITRUS MEMORIAL HOSPITAL 100025 ASCENSION SACRED HEART PENSACOLA	2,547,875,928 4,264,531,118	196,324,045 1,040,724,592	2,547,875,926 3,802,355,237	2,547,875,928 4,138,800,259	196,324,045 1.010.040.985	127,406,500 489,381,685	1,241,461,988 1,003,081,538	1,004,268,119 1,298,492,469	174,739,321 1,347,844,567	2,547,875,928 4,138,800,259	54% 36%	46% 64%	105,476,800 364,223,671	90,847,245 645,817,314
100025 ASCENSION SACRED HEART FEINSACOLA	1,182,573,754	192,107,564	1,180,132,971	1,180,132,971	191,711,062	67,340,774	441,316,527	422,588,076	248,887,594	1,180,132,971	43%	57%	82,630,715	109,080,347
100028 PARRISH MEDICAL CENTER	616,751,171	138,765,939	613,292,985	616,751,171	138,765,939	45,174,188	185,443,503	-	386,133,480	616,751,171	37%	63%	51,887,831	86,878,108
100029 NORTH SHORE MEDICAL CENTER AND FMC	3,347,599,260	369,487,542	3,347,599,260	3,344,177,628	369,109,883	467,672,959	1,556,204,690	893,450,358	426,849,621	3,344,177,628	61%	39%	223,383,243	145,726,641
100030 ORLANDO HEALTH-HEALTH CENTRAL HOSPIT	2,131,305,478	306,453,359	2,131,305,477	2,131,305,477	306,453,359	342,408,698	864,823,364	544,059,142	380,014,273	2,131,305,477	57%	43%	173,583,902	132,869,457
100032 BAYFRONT HEALTH ST. PETERSBURG 100034 MOUNT SINAI MEDICAL CENTER OF FLORID	2,369,625,043 3,539,423,810	279,024,006 904,182,353	2,369,625,043 3,193,555,364	2,369,625,043 3,176,183,521	279,024,006 811,388,871	389,267,627 413,114,770	1,107,562,518 1,197,810,795	595,850,366 1,250,345,252	276,944,532 314,912,704	2,369,625,043 3,176,183,521	63% 51%	37% 49%	176,252,165 411,527,567	102,771,841
100035 MANATEE MEMORIAL HOSPITAL	3,632,149,509	347,622,140	3.632.149.509	3,632,149,509	347.622.140	370,486,405	1.796.534.701	1,210,591,278	254,537,125	3.632.149.509	51%	49%	207.399.093	399,861,304 140,223,047
100038 MEMORIAL REGIONAL HOSPITAL	9,057,383,406	1,452,653,047	8,379,680,484	8,646,951,453	1,386,826,616	1,424,253,126	3,564,660,262	-	3,658,038,065	8,646,951,453	58%	42%	800,138,396	586,688,219
100039 BROWARD HEALTH MEDICAL CENTER	2,784,902,979	530,320,148	2,784,902,901	2,784,902,979	530,320,148	428,760,487	1,335,897,582	767,740,037	252,504,873	2,784,902,979	63%	37%	336,038,180	194,281,968
100040 ASCENSION ST. VINCENTS RIVERSIDE	3,030,895,328	449,565,271	3,010,614,776	3,021,490,875	448,170,332	270,537,372	1,102,346,621	1,420,995,347	227,611,535	3,021,490,875	45%	55%	203,636,516	244,533,816
100043 MEASE HOSPITAL AND CLINIC 100044 MARTIN MEDICAL CENTER	561,935,418 3,568,782,987	116,215,329 846,900,320	553,927,705 3,517,787,234	561,935,418 3,512,485,493	116,215,329 833,540,481	74,142,435 350,925,685	202,540,648 1,293,740,000	229,381,012 1,356,811,748	55,871,323 511,008,060	561,935,418 3,512,485,493	49% 47%	51% 53%	57,221,550 390,292,125	58,993,779 443,248,356
100044 MARTIN MEDICAL CENTER 100045 ADVENTHEALTH DELAND	992,636,873	197,102,074	946,025,062	3,512,465,495 991,412,046	196,858,867	98,805,817	592,299,614	183,916,688	117,614,754	992,636,873	47% 70%	30%	137,059,418	443,248,356 59,799,449
100046 ADVENTHEALTH ZEPHYRHILLS	1,368,494,951	207,080,325	1,356,256,283	1,368,494,951	207,080,325	120,679,485	581,212,161	540,334,286	126,269,019	1,368,494,951	51%	49%	106,210,074	100,870,251
100047 BAYFRONT HEALTH PUNTA GORDA	622,465,761	78,661,949	622,465,762	622,462,627	78,661,553	98,187,348	219,061,418	214,803,056	90,410,805	622,462,627	51%	49%	40,091,211	38,570,342
100048 JAY HOSPITAL	57,946,019	10,323,201	57,946,018	57,237,024	10,196,892	1,494,487	7,386,741	32,771,908	15,583,888	57,237,024	16%	84%	1,582,209	8,614,683
100049 HCA FLORIDA HIGHLANDS HOSPITAL 100050 LARKIN HOSP PALM SPRINGS CAMPUS LLC	796,932,564	80,986,380 (252,445,093)	796,932,564 326,814,522	796,932,564	80,986,380	46,361,969	328,858,324	364,359,737	57,352,534	796,932,564	47% 0%	53% 100%	38,130,872	42,855,508
100050 CARRIN HOSP PALM SPRINGS CAMPUS LEC 100051 ORLANDO HEALTH SOUTH LAKE HOSPITAL	2,365,263,650	(252,445,093) 331,768,553	2,364,724,881	2,361,724,207	331,272,086	295,344,236	827,170,506	724,703,591	517,506,548	2,364,724,881	47%	53%	157,252,035	174,020,051
100052 WINTER HAVEN HOSPITAL	2,101,611,372	418,326,277	2,057,167,432	2,101,611,372	418,326,277	254,752,689	861,530,788	785,613,693	199,714,202	2,101.611.372	53%	47%	222,196,509	196,129,768
100053 HIALEAH HOSPITAL	1,272,022,396	124,557,744	1,272,022,394	1,272,022,396	124,557,744	118,979,234	572,634,720	419,277,454	161,130,988	1,272,022,396	54%	46%	67,723,551	56,834,193
100054 TWIN CITIES HOSPITAL	973,875,603	73,626,236	973,875,603	973,875,603	73,626,236	28,917,056	231,588,595	579,720,399	133,649,553	973,875,603	27%	73%	19,694,559	53,931,677
100055 ADVENTHEALTH - NORTH PINELLAS 100057 ADVENTHEALTH WATERMAN	- 1.786,648,181	- 338,714,611	784,985,363 1,785,929,870	1,781,482,033	337,735,207	- 145,782,178	- 690,783,169	653,867,926	- 291,048,760	- 1,781,482,033	0% 47%	100% 53%	- 158,596,924	- 179,138,283
100057 ADVENTREALTH WATERMAN	1,700,040,101	330,714,011	2,753,481,680	1,701,402,033	337,735,207	145,762,176	690,765,169	055,007,920	291,046,760	1,701,402,033	47%		156,595,924	1/9,130,203
100063 MORTON PLANT NORTH BAY HOSPITAL	888,129,756	183,234,559	875,363,280	888,129,756	183,234,559	155,538,160	380,079,944	260,704,786	91,806,866	888,129,756	60%		110,506,090	72,728,469
100067 ST. ANTHONYS HOSPITAL	2,167,785,779	463,535,396	2,139,412,610	2,167,785,779	463,535,396	254,398,865	844,113,559	906,841,796	162,431,559	2,167,785,779	51%	49%	234,893,778	228,641,618
100068 ADVENTHEALTH DAYTONA BEACH	2,512,682,041	532,682,293	2,369,706,568	2,405,718,194	510,006,226	281,483,786	1,002,007,499	920,540,183	201,686,726	2,405,718,194	53%	47%	272,096,935	237,909,291
100069 ADVENTHEALTH CARROLLWOOD	- 845,483,779	- 85,712,840	1,322,348,507 845,483,779	- 845,483,779	- 85.712.840	- 44,513,658	266.842.465	472,462,235	- 61,665,421	- 845.483.779	0% 37%	100% 63%	- 31,564,435	- 54,148,405
100070 VENICE REGIONAL BAYFRONT HEALTH 100071 BROOKSVILLE REGIONAL HOSPTAL	1,196,863,944	127,295,267	1,196,863,944	1,196,863,944	127,295,267	109.821.714	403,503,298	430,365,290	253,173,642	1,196,863,944	43%		54,595,884	72,699,383
100072 ADVENTHEALTH FISH MEMORIAL	1,090,094,691	239,426,654	1,054,178,633	1,051,915,585	231,041,056	138,198,477	359,843,264	404,168,202	149,705,642	1,051,915,585	47%	53%	109,389,091	121,651,965
100073 #N/A	Missing	Missing	Missing	-	-	Missing	#N/A	#N/A	#N/A	#N/A	0%	100%	-	-
100075 ST. JOSEPHS HOSPITAL	6,321,756,206	1,563,310,099	6,125,506,509	6,321,756,206	1,563,310,099	705,449,217	2,605,983,645	2,416,655,212	593,668,132		52%		818,885,807	744,424,292
100077 BAYFRONT HEALTH PORT CHARLOTTE 100079 UNIVERSITY OF MIAMI HOSP & CLINICS	1,764,323,692 12,321,108,172	177,735,541 2.363,667,318	1,764,422,334	1,764,323,692	177,735,541 2.362,501,113	140,251,423 538,661,350	750,558,659 2,537,848,458	691,368,602 7,293,115,619	182,145,008 1,945,403,659	1,764,323,692 12,315,029,086	50% 25%	50% 75%	89,738,982 590,194,127	87,996,559 1,772,306,986
100079 UNIVERSITY OF MIAMI HOSP & GLINICS 100080 HCA FLORIDA JFK HOSPITAL	7.388.695.353	2,363,667,318	12,325,255,852 7,388,695,353	12,315,029,086 7,388,695,353	688.349.049	928,204,979	2,537,848,458	2.483.458.401	555,153,642	7,388,695,353	∠0% 59%	75% 41%	405,264,470	283.084.579
100084 LEESBURG REGIONAL MEDICAL CENTER INC	1,209,561,169	246,042,832	1,209,561,171	1,209,561,169	246,042,832	354,153,809	482,111,919	269,851,259	103,444,182	1,209,561,169	69%	31%	170,108,956	75,933,876
100086 BROWARD HEALTH NORTH	1,341,289,509	254,082,714	1,341,259,508	1,341,070,117	254,041,154	173,041,764	591,941,371	444,829,107	131,257,875	1,341,070,117	57%	43%	144,912,034	109,129,120
100087 SARASOTA MEMORIAL HOSPITAL	5,775,184,100	1,097,444,496	5,613,537,353	5,775,184,100	1,097,444,496	732,826,864	2,661,961,999	1,631,464,675	748,930,562	5,775,184,100	59%	41%	645,103,652	452,340,844
100088 BAPTIST MEDICAL CENTER	8,683,280,192	1,781,999,000	8,654,499,719	8,655,077,421	1,776,211,175	1,688,756,247	2,477,610,449	3,502,222,216	986,488,509	8,655,077,421	48%	52%	855,029,565	921,181,610
100090 FLAGLER HOSPITAL 100092 ROCKLEDGE REGIONAL MEDICAL CENTER	1,436,542,350 1,491,690,776	293,424,579 173,717,025	1,434,937,547 1,491,690,777	1,370,344,069 1,490,450,217	279,903,082 173,572,554	212,425,295 89,311,962	492,221,120 583,951,455	508,647,196 722,502,147	157,050,458 94,684,653	1,370,344,069 1,490,450,217	51% 45%	49% 55%	143,929,330 78,405,873	135,973,752 95,166,681
100093 BAPTIST HOSPITAL	2,778,968,000	444,997,464	2,799,768,533	2,778,968,000	444,997,464	101,370,032	900,880,333	1,466,096,305	310,621,330	2,778,968,000	36%	64%	160,490,826	284,506,638
100099 ADVENTHEALTH LAKE WALES	738,452,354	87,427,013	738,452,356	738,452,354	87,427,013	64,173,679	233,767,320	342,344,277	98,167,078	738,452,354	40%	60%	35,273,896	52,153,117
100105 INDIAN RIVER MEMORIAL HOSPITA.L	1,561,799,722	379,175,390	1,317,167,147	1,561,799,722	379,175,390	170,727,805	496,264,132	-	894,807,785	1,561,799,722	43%	57%	161,933,009	217,242,381
100106 #N/A	Missing 312 070 200	Missing	Missing 312 070 206	- 312,979,209	- 41,309,727	Missing 13,153,035	#N/A	#N/A 188,919,377	#N/A	#N/A 312.979.209	0% 40%	100% 60%	- 16,374,499	24,935,228
100107 LEHIGH REGIONAL 100109 ADVENTHEALTH SEBRING	312,979,209 1,554,189,926	41,309,727 279,683,283	312,979,206 1,485,357,732	312,979,209 1,550,209,576	41,309,727 278,967,002	13,153,035	110,906,797 587,533,988	188,919,377 707,222,738	128,790,720	312,979,209 1,550,209,576	40%	60% 54%	16,374,499	24,935,228
100109 ADVENTREALTH SEBRING 100110 OSCEOLA REGIONAL MEDICAL CENTER	4,767,363,424	454,683,976	4,765,746,461	4,765,746,461	454,529,759	313,823,953	2,548,680,351	1,212,816,357	690,425,800	4,765,746,461	40% 60%	40%	273,009,360	181,520,399
100113 UF HEALTH SHANDS	7,567,651,976	2,237,854,390	7,565,063,400	7,470,317,950	2,209,071,436	1,569,459,936	2,896,052,382	2,733,280,338	271,525,294	7,470,317,950	60%	40%	1,320,510,824	888,560,612
100117 BAPTIST MEDICAL CENTER-BEACHES	936,832,320	173,643,320	936,832,322	936,832,320	173,643,320	191,193,210	251,339,177	385,742,167	108,557,766	936,832,320	47%	53%	82,024,063	91,619,257
100118 ADVENTHEALTH PALM COAST 100121 BARTOW REGIONAL MEDICAL CENTER	1,173,874,674 444,289,391	285,714,176 90.850,119	1,107,192,913 437,445,582	1,089,790,738 444,289,391	265,248,642 90,850,119	109,180,923 32,972,879	371,140,836 128,370,305	504,303,754 191,580,603	105,165,225 91,365,604	1,089,790,738 444,289,391	44% 36%	56% 64%	116,907,485	148,341,157 57,858,002
100121 BARTOW REGIONAL MEDICAL CENTER 100122 NORTH OKALOOSA MEDICAL CENTER	444,289,391 1,417,352,630	90,850,119	437,445,582	444,289,391 1,414,723,716	90,850,119	32,972,879 39,954,604	128,370,305 509,970,811	191,580,603 732,681,848	91,365,604	444,289,391	36%	64% 61%	32,992,117 46,563,634	57,858,002 73,224,752
100122 NORTH GRAEGOSA MEDICAL CENTER	1,062,394,087	101,435,030	1,061,908,464	1,061,908,542	101,388,671	12,586,161	264,269,789	557,276,014	227,776,578	1,061,908,542	26%	74%	26,433,592	74,955,079
100125 HOMESTEAD HOSPITAL	1,319,073,097	270,350,592	1,319,027,656	1,319,027,656	270,341,279	187,660,815	341,037,290	515,298,115	275,031,436	1,319,027,656	40%	60%	108,359,306	161,981,972
100126 HCA FLORIDA PASADENA HOSPITAL	1,093,635,050	84,201,552	1,093,511,881	1,093,511,881	84,192,069	88,177,735	454,488,519	388,733,289	162,112,338	1,093,511,881	50%	50%	41,781,160	42,410,909
100127 MORTON PLANT HOSPITAL	3,290,820,134	773,059,551	3,161,338,111	3,282,063,154	771,002,414	344,451,339	1,399,093,900	1,330,365,949	216,908,946	3,290,820,134	53%	47%	408,493,182	362,509,232

100128 TAMPA GENERAL HOSPITAL	10,339,881,625	1,734,329,798	10,339,759,818	10,188,921,908	1,709,009,011	1,287,196,588	5,433,456,049	2,818,554,974	649,714,297	10,188,921,908	66%	34%	1,127,269,011	581,740,001
100130 LAKESIDE MEDICAL CENTER	128,544,771	26,315,670	128,544,771	128,544,771	26,315,670	6,183,348	31,674,446	69,477,771	21,209,206	128,544,771	29%	71%	7,750,243	18,565,427
100131 HCA FLORIDA AVENTURA HOSPITAL	3,229,516,384	371,079,640	3,229,516,384	3,229,516,384	371,079,640	287,045,530	1,903,338,786	773,112,525	266,019,543	3,229,516,384	68%	32%	251,680,725	119,398,915
100132 SOUTH FLORIDA BAPTIST HOSPITAL	775,729,698	164,143,574	764,302,519	775,729,698	164,143,574	78,080,222	274,199,189	327,983,466	95,466,821	775,729,698	45%	55%	74,541,946	89,601,628
100134 ED FRASER MEMORIAL HOSPITAL	70,785,532	40,677,131	62,991,504	65,002,689	37,354,002	6,965,451	3,380,291	35,404,436	24,340,996	70,091,174	15%	85%	5,513,602	31,840,399
100135 TALLAHASSEE MEMORIAL HOSPITAL	4,002,209,698	871,609,645	3,742,504,712	3,701,451,609	806,109,916	488,698,200	1,408,808,987	1,529,893,325	308,140,299	3,735,540,811	51%	49%	409,471,998	396,637,918
100137 ADVENTHEALTH HEART OF FLORIDA	2,042,091,988	258,551,975	2,042,072,446	2,042,091,988	258,551,975	178,477,391	807,706,033	858,690,700	197,217,864	2,042,091,988	48%	52%	124,861,991	133,689,984
100140 BAPTIST MEDICAL CTR-NASSAU	413,456,592	85,052,592	413,456,592	413,456,592	85,052,592	55,058,155	71,507,475	213,756,589	73,134,373	413,456,592	31%	69%	26,035,949	59,016,643
100142 JACKSON HOSPITAL MARIANNA	202,811,755	75,303,608	176,454,610	176,454,609	65,517,251	8,793,536	20,535,463	111,509,318	35,616,292	176,454,609	17%	83%	10,889,800	54,627,451
100150 LOWER KEYS MEDICAL CENTER	475,044,369	119,502,383	475,044,369	475,044,369	119,502,383	57,688,137	134,454,313	227,271,628	55,630,291	475,044,369	40%	60%	48,335,444	71,166,939
100151 MAYO CLINIC FLORIDA	3,040,335,302	1,088,504,655	3,042,835,301	2,996,537,902	1,072,824,255	299,256,385	1,239,759,089	1,350,608,140	106,914,288	2,996,537,902	51%	49%	551,000,249	521,824,006
100154 SOUTH MIAMI HOSPITAL	2,586,496,219	688,414,570	2,586,410,419	2,586,410,418	688,391,733	381,103,195	901,038,138	884,496,121	419,772,964	2,586,410,418	50%	50%	341,251,137	347,140,597
100156 HCA FLORIDA LAKE CITY HOSPITAL	1,691,478,122	168,815,999	1,701,696,622	1,690,932,150	168,761,509	78,129,990	459,745,599	759,313,318	393,743,243	1,690,932,150	32%	68%	53,682,045	115,079,464
100157 LAKELAND REGIONAL MED CTR	5,009,500,896	928,026,036	5,009,500,895	5,009,500,896	928,026,036	413,973,039	1,822,915,829	2,066,542,387	706,069,641	5,009,500,896	45%	55%	414,390,805	513,635,231
100161 HCA FLORIDA LAKE MONROE HOSPITAL	1,927,327,065	218,508,147	1,927,327,065	1,927,327,065	218,508,147	125,453,279	972,586,535	579,057,133	250,230,118	1,927,327,065	57%	43%	124,488,806	94,019,341
100166 HCA FLORIDA SARASOTA DOCTORS HOSPITA	1,964,595,417	183,753,955	1,964,595,420	1,964,595,417	183,753,955	110,127,353	727,931,671	916,510,330	210,026,063	1,964,595,417	43%	57%	78,385,941	105,368,014
100167 HCA FLORIDA MERCY HOSPITAL	3,892,350,977	388,123,857	3,892,350,977	3,892,350,977	388,123,857	519,967,723	1,971,070,549	1,103,711,113	297,601,592	3,892,350,977	64%	36%	248,392,652	139,731,205
100168 BOCA RATON REGIONAL HOSPITAL	3,418,007,448	609,450,382	3,417,692,988	3,417,289,693	609,322,402	276,717,584	905,299,102	2,021,780,000	213,493,007	3,417,289,693	35%	65%	210,760,372	398,562,030
100173 ADVENTHEALTH TAMPA	4,039,193,413	699,159,245	4,092,647,385	4,039,193,413	699,159,245	524,536,934	1,723,498,630	1,455,376,502	335,781,347	4,039,193,413	56%	44%	389,120,967	310,038,278
100175 DESOTO MEMORIAL HOSPITAL	165,188,937	38,462,665	160,750,200	163,260,737	38,013,702	15,780,976	13,334,536	104,279,596	29,865,629	163,260,737	18%	82%	6,779,269	31,234,433
100176 PALM BEACH GARDENS	2,393,811,781	235,567,698	2,386,839,928	2,393,811,781	235,567,698	331,824,255	1,167,528,751	723,443,107	171,015,668	2,393,811,781	63%	37%	147,546,745	88,020,953
100177 CAPE CANAVERAL HOSPITAL INC	781,437,964	171,664,502	781,437,989	768,382,095	168,796,419	115,239,241	232,215,197	308,886,087	112,041,570	768,382,095	45%	55%	76,327,995	92,468,424
100179 MEMORIAL HOSPITAL OF JACKSONVILLE	4,854,452,146	456,135,295	4,854,452,146	4,854,452,146	456,135,295	490,134,333	2,394,151,427	1,345,455,798	624,710,588	4,854,452,146	59%	41%	271,014,009	185,121,286
100180 ST. PETERSBURG GENERAL	1,615,018,929	102,644,406	1,615,018,322	1,615,018,322	102,644,367	68,713,530	525,738,094	644,796,607	375,770,091	1,615,018,322	37%	63%	37,781,064	64,863,303
100181 LARKIN COMMUNITY HOSPITAL	333,239,292	98,990,736	333,239,291	333,239,292	98,990,736	81,145,361	101,540,127	87,348,237	63,205,567	333,239,292	55%	45%	54,267,823	44,722,913
100183 CORAL GABLES HOSPITAL	1,134,753,237	114,510,354	1,134,753,235	1,134,753,237	114,510,354	203,516,514	261,245,498	495,027,938	174,963,287	1,134,753,237	41%	59%	46,900,120	67,610,234
100187 PALMETTO GENERAL HOSPITAL	2,835,973,826	296,794,207	2,835,973,829	2,825,251,575	295,672,087	444,077,122	1,423,839,322	681,274,729	276,060,402	2,825,251,575	66%	34%	195,483,743	100,188,344
100189 NORTHWEST MEDICAL CENTER	2,798,625,165	262,800,475	2,798,625,164	2,798,625,165	262,800,475	287,128,121	1,489,221,328	875,320,190	146,955,526	2,798,625,165	63%	37%	166,805,289	95,995,186
100191 MEDICAL CENTER OF TRINITY	3,845,021,814	307,720,847	3,844,881,423	3,845,021,814	307,720,847	260,457,990	1,619,835,674	1,640,378,788	324,349,362	3,845,021,814	49%	51%	150,481,736	157,239,111
100200 BROWARD HEALTH IMPERIAL POINT	590,717,040	117,294,849	590,713,466	590,717,040	117,294,849	70,444,734	191,266,138	242,737,504	86,268,664	590,717,040	44%	56%	51,966,229	65,328,620
100204 HCA FLORIDA NORTH FLORIDA HOSP	6,894,762,254	630,757,451	6,894,761,996	6,885,652,180	629,924,029	507,480,564	3,421,743,672	2,110,818,224	845,609,720	6,885,652,180	57%	43%	359,459,452	270,464,577
100206 MEMORIAL HOSPITAL OF TAMPA	1,850,820,733	180,594,534	1,850,820,733	1,850,820,733	180,594,534	146,907,326	586,312,163	972,161,993	145,439,251	1,850,820,733	40%	60%	71,544,169	109,050,365
100209 HCA FLORIDA KENDALL HOSPITAL	5,330,573,080	541,234,879	5,329,336,422	5,329,336,422	541,109,316	515,278,991	2,886,684,226	1,389,070,820	538,302,385	5,329,336,422	64%	36%	345,415,234	195,694,082
100211 ADVENTHEALTH DADE CITY	-	-	677,206,539	-	-	-	-	-	-	-	0%	100%	-	-
100212 HCA FLORIDA OCALA HOSPITAL	6,614,768,069	693,094,344	6,614,768,069	6,614,768,069	693,094,344	381,109,650	3,482,134,617	2,145,833,635	605,690,167	6,614,768,069	58%	42%	404,790,119	288,304,225
100213 HCA FL BLAKE HOSPITAL	2,908,042,337	301,828,669	2,908,036,337	2,908,036,337	301,828,046	345,097,935	1,523,873,272	857,316,957	181,748,173	2,908,036,337	64%	36%	193,982,421	107,845,626
100217 SEBASTIAN RIVER MEDICAL CENTER	1,141,732,593	120,543,775	1,141,732,593	1,141,732,593	120,543,775	45,823,170	396,242,912	597,853,842	101,812,669	1,141,732,593	39%	61%	46,673,201	73,870,574
100220 GULF COAST MEDICAL CENTER	3,363,584,951	664,127,078	3,265,297,806	3,354,497,655	662,332,826	402,935,115	1,669,524,016	959,690,908	331,434,912	3,363,584,951	62%	38%	408,093,666	254,239,160
100223 HCA FL FT WALTON-DESTIN HOSP	4,053,561,676	361,288,825	4,053,561,676	4,053,561,676	361,288,825	223,162,854	1,942,511,876	1,501,304,176	386,582,770	4,053,561,676	53%	47%	193,023,849	168,264,976
100224 HCA FLORIDA WOODMONT HOSPITAL	1,878,169,808	171,652,849	1,878,169,808	1,878,169,808	171,652,849	323,444,133	807,856,699	526,532,078	220,336,898	1,878,169,808	60%	40%	103,393,745	68,259,104
100226 HCA FLORIDA ORANGE PARK HOSPITAL	5,150,711,574	419,899,271	5,150,711,574	5,150,711,574	419,899,271	545,468,252	2,560,126,980	1,298,253,555	746,862,787	5,150,711,574	60%	40%	253,176,120	166,723,151
100228 HCA FLORIDA WESTSIDE HOSPITAL	3,078,913,049	317,282,923	3,078,913,049	3,078,913,049	317,282,923	322,589,023	1,665,350,488	916,650,498	174,323,040	3,078,913,049	65%	35%	204,857,769	112,425,154
100230 MEMORIAL HOSPITAL PEMBROKE	1,328,414,185	193.891.414	1,286,113,646	1,328,414,185	193,891,414	165.576.232	454,377,506		708,460,447	1.328.414.185	47%	53%	90,486,618	103,404,796
100231 HCA FLORIDA WEST HOSPITAL	3,869,723,474	409,497,784	3,877,959,858	3,869,723,474	409,497,784	338,178,770	1,541,635,682	1,552,656,619	437,252,403	3,869,723,474	49%	51%	198,923,736	210,574,048
100232 HCA FLORIDA PUTNAM HOSPITAL	774,162,192	80,445,629	774,162,192	774,162,192	80,445,629	53,639,290	270,593,101	274,506,288	175,423,513	774,162,192	42%	58%	33,692,008	46,753,621
100236 HCA FL FAWCETT HOSPITAL	2,723,791,982	191,962,397	2,723,481,072	2,723,481,072	191,940,485	193,174,838	1,379,104,885	821,453,169	329,748,180	2,723,481,072	58%	42%	110,808,236	81,132,249
100238 HCA FLORIDA NORTHSIDE HOSPITAL	2,072,509,117	171,007,758	2,072,509,112	2,072,509,112	171,007,758	161,842,841	1,094,704,421	640,724,817	175,237,033	2,072,509,112	61%	39%	103,680,765	67,326,993
100242 HCA FLORIDA GULF COAST HOSPITAL	3,414,008,091	317.015.617	3,460,789,726	3,414,008,058	317,015,614	263,782,035	1.342.066.820	1,394,679,240	413,479,963	3,414,008,058	47%	53%	149,114,809	167,900,805
100243 HCA FLORIDA BRANDON HOSPITAL	5,383,158,911	480,908,173	5,383,158,901	5,383,158,901	480,908,172	301.133.274	2,355,123,376	2,131,928,387	594,973,864	5.383.158.901	49%	51%	237,298,500	243,609,673
100244 CAPE CORAL HOSPITAL	1,805,711,368	382,137,517	1,742,246,740	1,805,711,368	382,137,517	217,472,567	665,538,414	690,150,019	232,550,368	1,805,711,368	49%	51%	186,859,081	195,268,436
100246 HCA FL LAWNWOOD HOSPITAL	4,403,175,233	447,593,776	4,403,175,233	4,403,175,233	447,593,776	561,364,334	2,519,483,241	937,964,789	384,362,869	4,403,175,233	70%	30%	313,175,862	134,417,914
100248 LARGO MEDICAL CENTER	3,910,574,689	386,397,224	3,910,444,065	3,910,574,689	386,397,224	317.257.071	2,199,787,194	1.012.060.674	381,469,750	3.910.574.689	64%	36%	248,704,856	137,692,368
100249 SEVEN RIVERS REGIONAL MEDICAL CENTER	1,194,512,793	124,153,209	1,191,353,622	1,194,512,793	124,153,209	81,890,957	446,149,191	472,811,685	193,660,960	1,194,512,793	44%	56%	54,882,526	69,270,683
100252 RAULERSON HOSPITAL	732,122,137	92,421,919	732,122,137	732,122,137	92,421,919	52,048,571	251,597,711	360,266,240	68,209,615	732,122,137	41%	59%	38,331,817	54,090,102
100253 JUPITER MEDICAL CENTER	1,641,900,637	333,214,561	1,641,900,638	1,641,900,637	333,214,561	161,105,797	633,954,915	728,319,367	118,520,558	1,641,900,637	48%	52%	161,353,130	171,861,431
100254 HCA FLORIDA CAPITAL HOSPITAL	2,900,434,296	341,700,635	2,900,434,296	2,900,434,296	341,700,635	266,492,986	1,145,163,551	1,040,112,083	448,665,676	2,900,434,296	49%	51%	166,307,486	175,393,149
100256 HCA FLORIDA BAYONET POINT HOSPITAL	4,032,906,718	339,739,524	4,032,545,461	4,032,906,714	339,739,524	335,967,885	2,336,691,516	1,029,426,520	330,820,793	4,032,906,714	66%	34%	225,149,773	114,589,751
100258 DELRAY MEDICAL CENTER	4,534,971,445	453,301,678	4,548,340,203	4,534,971,445	453,301,678	643,411,780	2,477,172,721	1,019,913,886	394,473,058	4,534,971,445	69%	31%	311,923,947	141,377,731
100259 HCA FLORIDA SOUTH SHORE HOSPITAL	1,166,024,322	83,503,230	1,166,024,322	1,166,024,322	83,503,230	99,310,460	576,571,509	376,915,117	113,227,236	1,166,024,322	58%	42%	48,402,359	35,100,871
100260 HCA FLORIDA ST. LUCIE HOSPITAL	2,507,148,579	265,134,916	2,507,148,576	2,507,148,576	265,134,916	164,404,787	1,286,505,696	827,375,411	228,862,682	2,507,148,576	58%	42%	153,436,072	111,698,844
100264 OAK HILL HOSPITAL	4,519,411,440	359,853,970	4,519,411,441	4,519,411,440	359,853,970	521,982,320	2,409,216,943	1,211,827,201	376,384,976	4,519,411,440	65%	35%	233,394,039	126,459,931
100265 MEASE HOSPITAL COUNTRYSIDE	1,776,627,656	413,098,836	1,732,108,214	1,776,627,656	413,098,836	195,497,203	755,514,528	669,132,733	156,483,192	1,776,627,656	54%	46%	221,127,842	191,970,994
100266 GULF BREEZE HOSPITAL	771,728,582	121,770,630	771,746,314	771,728,582	121,770,630	14,466,979	156,967,852	540,875,999	59,417,752	771,728,582	22%	78%	27,050,608	94,720,022
100267 ENGLEWOOD COMMUNITY HOSPITAL	912,356,374	70,103,062	912,356,374	912,356,374	70,103,062	34,488,000	318,355,280	411,356,425	148,156,669	912,356,374	39%	61%	27,111,549	42,991,513
100268 WEST BOCA MEDICAL CENTER	1,777,683,281	224,018,064	1,790,020,567	1,768,250,692	222,829,399	238,052,058	642,436,275	619,692,534	268,069,825	1,768,250,692	50%	50%	110,956,374	111,873,024
100269 HCA FLORIDA PALMS WEST HOSPITAL	2,361,645,025	233,106,975	2,361,645,025	2,361,645,025	233,106,975	204,657,496	1,072,627,642	875,526,742	208,833,145	2,361,645,025	54%	46%	126,074,864	107,032,111
100271 MOFFITT CANCER CENTER	6,835,180,480	1,910,262,762	6,835,180,477	6,835,180,480	1,910,262,762	117,402,538	1,119,626,440	-	5,598,151,502	6,835,180,480	18%	82%	345,718,800	1,564,543,962
100275 WELLINGTON REGL MEDICAL CENTER	2,364,011,699	244,129,909	2,364,011,700	2,364,011,699	244,129,909	327,735,161	1,115,691,153	682,224,839	238,360,546	2,364,011,699	61%	39%	149,061,671	95,068,238
100276 BROWARD HEALTH CORAL SPRINGS	1,177,266,836	217,221,426	1,177,266,833	1,177,266,836	217,221,426	150,841,065	466,339,710	407,460,307	152,625,754	1,177,266,836	52%	48%	113,878,081	103,343,345
100277 MIAMI JEWISH HEALTH SYSTEMS INC.	47,637,410	36,578,213	47,637,410	11,996,873	9,211,756	36,119,466	9,987,585	30,773	1,499,586	47,637,410	97%	3%	8,915,827	295,929
100281 MEMORIAL HOSPITAL WEST	5,123,687,034	741,397,807	4,952,559,843	5,123,687,034	741,397,807	694,356,883	1,947,130,116	-	2,482,200,035	5,123,687,034	52%	48%	382,223,320	359,174,487
100284 WESTCHESTER GENERAL HOSPITAL	156,283,039	33,947,985	156,283,039	156,283,039	33,947,985	15,590,919	45,521,781	69,045,562	26,124,777	156,283,039	39%	61%	13,274,972	20,673,013
100285 MEMORIAL HOSPITAL MIRAMAR	1,586,889,627	267,431,550	1,529,005,142	1,586,889,627	267,431,550	247,513,818	489,452,207	-	849,923,602	1,586,889,627	46%	54%	124,197,652	143,233,898
100286 PHYSICIANS REGIONAL MEDICAL CENTER	3,447,169,967	378,548,897	3,447,169,967	3,447,169,967	378,548,897	630,907,746	1,160,345,411	1,327,341,143	328,575,667	3,447,169,967	52%	48%	196,705,388	181,843,509
100287 GOOD SAMARITAN HOSPITAL	2,842,487,520	240,371,259	2,837,013,523	2,839,674,330	240,133,365	301,226,633	1,042,018,227	844,719,232	651,710,238	2,839,674,330	47%	53%	113,589,754	126,543,611

100288 ST MARYS MEDICAL CENTER	3,139,018,054	446,625,869	3,145,764,433	3,134,276,744	445,951,266	482,558,875	1,532,237,313	659,673,877	459,806,679	3,134,276,744	64%	36%	286,669,297	159,281,969
100289 CCF HOSPITAL - WESTON	1,642,035,314	465,385,208	1,642,028,635	1,642,028,635	465,383,315	215,742,808	675,481,996	656,372,013	94,431,818	1,642,028,635	54%	46%	252,590,695	212,792,620
100290 THE VILLAGES REGIONAL HOSPITAL	1,068,881,086	218,873,162	1,069,006,053	1,068,881,086	218,873,162	295,106,259	392,881,519	226,224,128	154,669,180	1,068,881,086	64%	36%	140,878,216	77,994,946
100291 MELBOURNE REGIONAL MEDICAL CENTER	1,103,097,287	120, 186, 455	1,103,097,290	1,103,097,287	120,186,455	36,875,999	436,610,370	553,575,088	76,035,830	1,103,097,287	43%	57%	51,588,059	68,598,396
100292 ASCENSION SACRED HEART EMERALD COAST	1,027,778,193	187,902,886	1,024,838,181	1,024,785,015	187,355,660	58,248,232	225,334,989	592,895,056	148,306,738	1,024,785,015	28%	72%	51,845,920	135,509,740
100296 DOCTORS HOSPITAL	977.561.276	250,012,103	977.530.289	928.035.814	237.345.925	109,485,079	271,323,491	455,198,458	92,028,786	928.035.814	41%	59%	97,392,106	139,953,819
100298 FLORIDA STATE HOSPITAL	1,943,633	1,943,633	3,663,266	1,458,888	1,458,888	1,943,633			· · · ·	1,943,633	100%	0%	1,458,888	-
100299 LAKEWOOD RANCH MEDICAL CENTER	1,676,558,693	171,050,610	1,676,558,694	1,676,558,693	171,050,610	143,521,320	634,184,665	744,212,260	154,640,448	1,676,558,693	46%	54%	79,345,318	91,705,292
100302 ST, CLOUD REGIONAL MEDICAL CENTER	729,188,426	97,139,859	729,188,424	729.188.426	97,139,859	119,108,019	251,000,562	226,883,320	132,196,525	729,188,426	51%	49%	49,304,534	47,835,325
100307 ASCENSION ST. VINCENTS SOUTHSIDE HO	1,540,376,055	237,573,619	1,539,129,979	1,540,224,374	237,550,225	184,270,720	402,793,869	742,107,701	211,052,084	1,540,224,374	38%	62%	90,543,513	147,006,712
100313 ASCENSION SACRED HEART GULF	93,861,090	19,498,223	93,462,360	88,579,487	18,401,050	2,788,297	5,591,133	50,529,362	29,670,695	88,579,487	9%	91%	1,740,700	16,660,350
100314 WEST KENDALL BAPTIST HOSPITAL	1,610,194,350	361,592,713	1,610,193,063	1,610,193,063	361,592,424	228,957,428	392,515,372	498,215,005	490,505,258	1,610,193,063	39%	61%	139,560,815	222,031,609
100315 VIERA HOSPITAL INC	815,988,026	162,865,584	815,988,025	815,988,026	162,865,584	99.340.874	198,620,802	399,181,171	118,845,179	815,988,026	37%	63%	59,471,096	103 394 488
100316 PALM BAY HOSPITAL	818.079.654	153.634.084	818.079.653	818.079.654	153.634.084	149,104,776	234,658,570	263.867.919	170,448,389	818.079.654	47%	53%	72.070.158	81.563.926
100319 ADVENTHEALTH WESLEY CHAPEL	1.938,852,392	360,062,073	1,938,856,589	1,938,852,392	360,062,073	120,430,299	649,035,265	963,535,915	205,850,913	1,938,852,392	40%	60%	142,896,575	217,165,498
100320 HCA FLORIDA POINCIANA HOSPITAL	1,523,085,808	108,505,703	1,523,085,811	1,523,085,808	108,505,703	47,747,864	349,657,193	651,746,514	473,934,237	1,523,085,808	26%	74%	28,311,415	80,194,288
100321 ASCENSION ST. VINCENTS CLAY COUNTY	994,390,401	152,886,272	994,029,065	994,029,061	152,830,716	110,177,019	298,823,762	453,536,906	131,491,374	994,029,061	41%	59%	62,883,355	89,947,361
100329 OVIEDO MEDICAL CENTER	984,382,074	110,941,505	984,382,074	984,382,074	110,941,505	33,110,146	343,761,168	434,716,611	172,794,149	984,382,074	38%	62%	42,474,027	68,467,478
100330 MEDICAL CENTER OF DELTONA	201,616,328	45,374,958	188,766,308	188,766,308	42,482,984	14,248,206	41,915,787	93,155,700	39,446,615	188,766,308	30%	70%	12,640,042	29,842,942
100350 UCF LAKE NONA HOSPITAL	761,361,018	80,281,364	761,361,018	761,361,018	80,281,364	27,135,878	251,825,894	368,139,117	114,260,129	761,361,018	37%	63%	29,414,996	50,866,368
100359 SARASOTA MEMORIAL HOSPITAL VENICE	778,510,841	134,635,640	769,270,207	778,510,841	134,635,640	97,416,258	329,734,628	300,135,117	351,359,954	778,510,841	55%	45%	73,871,461	60,764,179
100359 SARASOTA MEMORIAL HOSPITAL VENICE	972.187.143	114,172,282	972.187.143	972.187.143	114.172.282	129,467,169	440.560.109	310,611,835	91,548,030	972.187.143	59%	41%	66.943.197	47.229.085
101300 ADVENTHEALTH WAUCHULA	143.084.360	35.547.871	140.189.078	133.546.691	33,178,333	9.832.675	19.407.869	69.749.883	34,556,264	133,546,691	22%	78%	7.264.519	25.913.814
101300 ADVENTREACT WAOCHOLA	34,883,758	12,925,766	28,325,444	27,625,067	10,236,143	6.694,866	5,474,758	15,455,443	34,330,204	27,625,067	44%	56%	4,509.311	5,726,833
									7 000 704			88%		
101304 CALHOUN-LIBERTY HOSPITAL ASSN	31,171,033	11,447,591	31,050,455	27,525,432	10,108,741	1,374,847	1,807,252	17,054,609	7,288,724	27,525,432	12%		1,168,629	8,940,112
101305 GEORGE E. WEEMS MEMORIAL HOSPITAL	13,166,991	6,573,623	11,457,383	11,189,983	5,586,601	163,425	261,261	10,765,297	-	11,189,983	4%	96%	212,025	5,374,577
101307 DOCTORS MEMORIAL HOSPITAL	62,377,485	20,485,244	58,188,475	56,602,297	18,588,628	2,532,940	7,760,728	36,494,770	9,813,859	56,602,297	18%	82%	3,380,519	15,208,109
101308 NORTHWEST FLORIDA COMMUNITY HOSPITAL	118,268,774	35,198,000	107,848,301	103,815,974	30,896,699	6,099,982	10,938,906	64,804,798	24,471,333	106,315,019	16%	84%	4,951,750	25,944,949
101309 HENDRY REGIONAL MEDICAL CENTER	79,454,420	41,063,904	78,498,716	72,884,341	37,668,333	9,394,740	8,183,765	5,478,213	49,827,623	72,884,341	24%	76%	9,084,983	28,583,351
101311 MADISON MEMORIAL HOSPITAL	23,355,229	11,507,121	21,595,346	23,355,229	11,507,121	2,189,667	6,703,559	11,765,775	2,696,228	23,355,229	38%	62%	4,381,692	7,125,429
101312 FISHERMENS HOSPITAL	97,935,326	43,045,241	97,933,642	97,933,642	43,044,501	853,604	992,709	73,908,260	22,179,069	97,933,642	2%	98%	811,505	42,232,996
101313 MARINERS HOSPITAL	225,127,771	74,347,273	225,108,906	225,108,907	74,341,043	9,548,142	14,126,661	166,688,402	34,745,702	225,108,907	11%	89%	7,818,480	66,522,563
102001 SSH - MIAMI	194,849,579	28,680,191	194,849,579	194,849,579	28,680,191	65,816,096	129,033,483	-	-	194,849,579	100%	0%	28,680,191	-
102003 SSH -ORLANDO	500,542,015	60,038,363	500,542,016	500,542,015	60,038,363	161,623,385	338,918,630	-	-	500,542,015	100%	0%	60,038,363	-
102009 KINDRED HOSPITAL BAY AREA	331,891,251	64,775,058	331,891,251	331,891,251	64,775,058	146,492,263	182,125,334	3,273,654	-	331,891,251	99%	1%	64,136,141	638,917
102010 KINDRED HOSPITAL SOUTH FLORIDA	479,572,411	97,335,281	479,573,191	475,878,080	96,585,470	223,643,593	254,137,446	1,791,372	-	479,572,411	100%	0%	96,224,689	360,781
102012 CURAHEALTH JACKSONVILLE LLC	53,655,336	13,096,393	53,655,337	53,655,336	13,096,393	26,411,429	26,614,930	628,977	-	53,655,336	99%	1%	12,942,870	153,523
102013 KINDRED HOSPITAL CENTRAL TAMPA	252,739,227	44,283,753	252,739,227	252,739,227	44,283,753	93,836,594	157,872,016	1,030,617	-	252,739,227	100%	0%	44,103,173	180,580
102015 KINDRED HOSPITAL NORTH FLORIDA	161,837,075	29,400,988	161,837,075	161,837,075	29,400,988	64,663,169	96,467,410	706,496	-	161,837,075	100%	0%	29,272,639	128,349
102017 SSH - PANAMA CITY INC	94,921,299	17,510,247	94,921,298	94,921,299	17,510,247	38,887,076	56,034,223	-	-	94,921,299	100%	0%	17,510,247	
102018 PAM SPECIALTY HOSPITAL OF SARASOTA	86,925,668	25,189,078	86,925,668	86,925,668	25,189,078	35,596,139	51,158,871	170,658	-	86,925,668	100%	0%	25,139,625	49,453
102019 KINDRED HOSPITAL OCALA	27,572,558	8,158,250	27,572,558	27,572,558	8,158,250	17,330,250	10,242,308			27,572,558	100%	0%	8,158,250	
102020 SSH -TALLAHASSEE INC.	157,794,008	24,815,289	157,794,010	157,794,008	24,815,289	59,322,772	98,471,236	-		157,794,008	100%	0%	24,815,289	-
102021 BAYCARE ALLIANT HOSPITAL	77,068,631	21,085,872	76,792,513	77,068,631	21,085,872	31,300,248	45,768,383	-	-	77,068,631	100%	0%	21,085,872	-
102022 SSH - GAINESVILLE INC	148,641,666	26,102,878	148,641,666	148,641,666	26,102,878	60,776,208	87,865,458	-	-	148,641,666	100%	0%	26,102,878	
102023 SSH - PALM BEACH LLC	253,066,043	34,404,498	253,066,043	253,066,043	34,404,498	91,631,691	161,434,352	-	-	253,066,043	100%	0%	34,404,498	-
102024 SSH - PENSACOLA INC	131,076,951	18,002,340	131,076,952	131,076,951	18,002,340	47,584,700	83,492,251	-	-	131,076,951	100%	0%	18,002,340	-
102025 KINDRED HOSPITAL THE PALM BEACHES	157,780,485	32,797,398	157,780,485	157,780,485	32,797,398	75,419,276	82,276,036	85,173	-	157,780,485	100%	0%	32,779,693	17,705
102026 ADVENTHEALTH CONNERTON	218,223,877	43,659,868	218,216,540	218,223,877	43,659,868	83,709,294	134,507,247	7,336	-	218,223,877	100%	0%	43,658,400	1,468
102027 KINDRED HOSPITAL MELBOURNE	134,323,879	29,387,574	134,323,879	134,323,879	29,387,574	66,099,645	67,576,722	647,512	-	134,323,879	100%	0%	29,245,910	141,664
102028 SSH - THE VILLAGES	99,754,476	21,756,597	99,754,477	99,754,476	21,756,597	45,440,648	54,313,828	-	-	99,754,476	100%	0%	21,756,597	-
102029 SSH - FORT MYERS	125,737,640	27,387,132	125,737,640	125,737,640	27,387,132	55,958,184	69,779,456	-	-	125,737,640	100%	0%	27,387,132	-
102030 SSH - DAYTONA BEACH	141,841,431	21,232,857	141,841,432	141,841,431	21,232,857	44,564,649	97,276,782	-	-	141,841,431	100%	0%	21,232,857	-
102031 SSH - MIAMI LAKES	235,924,360	38,278,735	235,924,359	235,924,360	38,278,735	77,689,053	158,235,307	-	-	235,924,360	100%	0%	38,278,735	-
102032 LANDMARK HOSPITAL OF SOUTHWEST FLORI	70,960,795	14,908,186	70,960,795	70,960,795	14,908,186	38,406,770	18,654,681	13,899,344	-	70,960,795	80%	20%	11,988,066	2,920,120
103026 ST CATHERINES REHAB HOSPITAL	56,799,730	38,363,638	56,799,730	31,608,611	21,349,068	42,489,395	13,825,294	130,016	355,025	56,799,730	99%	1%	21,166,758	182,310
103027 ST JOHNS REHABILITATION HOSPITAL	38,561,179	24,827,734	38,561,179	17,234,341	11,096,384	28,494,502	9,472,300	124,391	469,986	38,561,179	98%	2%	10,925,345	171,038
103028 ENCOMPASS HEALTH REHABILITATION HOS	77,338,036	48,190,340	77.338.036	77,338,036	48,190,340	38,201,984	39,134,102	1,950	-	77,338,036	100%	0%	48,189,125	1,215
103031 ENCOMPASS HEALTH REHABILITATION HOSP	80,169,990	58,546,581	80,169,990	80,169,990	58.546.581	39.608.722	40,561,086	182		80,169,990	100%	0%	58,546,448	133
103032 ENCOMPASS HEALTH REHABILITATION HOSP	44,071,081	32,482,109	44,071,081	44,071,081	32,482,109	21,265,543	22,805,538			44,071,081	100%	0%	32,482,109	
103033 ENCOMPASS HEALTH REHABILITATION HOSP	32,289,437	23,082,688	32,289,435	32,289,437	23,082,688	14,430,172	17,859,265	_		32,289,437	100%	0%	23,082,688	
103034 SEA PINES REHABILITATION HOSPITAL A	54,618,447	37,648,238	54,618,456	54,618,447	37,648,238	25,631,813	28,986,634			54,618,447	100%	0%	37,648,238	
103036 WEST GABLES REHABILITATION HOSPITAL	146,474,502	43,614,044	150,961,885	146,474,502	43,614,044	58,143,251	83,843,869	4,487,382	-	146,474,502	97%	3%	42,277,887	1,336,157
103037 ENCOMPASS HEALTH REHABILITATION HOSP	44,614,166	34,359,721	44,614,165	44,614,166	34,359,721	17,686,143	26,925,832	1,995	196	44,614,166	100%	0%	34,358,034	1,687
103038 ENCOMPASS HEALTH REHABILITATION HOSP	38,996,241	26,543,784	38,996,240	38,996,241	26,543,784	16,514,169	22,477,687	4,385	-	38,996,241	100%	0%	26,540,799	2,985
103030 BROOKS REHABILITATION	399,126,063	135,329,675	399,126,063	399,126,063	135,329,675	73,224,677	190,475,188	135,426,198		399.126.063	66%	34%	89,411,392	45,918,283
103040 ENCOMPASS HEALTH REHABILITATION HOSP	34,377,496	24,303,903	34,377,495	34,377,496	24,303,903	14,995,990	19,379,466	-	2,040	34,377,496	100%	0%	24,302,461	1,442
103040 ENCOMPASS HEALTH REHABILITATION HOSP	47,955,453	32,739,172	47,955,453	47,955,453	32,739,172	19.028.022	28.212.991	714,440	2,040	47,955,453	99%	1%	32,251,424	487,748
103042 ENCOMPASS HEALTH REHABILITATION HOSP	41,495,358	30,063,901	41,495,367	41,495,358	30.063.901	17,753,346	23,742,012	/ 14,440	-	41,495,358	100%	0%	30.063.901	407,740
103044 ENCOMPASS HEALTH REHABILITATION HOSP	62,147,780	47,355,373	62,147,789	62,147,780	47,355,373	30,294,319	31.853,461	-	-	62,147,780	100%	0%	47,355,373	-
103044 ENCOMPASS REALTH REHABILITATION HOSP 103045 ENCOMPASS HEALTH REHABILITATION HOSP	59,312,926	39,810,876	59,312,933	59,312,926	39,810,876	29,609,277	29,702,979		- 670	59,312,926	100%	0%	39,810,426	450
103045 ENCOMPASS REALTH REHABILITATION HOSP 103046 ARCHER REHABILITATION LLC	113,980,533							-	070			0%		400
103046 ARCHER REHABILITATION LLC 103047 ENCOMPASS HEALTH REHABILITATION HOSP	41,697,854	32,710,432 25,118,007	113,980,533 41,697,853	113,980,533 41,697,854	32,710,432 25,118,007	55,862,864 21,254,737	58,117,669 20,443,117	-	-	113,980,533 41,697,854	100% 100%	0%	32,710,432 25,118,007	-
103047 ENCOMPASS HEALTH REHABILITATION HOSP 103048 ENCOMPASS HEALTH REHABILITATION OF P	27,971,408	25,118,007	27,971,407	27,971,408	25,118,007	21,254,737	20,443,117	-	-	27,971,408	100%	0%	25,118,007	-
103048 ENCOMPASS REALTH REHABILITATION OF P 103049 ENCOMPASS HEALTH REHABILITATION HOSP	15,762,060	9,326,986	15,762,058	15,762,060	9,326,986	8,058,581	7,703,479			15,762,060	100%	0%	9,326,986	-
1000-0 EAGOMEAGO HEACTT RETABLETATION HOOP	15,7 52,000	5,520,500	13,702,030	15,702,000	3,320,300	0,000,001	7,700,479	-	-	15,702,000	10070	0 /0	3,520,500	-

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103050 ENCOMPASS HEALTH REHABILITATION HOSP 103051 TAMPA GENERAL REHABILIATION HOSPITAL	11,684,962	7,010,760	11,684,961	11,684,962	7,010,760	5,998,335	5,686,627	-	-	11,684,962	100%	0%	7,010,760	-
	15,291,504		15,291,504	15,291,504	8,000,401	9,413,600	5,877,904	-	-	15,291,504	100%	0%	8,000,401	-
103052 ENCOMPASS HEALTH REHABILITATION HOSP	10,454,275	6,273,793	10,454,275	10,454,275	6,273,793	5,761,536	4,692,739	-	-	10,454,275	100%	0% 0%	6,273,793	-
103053 ENCOMPASS HEALTH REHABILITATION HOSP	12,642,192	9,075,031	12,642,193	12,642,192	9,075,031	6,829,971	5,812,221	-	-	12,642,192	100%		9,075,031	
103054 REHABILIATION HOSPITAL OF NAPLES	7,485,091	4,936,992	7,485,089	7,485,091	4,936,992	4,561,630	2,923,461	-	-	7,485,091	100%	0%	4,936,992	-
103300 JOHNS HOPKINS ALL CHILDRENS HOSPITA	1,830,121,249	584,509,905	1,830,121,249	1,830,121,249	584,509,905	572,650,132	589,497,297	565,755,546	102,218,274	1,830,121,249	64%	36%	371,170,317	213,339,588
103301 NICKLAUS CHILDRENS HOSPITAL	2,387,879,352	769,283,946	2,369,039,862	2,387,879,352	769,283,946	468,817,466	687,180,426	1,213,051,227	18,830,233	2,387,879,352	48%	52%	372,418,573	396,865,373
103304 NEMOURS CHILDRENS HOSPITAL	897,744,154	268,731,383	897,744,154	897,744,154	268,731,383	232,082,207	240,505,807	297,167,602	127,988,538	897,744,154	53%	47%	141,464,837	127,266,546
104001 SOUTH FLORIDA STATE HOSPITAL	1,772,431	1,772,431	35,440,710	359,455	359,455	1,643,297	129,134	-	-	1,772,431	100%	0%	359,455	-
104007 NORTHEAST FLORIDA STATE HOSPITAL	5,465,039	5,465,039	80,177,762	2,257,500	2,257,500	5,465,039				5,465,039	100%	0%	2,257,500	
104016 RIVER POINT BEHAVIORAL HEALTH	54,438,224	20,226,668	51,456,940	51,456,940	19,118,964	45,412,600	54,650	979,000	5,010,690	51,456,940	88%	12%	16,893,479	2,225,485
104017 WINDMOOR HEALTHCARE	62,284,255		58,641,440	58,641,440	19,266,092	51,686,800	-	-	6,954,640	58,641,440	88%	12%	16,981,210	2,284,881
104018 #N/A	Missing	Missing	Missing	-		Missing	#N/A	#N/A	#N/A	#N/A	0%	100%	-	-
104024 CIRCLES OF CARE INC.	58,822,831		58,822,831	58,822,831	26,246,223	41,551,605	935,933	16,335,293	-	58,822,831	72%	28%	18,957,561	7,288,662
104026 FT. LAUDERDALE HOSPITAL	110,121,117	46,308,360	106,650,219	106,650,219	44,848,771	100,687,400	648,000	1,683,000	3,631,819	106,650,219	95%	5%	42,613,772	2,234,999
104040 CENTERSTONE OF FLORIDA INC.	12,195,110	5,578,851	11,022,129	11,022,128	5,042,251	9,680,058	1,342,070	-	-	11,022,128	100%	0%	5,042,251	-
104049 SOUTHERN WINDS HOSPITAL LLC	45,079,045	17,392,102	45,079,046	45,079,045	17,392,102	38,459,165	6,619,880		-	45,079,045	100%	0%	17,392,102	
104057 SPRINGBROOK HOSPITAL	41,445,483	14,663,041	36,311,059	36,311,055	12,846,526	34,188,000	-	2,123,055	-	36,311,055	94%	6%	12,095,408	751,118
104059 EASTSIDE PSYCHIATRIC HOSPITAL	11,030,568	4,339,310	9,900,464	9,900,463	3,894,739	9,285,518	614,945	-	-	9,900,463	100%	0%	3,894,739	-
104063 THE WILLOUGH AT NAPLES	24,965,349	11,215,014	24,268,086	24,268,080	10,901,785	23,203,500	-		1,064,580	24,268,080	96%	4%	10,423,551	478,234
104067 ASPIRE HEALTH PARTNERS INC	266,467,581	102,527,436	266,467,585	21,958,695	8,448,940	21,958,695	-		-	21,958,695	100%	0%	8,448,940	-
104069 WEKIVA SPRINGS CENTER LLC	64,219,799	22,895,352	60,599,000	60,599,000	21,604,481	51,686,800	-	-	8,912,200	60,599,000	85%	15%	18,427,144	3,177,337
104070 PORT ST LUCIE HOSPITAL	37,944,598	16,398,573	35,049,769	35,049,765	15,147,509	33,475,500	-	-	1,574,265	35,049,765	96%	4%	14,467,156	680,352
104071 THE VINES HOSPITAL	49,702,935	15,038,381	49,702,935	45,827,970	13,865,951	43,122,239	1	1	2,705,729	45,827,970	94%	6%	13,047,291	818,660
104072 CENTRAL FLORIDA BEHAVIORAL HEALTH	124,647,850	46,263,308	121,755,960	121,755,960	45,189,977	111,208,460	652,500	2,232,910	7,662,090	121,755,960	92%	8%	41,517,427	3,672,550
104073 EMERALD COAST BEHAVIORAL HOSPITAL	66,721,449	25,018,436	52,663,621	52,663,621	19,747,195	47,707,000	-	-	4,956,621	#N/A	0%	100%	0	19,747,195
104074 PARK ROYAL HOSPITAL	90,092,000	34,749,255	90,092,000	90,092,000	34,749,255	73,737,509	10,509,766	1,361,825	4,482,900		0%	100%	-	34,749,255
104075 NORTH TAMPA BEHAVIORAL HEALTH	71,101,600	24,203,909	71,101,600	71,101,600	24,203,909	62,565,395	6,807,204	1	1,729,000		0%	100%	-	24,203,909
104076 UNIVERSITY BEHAVIORAL CENTER	58,672,360	21,854,892	58,383,375	58,383,375	21,747,248	58,383,375	-	-	-		0%	100%	-	21,747,248
104078 SUNCOAST BEHAVIORAL HEALTH CENTER	22,592,318	8,726,025	21,698,745		-	21,388,200	-		310,545		0%	100%	-	
104079 LARKIN COMMUNITY HOSPITAL BEHAVIORAL	41,591,591	12,418,729	41,591,591		-	37,562,714	4.028.877		-		0%	100%	-	
104080 CORAL SHORES BEHAVIORAL HEALTH	42,548,850	15,586,272	39,063,000	-	-	38,005,000	· · · ·	-	1,058,000		0%	100%		-
104081 OGLETHORPE OF ORLANDO INC.	27,178,398	12,641,113	25,963,500	-	-	25,963,500	-	-			0%	100%		-
104082 PALM POINT BEHAVIORAL HEALTHCARE	24,788,491	10,158,235	23,695,400	-	-	23,546,600	-	-	148,800		0%	100%		-
	457.559.067.814		460.144.065.921	454.368.785.837	74.317.768.938	56.068.171.627	#N/A	#N/A	#N/A	#N/A			38.867.380.247	35,450,388,691

(w5-2, Part (tv13.02c2.00) (w5-2, Part (tv13.02c1.00)	iw5-2, Part Ital 20 00c1.001 iw5-2.	Part Ityl20.00x 2.001	vG-3tv13.00c1.001 [wd	5-3163.00c1.001 lwo	211/12/20013-001 196	-2tv118.00c1.001 [wg	-20158.00(2.00) IWG-	20419 00k1.001 1wG	-20/109.00c2.001 TwG	-2tvl39.00/3.001 1wf	5-2tv12.00c3.001 [w5-	-21v(3.00:3.00) [wG-2	2014-0013.00[ [wG-2tv/5.00c3.00] [wG-2tv/6.00c3.00] [wG-2tv/7.00c3.00] [wG-2tv/8.00c3.00] [wG-2tv/8.00c3.0	1 IwC. Part HTitle XVIIIVHospitali202.00c6.001	IwC. Part ITTele XVI INHONOITAII202.00x7.001	wC. Part ILTele XVIII vHosed al 202 00c8.001
100001 SHANDS IACKSONVILLE MEDICAL CENTER 100002 SETHESDA HOSPITAL	7/1/2022 10/1/2021	6/30/2023 9/30/2022	4581112449 2371704293	861446114 335282622	476984430	1513646250 979529478	776016218	189541337 39610886	2385460549	2575001886 216550077		18543834	25283628	2182961639 1412385653	2381877091 952955410	4564838730 2365341063
100206 ORLANDO HEALTH	10/1/2021	9/30/2022	18752427678	3049724845	3125215542	7776823111	6281975791	418748448	1103301273	1522049721	86600446	115943933		11533561427	7392208926	18925770353
100007 ADVENTHEALTH ORLANDO 100008 SAPTIST HOSPITAL	1/1/2022 10/1/2021	12/31/2022 9/30/2022	27387247041 6902086356	5403037761 1709663543	4516180326 983111336	11328634409 2240337054	10898511178 3025083154	210317081 116368823	295496570 537097847	505813651 553466670	55167301	70560602		16051362760 3339817233	11830825690 3552181001	27872183450 6901998214
100012 KEE MEMORIAL HOSPITAL 100014 ADVENTHEALTH NEW SMYRNA BEACH	10/1/2021 1/1/2022	9/30/2022 12/31/2022	5054476597	1276366068	\$56500566 72784491	1882315248	2815538382	164266430	497344662	661611092 77955116		19416812	2427648	2629021281 283029181	3013327067	5642348348 502593187
100014 ADVENTHEALTH NEW SMYRNA BEACH 100017 HALIFAX MEDICAL CENTER	1/1/2022 10/1/2021	12/31/2022 9/30/2022	622134701 2337202401	152668335 567827282	72784491 347306664	185253485 817543847	286141609 334531395	25880496 96635870	52074620 129917043	77955116 226552913	5376314	41007914		283079181 1262458582	319514006 964988332	602593187 2227447134
100018 NAPLES COMMUNITY HOSPITAL 100019 HOLMES REGUMEDICAL CENTER	10/1/2021	9/30/2022	3159608637 3118216331	677748228	332783609	1257502643	1172378947	104314768 106159147	292628470	396943238 286157584	5301725	17808322		1693333444 2184240595	1446750880 921392209	3140084324
100022 JACKSON MEMORIAL	10/1/2021 10/1/2021	9/30/2022 9/30/2022	6575092862	593053245 1471427335	640652821 1908080525	1437428623 2862943987	719072038 1469091215	129828996	179998437 452946483	642775479	72644703	33726077		4645815195	1929277668	3105632804 6575092853
100023 CITRUS MEMORIAL HOSPITAL 100025 ASCENSION SACRED HEART PENSACOLA	11/1/2021 7/1/2022	10/31/2022 6/30/2023	2547875928 4264531118	196324045 1040724592	127406500 489381685	1241461988 1003081538	1004268119 1298492469	50114743 101770031	124624578 1246074536	174739321 1347844567				1418909197 1586231743	1128886729 2216123494	2547875926 3802355237
100026 ASCENSION SACRED HEART BAY	7/1/2022	6/30/2023	1.182.573.754	192.107.564	67,340,774	641.316.527	422.558.076	35.787.684	210,099,910	248.887.594				545639465	634493505	1180132971
100028 #ARRISH MEDICAL CENTER 100029 NORTH SHORE MEDICAL CENTER AND FMC	10/1/2021 5/1/2022	9/30/2022 4/30/2023	616751171 3347599260	133765939 369487542	45174188 467672959	185443503 1556204690	80345D358	141390978	386133480 285458643	386133480 426849621				228339294 2168690258	384953691 1178909002	613292985 3347599260
100030 ORLANDO HEALTH-HEALTH CENTRAL HOSPIT	10/1/2021	9/30/2022	2131305478	806453359	342408698	864823364	544059142	104321044	275693229	380014273				1311558104	819752373	2131305477
100032 BAYFRONT HEALTH ST. PETERSBURG 100034 MOUNT SUNALMEDICAL CENTER OF FLORID	10/1/2021 1/1/2022	9/30/2022 12/31/2022	2369625043	279024006 904182353	389267627 413114770	1107562518	59585D366 1250345252	82147718 73262548	194796814 242650156	276944532	13620381	38715492 16007504		1578997596 1702481676	790627447 1491073688	2369625043
100035 MANATEE MEMORIAL HOSPITAL 10038 MENORIAL REGIONAL HOSPITAL	1/1/2022 5/1/2022	12/31/2022 4/30/2023	3632149509 9057383406	347622340	413114770 370486405 1424253126	1796534703 3564560262	1230591278	73262548 65629228	241650156 188907897 3658038065	254537125 3658038065	43110780	67768789		2232650334 4925021978	1491073698 139499175 3454659506	8532149509 8379680484
100039 SROWARD HEALTH MEDICAL CENTER	7/1/2022	6/30/2023	2784902979	530320148	428760487	1335897582	767740037	75	252504798	252504873	24102950	01100109		1764792173	1020110728	2784902901
100040 ASCENSION ST. VINCENTS RIVERSIOE 100043 MEASE HOSPITAL AND CLINIC	7/1/2022	6/30/2023 12/31/2022	3030295328	449565271 116215329	270537372 74142435	1102346621 202540648	1420995347 229381012	49079571	178531964 55871323	227611535 55871323				1199035912 272510549	1611578864 281417056	8010614776 553927705
100044 MARTIN MEDICAL CENTER	1/1/2022	12/31/2022	3568782987	846900320	350925685	1293740000	1356811748	133967446	377040614	\$11008060				1778633133	1739154301	8517787234
100045 ADVENTHEALTH DELAND 100046 ADVENTHEALTH ZEPHYRHULS	1/1/2022 1/1/2022	12/31/2022 12/31/2022	992636873 1368494951	197102074 207080325	98805817 120679485	592299614 581212161	183916688 540334256	33423686 44536674	84191068 81432345	117614754 126269019	5316024		1224827	422044305 747575229	523980757 608681054	946025062 1356256283
100047 SAYFRONT HEALTH PUNTA GORDA	10/1/2021	9/30/2022	622465761	78661949	98187348	219061418 7386743	214803056 32771908	27316475	63094330 15583888	90410805	39803171			344568376	277897366	622465762
100048 JAY HOSPITAL 100049 HCA FLORIDA HIGHLANDS HOSPITAL	10/1/2021 11/1/2021	9/30/2022 10/31/2022	57946019 796932564	10323201 80986380	1494487 46361969	7386745 326858324	32771908 364359737	14184860	15583888 43167674	15583888 57352534				8821226 389403031	49054790 407529483	57946018 796932554
100050 LARKIN HOSP PALM SPRINGS CAMPUS LLC 100051 ORLANDO HEALTH SOUTH LAKE HOSPITAL	1/1/2022 10/1/2021	12/31/2022 9/30/2022	2365263650	-252445093 331768553	205344236	827170506	724703591	92947834	424558744	517506548			3000674	225025294 1215462546	10L789228 1149262335	326814522 2364724881
100052 WINTER HAVEN HOSPITAL	1/1/2022	12/31/2022	2101611372	418326277	254752689	861530788	785613693	92447204	199714202	199714202			30006/4	1107474193	949693239	2057167432
100053 HIALEAH HOSPITAL 100054 TWIN CITIES HOSPITAL	5/1/2022 6/1/2022	4/30/2023 5/31/2023	1272522396 973875603	124557744 73626236	11.8979234 28917056	572634720 231588595	419277454 579720399	40099303 20238964	121031685 113410589	161130688 133649553				781718257 280744615	540309137 693130988	1372022394 973875603
100055 ADVENTHEALTH - NORTH PINELLAS	1/1/2022	12/31/2022												416752041	366233322	734985363
100057 ADVENTHEALTH WATERMAN 100052 ADVENTHEALTH OCALA	1/1/2022	12/31/2022	1786648181	338714611	145782178	690783169	653867926	92707977	198340783	291048760		8592647		933630032	852295638	1785929870
100063 MORTON PLANT NORTH BAY HOSPITAL	1/1/2022	12/31/2022	888129756	183234559	155538160	380079944	260704786		91806866	91806366		6638740		529257886	346105394	875363280
100067 ST. ANTHONYS HOSPITAL 100068 ADVENTHEALTH DAYTONA BEACH	1/1/2032 1/1/2022	12/31/2022 12/31/2022	2167785779 2512682041	463535396 532682293	254398865 281483786	844113559 1002007499	906841796 920540183	51602582	162431559 150084144	163431559 201686726	32704215	23596579		1076128740 1322960894	1D63283870 1046745674	21394L261D 2369706568
100069 ADVENTHEALTH CARROLLWOOD	1/1/2022	12/31/2022										43020079		621382649	701065818	1322348507
100070 VENICE REGIONAL BAYFRONT HEALTH 100071 BROOKSWILE REGIONAL HOSPTAL	1/1/2022 10/1/2021	9/21/2022 9/30/2022	845483779 1196863944	85712840 127295267	44513658 109821714	266842465 403503298	472462235 430365290	22594792 59551439	39070629 193622203	61665421 253173642				333950915 572876451	511532864 623987493	845483779 1196863944
100072 ADVENTHEALTH FISH MEMORIA.	1/1/2022	12/31/2022	1090034691	239426654	138198477	359843264	404168202	35075768	114629874	149205642				534405554	519773079	1054178633
100075 ST. JOSEPHS HOSPITAL 100077 SAVERONT HEALTH PORT CHARLOTTE	1/1/2022 1/1/2022	12/31/2022 12/31/2022	6321756206 1764323692	1563310099 177735541	705449217 140251423	2605983645 750558659	2416655212 691368602	49766198	593668132 132378810	593668132 182145008	1383691			3254087521 940674922	2871418988 823747412	6125506509 1764422334
100079 UNIVERSITY OF MIAMI HOSP & CLINICS	6/1/2022	5/31/2023	12321108172	2363667318	538661350	2537848458	7293115619	92655763	1857747896	1945403659				3375139889	9150135963	52335255852
100080 HCA FLORIDA JFK HOSPITAL 100084 LEESBURG REGKONAL MEDICAL CENTER INC	7/1/2022 7/1/2022	6/30/2023 6/30/2023	7388695353	683349049 246042832	928204979	3421878331 482111939	2483458401 269851259	192598574 47168134	362555068	555153642 101444182	173935424			4542521524 874283276	2846173829 335277895	738695353
100086 BROWARD HEALTH NORTH	7/1/2022	6/30/2023	1341289509	254082714	173041764	591941371	444829107		131257875	131257875		18381403		764962207	576297301	1341259508
100087 SARASOTA MEMORIAL HOSPITAL 100088 SAPTIST MEDICAL CENTER	10/1/2021 10/1/2021	9/30/2022 9/30/2022	5775184100 8683280192	1097444495 1781999000	732826864 1688756247	2661961999 2477610449	1631464675 3502222216	180752295	748930562 805736214	748930562 986488509	30848026 68121460	91533214		3349837184 4347118038	2263700169 4307381701	5613537353 8654499719
100090 FLAGLER HOSPITAL	10/1/2021	9/30/2022	1436542350	293424579	212425295	492221120	508647156	38761667	118288791	15705045B				743406082	691529465	1434937547
100092 ROCKLEDGE REGIONAL MEDICAL CENTER 100093 BAPTIST HOSPITAL	1/1/2022 10/1/2021	12/31/2022 9/30/2022	1491690776 2778968000	173717025	89311962 101370032	583951455 900880833	722502147 1466096305	30105289	64579364 310621330	94684653 310621330	3080726 12547890			704609266 1002260780	787081511 1797507753	1491690777 2799768533
100099 ADVENTHEALTH LAKE WALES 100105 INGIAN RIVER MEMORIAL HOSPITA L	7/1/2022	6/30/2023 12/31/2022	738452354 1561799722	87427013 379175390	64173679 170727805	233767820 496264132	362314277	17990986	80176092 894607785	98167078 894807785	11563347 9222782			316012882 612599934	422439474 7D4567213	738452356 1317167147
100107 LENIGH REGIONAL	1/1/2022 1/1/2022	12/31/2022	312073209	41309727	13152035	110206797	188919377				9222782			124059829	188019377	312979206
100109 ADVENTHEALTH SEBRING	1/1/2022	12/31/2022	1554189926	279683283	126662130	587533988	707222738	35319142	93471578	128790720				774455169	710902563	1485357732
100110 OSCEOLA REGIONAL MEDICAL CENTER 100113 UF HEACTH SHANDS 100117 BAPTIST MEDICAL CENTER BEACHES	1/1/2022 7/1/2022	12/31/2022 6/30/2023	4767363424 7567651976	454683976 2237854390	31.3823953 1569459936	2548680351 2896052382	1212816357 2733280338	226642107 101280631	453783693 170244663	690425800 271525294	9512248 58358865	22660069		3089107184 4629086527	1676639277 2935976873	4765746461 7565063400
100117 BAPTIST MEDICAL CENTER-BEACHES 100118 ADVENTHEALTH PALM COAST	10/1/2021 1/1/2022	9/30/2022 12/31/2022	936832320 1173874674	173643320	191193210	251339177	385742167	30945713 27738903	77612053	108557766				473478101 507796645	463354221	936832322
100121 BARTOW REGIONAL MEDICAL CENTER	1/1/2022	12/31/2022	444283391	90850319	32972879	128370305	191580603		9134S6D4	91365604				159322612	278122970	437445582
100122 NORTH OKALOOSA MEDICAL CENTER 100124 SANTA ROSA MEDICAL CENTER	4/1/2022 6/1/2022	3/31/2023 5/31/2023	1417352630 1062394087	120010983 101435030	39954604 12586161	500970811 264269789	732681848 557276014	35212640 26586223	96903804 201190355	132116453 227776578				585282731 303437034	831078666 758471430	1416361397 1051908454
100125 HOMESTEAD HOSPITAL	10/1/2021	9/30/2022	1319073097	270350592	187660815	341037290	\$15298115	39379658	235651778	275031436		35785331		568077763	750949893	1319027656
100126 HCA FLORIDA PASAGENA HOSPITAL 100127 MORTON PLANT HOSPITAL	10/1/2021 1/1/2022	9/30/2022 12/31/2022	1099635050 3290820134	84201552 773059551	88177735 344451339	454488529 1399093900	388733289 1330365949	54750948	107361390 216908946	162112338 216905946		12419485	8754980	597423442 1721657939	4%088439 1439680172	1093511881 3161326111
100128 TAMPA GENERAL HOSPITAL	10/1/2021	9/30/2022	10339882625	1734329798	1287196588	5433456049	2818554974	176696472	473017825	649714297			8730350	6977115963	3362643855	20339759818
100130 LAKESIDE MEDICAL CENTER 100131 HCA FLORIDA AVENTURA HOSPITAL	10/1/2021 1/1/2022	9/30/2022 12/31/2022	128544771 3229516384	26315670 371079640	6183348 287045530	31674446 1903338786	69477771 773112525	1152457 118405101	20056749	21209206 266019543	20459350			35010251 2306811181	89534520 920705203	128544771 3729516384
100132 SOUTH FLORIDA BAPTIST HOSPITAL	1/1/2022	12/31/2022	775729698	164143574	78080222	274199189	327983466		95466821	95466821				347832403	416470116	764302519
100134 ED FRASER MEMORIAL HOSPITAL 100135 TALLAHASSEE MEMORIAL HOSPITAL	10/1/2021 10/1/2021	9/30/2022 9/30/2022	70785532 4002209698	40677131 871609645	6965451 485698200	3380291 1406808987	35404436 1529893325	721332 79714548	23619664 228425751	24340996 308140299	26297856		5082485 34039202	1095315D 1977223498	52038354 1765281214	629015D4 3742504712
100137 ADVENTHEALTH HEART OF FLORIDA 100140 BAPTIST MEDICAL CERINASSAU	7/1/2022 10/1/2021	6/30/2023	2042091988	258551975	178477391	807706033	858690700 213756589	28118191	169099673 56796804	197217864				1057739904	984332542 220553393	2042072446
100140 BAPTIST MEDICAL CTR-NASSAU 100142 JACKSON HICSPITAL MARIANNA	10/1/2021 10/1/2021	9/30/2022 9/30/2022	413456592 202811755	85052592 75303608	55058155 8793536	71507475 20535463	213756589 111509318	16837569 3417211	56796804 32199081	73134373 35616292				142903199 32746211	270553393 143708399	413456592 176454610
100150 LOWER KEYS MEDICAL CENTER	10/1/2021	9/30/2022	475044369	119502383	57688137	134454313	227271628	8950047	46680244	55630291	21470680			201007099	274037270	475044359
100151 MANO CLINIC FLORIDA 100154 SOUTH MIAMI HDSPITAL	1/1/2022 10/1/2021	12/31/2022 9/30/2022	3040335302 2586496219	1088504655 688414570	299256385 381103195	1239759089 901038138	1350608140 884496121	35186170 37941983	71728118 381630981	106914288 419772964				1620019944 1320083316	1422815357 1266327103	3042835301 7586410419
100156 HCA FLORIDA LAKE CITY HOSPITAL 100157 KANELAND REGIONAL MED CTR	11/1/2021 10/1/2021	10/31/2022 9/30/2022	1691478122 5009500896	168815999 928026036	78129990 413973039	459745599 1822915829	759313318 2066542387	59500243 110858160	334243000 595211481	393743243 706069641	25431751	29486933		608140304 2347747028	1093556318 2661753867	1701696622 5009500895
100161 HCA PLORIDA LAKE MONROE HOSPITAL	6/1/2022	5/31/2023	1927327065	218508247	125453279	972586535	579057133	88503624	161726494	250230118		17272304		1386543438	740783527	1927327085
100166 HCA FLORIDA SARASOTA DOCTORS HOSPITA 100167 HCA FLORIDA MERCY HOSPITAL	1/1/2022 9/1/2021	12/31/2022 8/31/2022	1964595417 3892350977	183753955 388123857	110127353 519967723	727931671	916510330 1103711113	51062762 83590756	15896330L 214010836	210026063 297601592	6728570 15863480	35115699		889121784 2575501005	1075473636 1316849972	196459542D 3592350977
100168 BOCA RATON REGIONAL HOSPITAL	10/1/2021	9/30/2022	3418007448	609450382	276717584	905299102	2021780000	28389234	185103773	213493007				1210405918	2207287070	3417692988
100173 ADVENTHEALTH TAMPA 100175 DESOTO MEMORIAL HOSPITAL	1/1/2022 10/1/2021	12/31/2022 9/30/2022	4039193413 165188937	699159245 38462665	524536934 15780976	1723496630 13334536	1455376502 104279596	88706926 1189714	247074421 28675915	335781347 29865629		30451813		2401530729 24293215	1691116656 136456985	4092647385 160750200
100176 PALM BEACH GARDENS 100177 CAPIC CAPICATION INC	10/1/2021 1/1/2022 10/1/2021	9/30/2022 9/30/2022	2393811781 781417954	235567698	331824255	13334536 1167528751 232215197	723443107 308446087	58259709	28675915 112755959 86415218	29865629 171015668 112061570				24293215 1551645921 37/08/016	835194007 608357173	2386839928 781.037989
100177 CAPE CANAVERAL HOSPITAL INC 100179 MENIORIAL HOSPITAL OF JACKSONVILLE	10/1/2021 1/1/2022	9/30/2022 12/31/2022	781437964 4854452146	171664502 456135295	115239241 490134333	232215197 2394151427	308886087 1345455798	25626352 199308549	86415218 425402039	112041570 624710588	43766778			373080816 3084014899	408357173 1770437247	781087989 4854452146
100180 ST. PETERSBURG GENERAL	5/1/2022	4/30/2023	1615018929	102644406	68713530	525738094	644796607	93966422	281803669	375770091				688418046	926600276	1615018322
100181 LARNIN COMMUNITY HOSPITAL 100183 CORAL GABLES HOSPITAL	1/1/2022 5/1/2022	12/31/2022 4/30/2023	333239292 1134753237	98990736 114510354	81145361 203516514	101540127 261245498	87348237 495027938	12954056 38905956	50251511 136057331	63205567 174963287			39254303	195639544 503667967	137599747 631085268	333239291 1134753235
100187 PALMETTO GENERAL HOSPITAL 100189 NORTHWEST MEDICAL CENTER	5/1/2022	4/30/2023 12/31/2022	2835973826 2796625165	296794207 262800475	444077122 287128121	1423839322 1489221328	681274729 875320190	100615407 41663656	175444995 105791870	276060402				1979254103 3818033703	856719726 980613061	2815973829 2798625164
100191 MEDICAL CENTER OF TRINITY	7/1/2022	6/30/2023	3845021814	307720847	260457990	1619835674	1640378788	41003656 70526468	253822894	324349362				1950973850	1893907573	3844881423
100200 SICOWARD HEALTH IMPERIAL POINT 100204 HCA FLORIDA NORTH FLORIDA HOSP	7/1/2022 3/1/2022	6/30/2023 2/28/2023	580717040 6894762154	117294849 630757451	70444734 507480564	191266138 3421743672	2427375D4 2110818224	224085032	86268664 621523688	86268664 845609720	21490006 14490429			261707100 4362622434	329006166 2732139582	\$90713466 6894761996
100206 MEMORIAL HOSPITAL OF TAMPA	11/1/2021	2/38/2023 10/31/2022 12/31/2022	1850520733	180594534	146907326	586312163	972161993	28728130	116711121	145439251	1.5490.629 66239278 1.1563700			762025676	1098795057	6894761996 1850820733 5329336422
100209 HCA FLORIDA KENDALL HOSPITAL 100211 ADVINTHEALTH DARE CITY	1/1/2022	12/31/2022	5330573080	541234879	515278991	2886684226	1389070820	229576866	308625519	538302385	11663700			3631738077	1697598345	5329336422
100212 HCA FLORIDA DCALA HOSPITAL	9/1/2021	8/31/2022	6614768069	693094344	381109650	3482134617	2145833635	177191147	428499020	605690167				4640822106	2573945963	6614768069
100213 HCA FL BLAKE HOSP/TAL 100217 SEBASTIAN RIVER MEDICAL CENTER	5/1/2022	4/30/2023 12/31/2022	2908042337 1141732593	301828669 120543775	345097935 45823170	1523873272 396242932	857316957 597853842	64109338	117638835	181748173 101812669		20510560		1933099496 471427312	974936841 670310281	2908036337 1141732593
100220 GULF COAST MEDICAL CENTER	10/1/2021	9/30/2022	3363584951	664127078	402935115	1669524016	959690908	145519644	185915268	331434912			9087296	2214162936	1051134870	3265297805
100223 HCA FLFT WALTON-DESTIN HOSP 100224 HCA FLORIDA WOODMONT HOSPITAL	6/1/2022 5/1/2022	5/31/2023 4/30/2023	4053563676 1878169808	361288825 171652849	223162854 323444133	1942511876 307856699	1501304176 526532078	86524063 75758524	300058707 144578374	386582770 220336898	18044639 112385342	10199077 28431318		2252401364 1207054009	1801160312 671115799	4053561676 1878169808
100226 HCA FLORIDA DRANGE PARK HOSPITAL	7/1/2022	6/30/2023	5150711574	419399271	\$45468252	2560126080	1298253555	212812644	534050148	745862787	36382997	20603457		3319218365	1531498209	5350711574
100228 HCA FLORIDA WESTSIDE HOSPITAL 100230 MEMORIAL HOSPITAL PEMBROKE	2/1/2022 5/1/2022	1/31/2023 4/30/2023	3078913049 1328414185	317282923 193891414	322589023 165576232	1665350488 454377506	916650498	44896529	129926511 708460447	174323040 20%/60447				2082853575 613881746	106559474 672231900	3078913049 1286113646
100231 HCA FLORIDA WEST HOSPITAL	6/1/2022	5/31/2023	3869723474	409497784	338178770	1541635682	1552656619	90159510	347092893 142007592	437252403		47810674		1969731842	1908228016	3877959858
100232 HCA FLORIDA PUTNAM HOSPITAL 100236 HCA FL FAWCETT HOSPITAL	9/1/2021 1/1/2022	8/31/2022 12/31/2022	774162192 2723791982	80445629 191962397	53689290 193174838	270593101 1379104885	274506288 821453169	33415921 100527669	229220511	175423513 329748180		10949741		357648312 1672891574	416513880 1050589498	774162192 2723481072
100238 HCA FLORIDA NORTHSIDE HOSPITAL 100242 HCA FLORIDA GULF CDAST HOSPITAL	10/1/2021 2/1/2022	9/30/2022 1/31/2023	2072509117 3414006091	171007758 317D15617	161842841 263782035	1094704421 1342066820	640724817 1394679240	88577218 69190517	86659815 344289495	175237003 413479963				1345205370 1675159688	727303742 1785630038	2072509112 3460789726
100243 HCA FLORIDA BRANDON HOSPITAL	1/1/2022	12/31/2022	5383158911	480908173	301133274	2355123376	2131928387	83839532	511134332	594973864				2740235640	2642923261	5383158901
100244 CAPE CORAL HOSPITAL	10/1/2021	9/3D/2022	1805711368	382137517	217472567	665538414	690150019	79343889	153206379	232550368				969833220	772413520	1742246740

141403777 95820767 46484507 13292974 15481483 72485121 140890077 184749160 38903540 58300289 151149426 38096316 44720396 39812838 37955970 251948240 2519978734 446(149)92 2519978714 531997713 145165555 213660156 240901164 240901164 240901164 240901164 2131555 21316020182 21315520460 31315552 21315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520460 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 31315520 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100276 BROWARD HALTH COBL SPRINGS 100277 AMARI TWIN HEAT HSST TWIN HC. 100281 MRINDEAL HSST TAL WEST 100284 WEST CHER GENERAL WEST 100286 WENDERL HSST TAL MIRAMA 100286 BRINDEAL HSST TAL MIRAMA 100286 SPRINGER HSST TAL MIRAMA 100286 SPRINGER MICHAEL CHTTRE 100287 SPRINGER MICHAEL CHTTRE 100287 SCH CHERTER HST TAL MICHAEL HSST TAL 100287 SPRINGER SPRINGER HST TAL 100287 SPRINGER SPRINGER SPRINGER HST TAL 100287 SPRINGER SPRINGER SPRINGER SPRINGER SPRINGER 100287 SPRINGER SPRINGER SPRINGER SPRINGER SPRINGER SPRINGER 100287 SPRINGER SPRINGER SPRINGER SPRINGER SPRINGER 100287 SPRINGER SPRINGER SPRINGER SPRINGER SPRINGER SPRINGER 100287 SPRINGER SP

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10410 NIVER VORT BEHAVIORA HEALTH 10417 WINDROOK HEALTHOEAE 10422 CIRCLES OF CARE INC. 10426 ST. JUADBERALE INSPITAL 10440 CENTERSTANE OF FLORIDA. INC. 10449 SQUIMERNON VINDS HOSPITAL ILC 10449 SQUIMERNON KOSPITAL 10408 ST. AND FRYCHIATIK HOSPITAL 10408 THE WILLOUGH AT NARLES 10/1/2021 3/1/2022 10/1/2021

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104067         AURRELEG,TE MATTNERS INC         71/2022           104067         MEMOL CONTENLIC         71/2022           104067         MEMOL CONTENLIC         71/2022           10407         MEMOL CONTENLICONDEL HEALTH         71/2022	7/1/2022 6/30/2023 1/1/2022 12/31/2022 7/1/2022 6/30/2023 1/1/2023 12/31/2022 1/1/2023 12/31/2022 11/2023 12/31/2022 1/1/2023 12/31/2022 1/1/2022 12/31/2022	\30/2023 64219799 \/31/2022 37544598 \/30/2023 49702935 \/31/2022 128647850 \/31/2022 66725449 \/31/2022 60022000 \/31/2022 71105600	4219799 22895352 7944598 16396573 9702935 15088381 6421850 66243308 6723449 25018436 0092000 34749255 1105600 24203969	895352         51686800           398573         33475500           08881         4312239           263308         111208460           018436         47707000           749255         73737509	652500 10509766	L 2232910 1561825	1574265 2705729 7662090 4956621	8912200 1574265 2705729 7665000 4956621		21958699 51666800 33475504 46997205 111860482 47707000	244505886 8912200 1574265 2705730 6885000 4955621	
19663         WEINN GRWING CENTER LL         77/2022           19678         NOTR VIETS VIE (KerbStrik, LL)         72/2022           19678         NOTR VIETS VIE (KerbStrik, LL)         72/2023           19678         NOTR VIETS VIE (KerbStrik, LL)         72/2023           19678         NOTR VIETS V	7/1/2022 6/30/2023 1/1/2022 12/31/2022 7/1/2022 6/30/2023 1/1/2023 12/31/2022 1/1/2023 12/31/2022 11/2023 12/31/2022 1/1/2023 12/31/2022 1/1/2022 12/31/2022	\30/2023 64219799 \/31/2022 37544598 \/30/2023 49702935 \/31/2022 128647850 \/31/2022 66725449 \/31/2022 60022000 \/31/2022 71105600	4219799 22895352 7944598 16396573 9702935 15088381 6421850 66243308 6723449 25018436 0092000 34749255 1105600 24203969	895352         51686800           398573         33475500           08881         4312239           263308         111208460           018436         47707000           749255         73737509	10509766		1574265 2705729 7662090 4956621	1574265 2705729 7667000 4956621		51686800 33475504 46997205 111860960	8912200 1574265 2705730 9895000	
19/072 09/07 37 LUCE + HOFP/LA         1/1/2/22           19/072 09/07 37 LUCE + HOFP/LA         7/1/2/22           19/071 164 VINE + HOFP/LA         7/1/2/22           19/072 09/07 31 LUCE + HOFP/LA         1/1/2/22           19/072 09/07 144 HOFP/LA         1/1/2/22           19/072 00/07 14/104 09/07 14         1/1/2/22           10/073 14/07 144 09/07 14         1/1/2/22           10/074 19/107 144 09/074 14         1/1/2/22           10/075 14/076 14         1/1/2/22           10/075 14/076 14         1/1/2/22	1/1/2022 12/31/2022 7/1/2022 6/30/2023 13/2022 12/31/2022 11/1/2023 12/31/2022 13/2/2023 12/31/2022 13/2/2022 12/31/2022 13/2/2022 12/31/2022	1/31/2022         37944598           5/30/2023         49702935           5/31/2022         124647850           3/31/2022         66721449           1/31/2022         90092000           2/31/2022         71105600	7944598         16398573           9702935         15038381           8647850         46563308           6721449         25018436           0092000         8479255           1101600         24203909	398573 33475500 038381 43122239 263308 111208460 018436 47707000 749255 78737509	10509766		1574265 2705729 7662090 4956621	1574265 2705729 7667000 4956621		33475504 46997205 511860960	1574265 2705730 9895000	
104021 THE WWIS HORSTRAL         7/1/22/2           105021 CHITRAL AND KING HAVENDAL HEALTH         1/1/2023           104021 ALGREAD COST BE-MANDRAL HEALTH         1/1/2023           104021 SHORE AND KING HAVENDAL HEALTH         1/1/2023	7/1/2022 6/30/2023 1/5/2023 12/31/2022 1/5/2021 10/31/2022 1/5/2021 12/31/2022 1/5/2022 12/31/2022 1/5/2022 12/31/2022	5/30/2023 49702935 1/31/2022 124647850 1/31/2022 66723449 1/31/2022 90092000 1/31/2022 71103600	9702935 15038381 4647850 46263308 6721449 25018436 0092000 14749255 1101600 24203909	038381 43122239 263308 111208460 018436 47707000 749255 73737509	10509766		2705729 7662090 4955621	2705729 7662090 4956621		46997205 311860960	2705730 9895000	
10072         CENTRAL INCUILLA BUMAINDAL HALTH         1/1/2021           10072         EXERCIS CONST GENER VORS IN 105714,         1/1/2021           10074         EXERCIS CONST GENER VORS IN 105714,         1/1/2021           10075         EXERCIS AND EXEMPTIAL         1/1/2021           10076         EXERCIS AND EXEMPTIAL         1/1/2021	1/5/2023 12/31/2022 11/5/2023 10/31/2022 15/2023 12/31/2022 1/1/2022 12/31/2022 1/1/2022 12/31/2022	//31/2022 124647850 //31/2022 66721449 //31/2022 90092000 //31/2022 71101600	4647850 46263308 6721449 25018436 0092000 84749255 1101600 24203909	263308 111208460 018436 47707000 749255 73737509	10509766		7662090 4955621	7662090 4956621		111860960	9895000	
10072 S.MERAU C.OAST BE-MAYGRAL HOSPITAL         11/1/2021           184074 PARK ROYAL MOSPITAL         1/1/2022           18075 MORTH JAARA BEHAVKORAL HEALTH         1/1/2022           18075 MORTH JAARA BEHAVKORAL CENTER         1/1/2022           18078 MORTOS BEHAVKORAL HEALTH         1/1/2022           18078 SUPPOSE BEHAVKORAL CENTER         1/1/2022	11/3/2021 10/31/2022 1/3/2022 12/31/2022 1/3/2022 12/31/2022 1/3/2022 12/31/2022	0/31/2022 66721449 1/31/2022 90092000 1/31/2022 71101600	6721449 25018436 0092000 84749255 1101600 24203909	018436 47707000 749255 78737509	10509766		4956621	4956621				
104074 PARK ROYAL HOSPITAL 1/3/2022 104075 NORTH TAMPA BEHAVIORAL HEALTH 1/3/2022 104076 UNIVERSITY BEHAVIORAL CENTER 1/3/2022 104078 SUKVOLAST BEHAVIORAL HEALTH CENTER 1/3/2021	1/1/2022 12/31/2022 1/1/2022 12/31/2022 1/1/2022 12/31/2022	2/31/2022 90092000 2/31/2022 71103600	0092000 84749255 1101600 24203909	749255 73737509		1361825				47707000		
104075 NORTH TAMPA BEHANIORAL HEALTH 1/1/2022 104075 UNIVERSITY BEHANIORAL CENTER 1/1/2022 104075 SUNCOAST BEHANIORAL HEALTH CENTER 1/1/2021	1/1/2022 12/31/2022 1/1/2022 12/31/2022	2/31/2022 71101600	1101600 24203909			1361825						
104076 UNIVERSITY BEHAVIORAL CENTER 1/1/2022 104078 SUNCOAST BEHAVIORAL HEALTH CENTER 11/1/2021	1/1/2022 12/31/2022			102000 62555205				4482900		84247275	5844725	
104078 SUNCOAST BEHAVIORAL HEALTH CENTER 11/1/2021		/31/2022 58672360			6807204	1	1729000	1729009		69372600	1729000	
	11/1/2021 10/31/2022		8672350 21854892	854692 56383375						58383375		
104079 LARKIN COMMUNITY HOSPITAL BEHAVIORAL 1/1/2022		0/31/2022 22592318	2592318 8726025	726025 21388200			310545	310545	2312000	21388200	310545	
	1/1/2022 12/31/2022	2/31/2022 41591591	1591591 12418729	418729 37562714	4028877					41591591		
104080 CORAL SHORES BEHAVIORAL HEALTH 6/1/2022	6/1/2022 5/31/2023	/31/2023 42546850	2548850 15586272	586272 38005000			1058000	1058000		38005000	1058000	
104081 OGLETHORPE OF ORLANDO INC. 4/1/2022	4/1/2022 3/31/2023	3/31/2023 27178398	7178396 12641113	641113 25963500						25963500		
104082 PALM POINT BEHAVIORAL HEALTHCARE 11/1/2021	11/1/2021 10/31/2022	/31/2022 24788491	4788491 10158235	158235 23546600			148800	148800		23546600	148800	
104084 NEUROBEHAWORAL HOSPITAL OF THE PB 7/1/2022										25931500		

AHCA Medicaid ID	Medicaid ID in Programming	Medicaid ID	Provider Name	County	Medicare Cost Report CCN
10074900	10074900	10074900	Baptist Hosp	Escambia	100093
10074900	10074903	i	Baptist Hospital Behavioral Medicine Cen	Escambia	(
11132500	11132500		Fort Walton Beach Med Ctr	Okaloosa	100223
10188500	10188500	10188500	Healthmark Regional Med Ctr	Walton	100081
10173700	10173700			Santa Rosa	100048
10126500	10126500		North Okaloosa Med Ctr	Okaloosa	100122
10076500	10076500		Sacred Heart Hosp	Escambia	100025
10323300	10323300		Sacred Heart Emerald Coast	Walton	100292
10174500	10174500		Santa Rosa Med Ctr	Santa Rosa	100124
10125700	10125700		Twin Cities Hosp	Okaloosa	100054
11321200	11321200		West Florida Hosp	Escambia	100231
10006400	10006400		Bay Med Ctr Sacred Heart Hith Sys	Bay	100026
10026900	10026900		Calhoun Liberty Hosp	Calhoun	101304
10026900	5955000		Calhoun Liberty Hospital	Calhoun	101304
11980600	11980600		Capital Regional Med Ctr	Leon	100254
10103600	10103600		Doctors Memorial Hosp - Public	Holmes	101307
10103600	10103603		Doctors Memorial Hospital	Holmes	
10180000	10180000		Doctors Memorial Hosp	Taylor	100106
10080300	10080300	10080300	George E. Weems Memorial Hosp	Franklin	101305
11761700	11761700		Gulf Coast Regional Med Ctr	Bay	100242
10275000	10275000		Encompass Emerald Coast Rehab Hosp	Bay	103040
12033200	12033200	12033200	Encompass Rehab Hosp Tallahassee	Leon	103033
10106100	10106100		Jackson Hosp	Jackson	100142
10115000	10115000		Madison County Memorial Hosp	Madison	10131
10190700	10190700	10190700	Northwest Florida Community Hosp	Washington	101308
2012700	2012700		Sacred Heart on the Gulf	Gulf	100313
10113300	10113300	10113300	Tallahassee Memorial Hosp	Leon	10013
10113300	16912300	1	Tallahassee Memorial Hosp	Leon	10013
10113300	11397100	1	Tallahassee Memorial Hosp	Leon	10013
10087100	10087100	10087100	Bayfront Health Brooksville	Hernando	10007
10219900	10219900	10219900	Citrus Memorial Hosp	Citrus	10002
10219900	350894		Citrus Memorial Hosp	Citrus	100023
10109500	10109500		AdventHealth Waterman	Lake	10005
10353500	10353500		Kindred Hosp - Ocala	Marion	102019
10822700	10822700	10822700	Lake Butler Hosp	Union	101303
11976800	11976800	11976800	Lake City Med Ctr	Columbia	100156
10107900	10107900		Leesburg Regional Med Ctr	Lake	100084
10117600	10117600		AdventHealth Ocala	Marion	100062
10862600	10862600		North Florida Regional Med Ctr	Alachua	100204
12007300	12007300		Oak Hill Hosp	Hernando	100264
10988600	10988600		Ocala Regional Med Ctr	Marion	100212
11351400	11351400	11351400	Putnam Community Med Ctr	Putnam	100232
11351400	16892900	1	Putnam Community Hosp	Alachua	100232
10114100	10114100		Regional General Hosp Williston	Levy	10032
11998900	11998900	11998900	Seven Rivers Regional Med Ctr	Citrus	100249
10033100	10033100		Shands Lake Shore Regional Med Ctr	Columbia	100102
11976800	10179600		Shands Live Oak Regional Med Ctr	Suwannee	10130
10862600	10007200	10007200	Shands Starke Regional Med Ctr	Bradford	10131
10108700	10108700	10108700	South Lake Hosp	Lake	10005
10317900	10317900	10317900	The Villages Regional Hosp	Sumter	100290
10003000	10003000	10003000	UF Health Shands Hosp	Alachua	100113
10003000	10003002		UF Health Shands Hosp	Alachua	100113
10003000	10003003		UF Health Shands Hosp	Alachua	100113

10003000	10003004		UF Health Shands Hosp	Alachua	100113
10232600	10232600	10232600	Baptist Med Ctr - Beaches	Duval	100117
10064100	10064105		Baptist North	Duval	100088
10064106	10064106		Wolfson Childrens Hospital	Duval	
10123100	10123100		Baptist Med Ctr - Nassau	Nassau	100140
10064100	10064100		Baptist Med Ctr Jacksonville	Duval	100088
10183400	10183400		AdventHealth New Smyrna	Volusia	100014
10183400	24571100	10100100	AdventHealth New Smyrna	Volusia	100014
10004800	10004800	10004800	Ed Fraser Memorial Hosp	Baker	100134
10171100	10171100		Flagler Hosp	St. Johns	100090
10187700	10187700		AdventHealth Deland	Volusia	100045
10187700	6351900	10107100	Memorial Hospital-West Volusia Inc. Florida Hospital Deland	Volusia	100045
10182600	10182600	10182600	AdventHealth Fish Memorial	Volusia	100072
10189300	10189300		Adventhealth Palm Coast	Flagler	100118
10186900	10186900		AdventHealth Daytona Beach	Volusia	100068
10184200	10186900		Halifax Health Med Ctr	Volusia	100000
10072200	10072200		Mayo Clinic	Duval	100017
			Memorial Hosp Jacksonville	Duval	100151
10193100	10193100	10193100			100179
10193100	17391700	2222222	Memorial Hospital Jacksonville Inc.	Duval	40.4007
26002900	26002900		Northeast Florida State Hosp	Baker	104007
11174100	11174100	111/4100	Orange Park Med Ctr	Clay	100226
11174100	17395300		Orange Park Medical Center	Clay	
10647000	10647000		Specialty Hosp Jacksonville	Duval	102012
9701300	9701300		St. Vent's Med Ctr - Clay County	Clay	100321
10073100	10073100	10073100	St. Vent's Med Ctr Riverside	Duval	100040
10073100	10073102		Ascension St. Vincen'ts Riverside	Duval	100040
10373000	10373000		St. Vent's Med Ctr Southside	Duval	100307
10067600	10067600	10067600	UF Health Jacksonville	Duval	100001
10067600	16916800		Shands Jacksonville Med Ctr	Duval	
10151600	10151600	10151600	All Children's Hosp	Pinellas	103300
10151600	10151603		Johns Hopkins All Childrens Hospital	Pinellas	
10372100	10372100	10372100	Baycare Alliant Hosp	Pinellas	102021
10959200	10959200	10959200	AdventHealth Dade City	Pasco	100211
10156700	10156700	10156700	Bayfront Health - St Petersburg	Pinellas	100032
10156700	1774300		Bayfront Health St. Petersburg	Pinellas	
949600	949600	949600	AdventHealth Connerton	Pasco	102026
10161300	10161300	10161300	AdventHealth North Pinellas	Pinellas	100055
10161300	10163100		AdventHealth North Pinellas	Pinellas	100055
5456800	5456800	5456800	AdventHealth Wesley Chapel	Pasco	100319
10149400	10149400		AdventHealth Zephyrhills	Pasco	100046
10175300	10175300		Encompass Rehab Hosp of Largo	Pinellas	103037
10276800	10276800		Kindred Hosp - Bay Area - St Petersburg	Pinellas	0
11974100	11974100		Largo Med Ctr	Pinellas	100248
11974100	10299300		Largo Medical Center - Indian Rocks	Pinellas	100248
12008100	12008100	12008100	Mease Countryside Hosp	Pinellas	100043
10154100	10154100		Mease Dunedin Hosp	Pinellas	100265
10552000	10552000		Med Ctr of Trinity	Pasco	100191
10158300	10158300		Morton Plant Hosp	Pinellas	100137
10150800	10150800		Morton Plant North Bay Hosp	Pasco	100063
10150800	10150800	10100000	Morton Plant North Bay Hosp	Pasco	100003
10552000	13923800		Medical Center of Trinity West Pasco Campus	Pasco	
3300300	21249200		The Harbor	Pasco	
3300300	3300300		The Harbor		
		11000400		Pasco	404075
11669400	11669400	11009400	North Tampa Behav Hith	Pasco	104075
5456800	10693100		North Tampa Behav Hith	Pasco	104075

11519300	11519300	11519300	Northside Hosp	Pinellas	100238
12011100	12011100		Palms of Pasedena Hosp	Pinellas	100126
11988100	11988100		Regional Med Ctr Bayonet Point	Pasco	100256
12022700	12022700		St Anthony's Hosp	Pinellas	100067
12010300	12010300		St. Petersburg Gen Hosp	Pinellas	100180
10260100	10260100		AdventHealth Wauchula	Hardee	101300
10090100	10090100		AdventHealth Sebring	Highlands	100109
10089700	10089700		Highlands Regional Med Ctr	Highlands	100049
11807900	11807900		Brandon Regional Hosp	Hillsborough	100243
10094300	10094300		AdventHealth Carrollwood	Hillsborough	100069
10102800	10102800		AdventHealth Tampa	Hillsborough	100173
10102800	10102809	10102000	AdventHealth Tampa	Hillsborough	100173
12032400	12032400	12032400	H. Lee Moffitt Cancer Hosp	Hillsborough	100271
12032400	12032400		H. Lee Moffitt Cancer Hosp	Hillsborough	100271
10234200	10234200		Kindred Hosp - Bay Area - Tampa	Hillsborough	102009
10230000	10230000		Kindred Hosp - Central Tampa	Hillsborough	102013
11279800	11279800		Memorial Hosp Tampa	Hillsborough	100206
2576600	2576600		Shriner's Hosp for Children	Hillsborough	103303
11994600	11994600		South Bay Hosp	Hillsborough	100300
10098600	10098600		South Bay Hosp	Hillsborough	100233
100988000	10098000	10096000	South Florida Baptist Hosp Southern Baptist Hospital of FL	Duval	100132
10098600	950358		South Florida Baptist Hosp	Hillsborough	100132
10098000	10097800	10007900	St. Josephs Hosp	Hillsborough	100132
11984900	11984900		Tampa Community Hosp	Hillsborough	100073
10099400	10099400		Tampa General Hosp	Hillsborough	100230
10099400	10099400	10099400	Tampa General Hospital	Hillsborough	100120
11021300	11021300	11001000	Blake Med Ctr	Manatee	100213
10342000	10342000		Lakewood Ranch Med Ctr	Manatee	100213
10342000	10342000		Manatee Memorial Hosp	Manatee	100298
10116800	5048700	10110000			100030
12041300	12041300	40044000	Manatee Memorial Hosp Bartow Regional Med Ctr	Manatee Polk	100121
10228800	10228800		Advent Health Heart of Florida	Polk	10012
				Polk	100137
10166400	10166400		AdventHealth Lake Wales Med Ctr		100099
10164800	10164800		Lakeland Regional Med Ctr	Polk	100157
10169900	10169900	10169900	Winter Haven Hosp	Polk	100052
10169900	10169903	40000000	Winter Haven Hosp	Polk	40047
10009900	10009900		Cape Canaveral Hosp	Brevard	100177
10178800	10178800		Central Florida Regional Hosp	Seminole	100161
10129000	10129000	10129000	AdventHealth Orlando	Orange	100007
10129000	10129001		Florida Hospital Medical Center	Orange	
10129000	10129004	40405400	Adventist Health System Sunbelt, Inc.	Orange	400000
10135400	10135400		Health Central	Orange	100030
12042100	12042100		Encompass Sea Pines Rehab Hosp	Brevard	103034
10008100	10008100		Holmes Regional Med Ctr	Brevard	100019
1681500	1681500	1681500	Kindred Hosp - Melbourne	Brevard	102027
4087600	4087600		Nemours Children's Hosp	Orange	103304
10133800	10133800		Orlando Health	Orange	100006
10138900	10138900		Osceola Regional Med Ctr	Osceola	100110
109707000	109707000		HCA UCF Lake Nona	Orange	
3297500	3297500		Palm Bay Hosp	Brevard	100316
10010200	10010200		Parrish Med Ctr	Brevard	100028
9268300	9268300		Poinciana Med Ctr	Osceola	100320
10346200	10346200		St. Cloud Regional Med Ctr	Osceola	100302
3158800	3158800		Viera Hosp	Brevard	100315
10320900	10320900	10320900	Wuesthoff Med Ctr - Melbourne	Brevard	100291

10011100	10011100	10011100	Wuesthoff Med Ctr - Rockledge	Brevard	100092
10011100	21469200	10011100	Steward Rockledge Hospital	Brevard	
10028500	10028500	10028500	Bayfront Health Port Charlotte	Charlotte	100077
10027700	10027700		Bayfront Health Punta Gorda	Charlotte	100047
10027700	10027702	10021100	Riverside Behavior Cntr	Charlotte	100017
11971700	11971700	11071700	Cape Coral Hosp	Lee	100244
10192300	10192300		Desoto Memorial Hosp	Desoto	100175
11995400	11995400		Doctors Hosp of Sarasota	Sarasota	100166
10253900	10253900		Englewood Community Hosp	Sarasota	100100
11746300	11746300		Fawcett Memorial Hosp	Charlotte	100236
11134100	11134100		Gulf Coast Med Ctr Lee Memorial Hith Sys	Lee	100230
	12038300				100220
12038300			Encompass Rehab Hosp of Sarasota	Sarasota	
10086200	10086200	10086200	Hendry Regional Med Ctr	Hendry	101309
10086200	253668401		Hendry Regional Medical Center	Hendry	101309
10110900	10110900	10110900	Lee Memorial Hosp	Lee	100012
10110900	16917000		LMHS Rehab Hospital	Lee	100012
10111700	10111700	10111700	Lehigh Regional Med Ctr	Lee	100107
10031500	10031500	10031500	Naples Community Hosp	Collier	100018
10031500	1291384		Naples Community Hospital *Vtnf*	Collier	100018
104063	104063		The Willough at Naples	Collier	104063
16551100	10457100	10457100	Park Royal Hosp	Lee	104074
10314400	10314400	10314400	Physicians Regional Med Ctr - Pine Ridge	Collier	100286
10314400	10314401		Physicians Regional Med Ctr - Pine Ridge	Collier	100286
10176100	10176100	10176100	Sarasota Memorial Hosp	Sarasota	100087
11973300	11973300	11973300	Venice Regional Med Ctr	Sarasota	100070
10140100	10140100	10140100	Bethesda Hosp East	Palm Beach	100002
10140100	10140107		Bethesda Hosp East	Palm Beach	
10141900	10141900	10141900	Boca Raton Regional Hosp	Palm Beach	100168
12009000	12009000		Delray Med Ctr	Palm Beach	100258
10152400	10152400		Good Samaritan Med Ctr	Palm Beach	100287
12034100	12034100		Encompass Treasure Coast Rehab Hosp	Indian River	103032
10104400	10104400		Indian River Med Ctr	Indian River	100105
10146000	10146000		JFK Med Ctr	Palm Beach	100080
10146000	12030800		JFK Medical Center North Campus	Palm Beach	
10146000	1666086		JFK Med Ctr	Palm Beach	
10146000	2266939		JFK Medical Center North Campus	Palm Beach	
12029400	12029400	12029400	Jupiter Med Ctr	Palm Beach	100253
417000	417000		Kindred Hosp - The Palm Beaches	Palm Beach	10225
417000	107352700		Kindred Hosp - The Palm Beaches	Palm Beach	102020
10144300	10144300		Lakeside Med Ctr	Palm Beach	100130
11969500	11969500		Lawnwood Regional Med Ctr & Heart Inst	St. Lucie	100130
11997100	17371000	11909000	HCA Health Services of Florida, Inc.	St. Lucie	100240
10118400	10118400	10110400	Martin Med Ctr	Martin	100044
		10116400			100044
10118400	259307600	10010500	Martin Memorial Medical Center	Martin	100044
10210500	10210500		Palm Beach Gardens Med Ctr	Palm Beach	100176
12026000	12026000	12026000	Palms West Hosp	Palm Beach	100265
12026000	1555302	44095655	Palms West Hosp	Palm Beach	40005
11975000	11975000		Raulerson Hosp	Okeechobee	100252
12001400	12001400		Sebastian Med Ctr	Indian River	100217
10148600	10148600	10148600	St Mary's Med Ctr	Palm Beach	100288
10148600	10148601		St Mary's Med Ctr	Palm Beach	
11997100	11997100		St.Lucie Med Ctr	St. Lucie	100260
10213000	10213000		Wellington Regional Med Ctr	Palm Beach	100275
12024300	12024300	12024300	West Boca Med Ctr	Palm Beach	100268
12024300	1068657		West Boca Medical Center	Palm Beach	100268

12040500	12040500	12040500	Broward Health Coral Springs	Broward	100276
10821900	10821900	10821900	Broward Health Imperial Point	Broward	100200
10821900	10821905		Broward General Hospital	Broward	100200
10012900	10012900	10012900	Broward Health Med Ctr	Broward	100039
10021800	10021800		Broward Health North	Broward	100086
10021800	10021803		Broward Health North	Broward	100086
10012900	582949		Broward Health Medical Center	Broward	100086
10012900	10012905		Broward General Medical Center - Phych	Broward	100086
10220200	10220200	10220200	Cleveland Clinic Hosp	Broward	100080
12027800	12027800		Encompass Sunrise Rehab Hosp	Broward	103028
10018800	10018800		Holy Cross Hosp	Broward	100020
10019600	10010600		Kindred Hosp - So FL - Ft. Lauderdale	Broward	102010
10191500	10191500		Kindred Hosp - So FL - Hollywood	Broward	102010
	19596400	10191500			(
10191500			Kindred Hospital Hollywood Sau	Broward	
29582516	29582516		Florida Palms Academy	Broward	
10345400	10345400		Memorial Hosp Miramar	Broward	100285
10222900	10222900		Memorial Hosp Pembroke	Broward	100230
10252100	10252100		Memorial Hosp West	Broward	10028
10020000	10020000		Memorial Regional Hosp	Broward	100038
10459100	10459100		Northwest Med Ctr	Broward	100189
12000600	12000600		Plantation General Hosp	Broward	10016
26004500	26004500	26004500	South Florida State Hosp	Broward	
10240700	10240700	10240700	St. Anthony's Rehab Hosp	Broward	(
11280100	11280100	11280100	University Hosp And Med Ctr	Broward	100224
11230500	11230500	11230500	Westside Regional Med Ctr	Broward	100228
12037500	12037500	12037500	Aventura Hosp And Med Ctr	Miami-Dade	100131
12037500	15433800		East Florida Division Inc. (HCA BH Facilities)	Miami-Dade	
10035800	10035800	10035800	Baptist Hosp of Miami	Miami-Dade	100008
10058700	17172200		Baptist Health Medical Plaza at Brickell	Miami-Dade	
10960600	10960600	10960600	Coral Gables Hosp	Miami-Dade	100183
10120600	10120600		Fishermen's Hosp	Monroe	10131
10270900	10270900		Encompass Rehab Hosp of Miami	Miami-Dade	103038
10041200	10041200		Hialeah Hosp	Miami-Dade	10005
10226100	10226100		Homestead Hosp	Miami-Dade	10003
10042100	10042100		Jackson Memorial Hosp	Miami-Dade	10012
12013800	12013800		Kendall Regional Med Ctr	Miami-Dade	10002
	12813800	12013600		Miami-Dade	10020
12013800		44000000	Kendall Regional Medical Center		
11993800	11993800		Kindred Hosp - So FL - Coral Gables	Miami-Dade	10010
12005700	12005700		Larkin Community Hosp	Miami-Dade	100181
10053600	10053600		Larkin Community Hosp Palm Springs	Miami-Dade	100050
10119200	10119200	10119200	Lower Keys Med Ctr	Monroe	100150
10119200	10119201		Lower Keys Med Ctr	Monroe	100150
10121400	10121400		Mariners Hosp	Monroe	10131:
10046300	10046300	10046300	Mount Sinai Med Ctr	Miami-Dade	100034
10046300	7175900		Mount Sinai Med Ctr	Miami-Dade	100034
10046300	17168800		Mount Sinai Med Ctr	Miami-Dade	100034
10060900	10060900		Nicklaus Children's Hosp	Miami-Dade	10330
10049800	10049800	10049800	North Shore Med Ctr	Miami-Dade	10002
10049800	10049807		Florida Medical Center A Campus of North Shore	Miami-Dade	
10049800	618548		Florida Medical Center A Campus Of North	Miami-Dade	
10460400	10460400	10460400	Palmetto General Hosp	Miami-Dade	10018
10460400	1927444		Palmetto General Hosp	Miami-Dade	10018
10058700	10058700	10058700	South Miami Hosp	Miami-Dade	10015
12002200	12002200		St Catherine's Rehab Hosp	Miami-Dade	10302
10047100	10047100		University of Miami Hosp And Clinics	Miami-Dade	10007

3226500	3226500	3226500	West Kendall Baptist Hosp	Miami-Dade	100314
10170200	10170200	10170200	West Gables Rehab Hosp	Miami-Dade	103036
10271700	10271700	10271700	Brooks Rehabilitation Hospital	Duval	103039
17079000	17079000	17079000	Central Florida Behavioral Hospital	Orange	104072
17079000	105087900		Central Florida Behavioral Hospital	Orange	(
17079000	1049900		Central Florida Behavioral Hospital	Orange	(
17079000	17138100		Central Florida Behavioral Hospital	Orange	(
17707300	17707300	17707300	Community Health of South Florida Inc	Miami-Dade	(
17738500	17738500		David Lawrence Center	Collier	(
10354300	10354300		Doctors Hospital	Miami-Dade	100296
10277600	10277600		Douglas Gardens Hospital	Miami-Dade	10027
10357800	10357800		Fort Lauderdale Hospital	Broward	104020
10357800	7648100	10007000	Fort Lauderdale Hospital	Broward	
10042100	10042102	17400900	Jackson North Medical Center	Miami-Dade	10002
10042100	10042136	11400000	Jackson South Medical Center	Miami-Dade	100021
10042100	4821000		PHT JMH Inpatient Psych Unit	Miami-Dade	(
10042100	14818200		PHT Jackson Memorial Hospital	Miami-Dade	
10042146	10042146		Phtrosie Lee Weslev	Miami-Dade	(
10042100	10042140		Jefferson Reaves Health Center	Miami-Dade	(
10042100	10042127		PHT Rafaela Penalver Clinic	Miami-Dade	(
10042139	10042134			Miami-Dade	
10042109	16205800		PHT JMH Inpatient Psych Unit		(
			PHT JMH Inpatient Rehab Unit	Miami-Dade	(
10042100	10042149		UHEALTH at Jackson Urgent Care Arch Creek	Miami-Dade	(
10042100	10042150		Public Health Trust of Miami-Dade County Florida DBA UHEALTH	Miami-Dade	(
10042100	10042154		Public Health Trust of Miami-Dade County Florida DBA UHEALTH	Miami-Dade	(
10042100	14042200		PHT North Dade Health Center	Miami-Dade	(
10042100	10042142		Prevention Education Treatment Pet Center	Miami-Dade	(
16431100	16431100		Landmark Hospital of Southwest Florida	Collier	102032
17634500	17634500		Mental Health Care, Inc.	Hillsborough	(
12000601	12000601	9728200	Mercy Hospital	Miami-Dade	10006
13968500	13968500	13968500	Miami Gardens Dialysis	Miami-Dade	102839
10012900	10012901	18288800	North Broward Hospital District	Broward	100039
21094100	21094100	21094100	Oviedo Medical Center	Seminole	100329
16551100	16551100	16551100	Park Royal Hospital	Lee	104074
17662800	17662800	17662800	Peace River Center	Polk	(
10074900	10074902	10074902	Gulf Breeze Hospital	Santa Rosa	10026
4805200	4805200	4805200	Port St. Lucie Hospital	St. Lucie	104070
4805200	110565400		Port St. Lucie Hospital	St. Lucie	(
24058800	24058800	24058800	River Point Behavioral Health	Duval	104016
24058800	23766500		River Point Behavioral Health	Duval	(
24058800	160001000		River Point Behavioral Health	Duval	
24058800	107799900		River Point Behavioral Health	Duval	(
17706400	17706400		Sma Behavioral Health Services	Volusia	(
16552600	16552600		Springbrook Hospital	Hernando	10405
16552600	110544900	10002000	Springbrook Hospital *Hospital*	Hernando	10-00
16552600	4819100		Springbrook Hospital	Hernando	
16972100	16972100	16972100	St John's Rehabilitation Hospital	Broward	10302
10097802	10097802		St. Joseph's Hospital	Hillsborough	10302
10097802	10097802	1003/002	St. Joseph's Hospital	Hillsborough	10007
10097802	1219956		St. Joseph's Hospital	Hillsborough	
		10004000			
		16924000			104078
104784700 104784700	13556900 110265500	16924000	Suncoast Behavioral Health Center Suncoast Behavioral Health Center	Manatee Manatee	104

16924000	104784700		Premier Behavioral Solutions of Florida, Inc. dba Palm Shores Behavioral Health Center	Manatee	C
70565016	70565916			Manataa	(
70565916 16684400	16684400	40004400	Palm Shores Behavioral Health Center	Manatee Palm Beach	104008
8589300	8589300		The Jerome Golden Center For Behavioral Health		104008
8589300	8138200	0009300	Wekiva Springs Center	Duval	
			Wekiva Springs Center	Duval	(
8589300	15006700	40000500	Wekiva Springs Center	Duval Miami-Dade	100284
10062500	10062500		Westchester General Hospital		100282
10823300	10823300	10823300	Windmoor Healthcare of Clearwater	Pinellas	
10823300	7649500		Windmorr Healthcare of Clearwater	Pinellas	(
10823300	889400		Windmoor Healthcare Inc	Pinellas	
10064100	10064107		Baptist Emergency Center Oakleaf	Duval	100088
9587500	9587500		Encompass Health Rehab Hospital an Affiliate of Martin Health	Martin	103044
14235500	14235500	14235500	Encompass Health Rehabilitation Hospital of Altamonte Springs	Seminole	103045
8369200	8369200	8369200	Encompass Health Rehabilitation Hospital of Ocala	Marion	103043
10355100	10355100		Encompass Health Rehabilitation Hospital of Spring Hill	Hernando	103042
10267900	10267900		Kindred Hospital-North Florida	Clay	10201
10356000	10356000		PAM Specialty Hospital of Sarasota	Sarasota	102018
16486300	16486300		Select Specialty Hospital - Daytona Beach	Volusia	102030
13854800	13854800		Select Specialty Hospital - Fort Myers	Lee	102029
10377200	10377200		Select Specialty Hospital - Gainesville	Alachua	102022
10337300	10337300		Select Specialty Hospital - Miami	Miami-Dade	10200
19556500	19556500		Select Specialty Hospital - Miami Lakes	Miami-Dade	10203
10339000	10339000		Select Specialty Hospital - Orlando (North Campus)	Orange	10200
10376400	10376400		Select Specialty Hospital - Palm Beach	Palm Beach	102023
10368300	10368300		Select Specialty Hospital - Pensacola	Escambia	102024
10374800	10374800		Select Specialty Hospital - Tallahassee	Leon	102020
13800200	13800200		Select Specialty Hospital - The Villages Inc	Sumter	102020
105750000	8135300		Emerald Coast Behav Hosp	Bay	104073
10060900	10060930	0100000	Nicklaus Children's Hosp	Miami-Dade	10330
10060900	4824700		Nicklaus Children's Hosp	Miami-Dade	10330
10060900	10060924		Nicklaus Children's Hosp	Miami-Dade	10330
10060900	10060925		Hialeah Outpatient Center	Miami-Dade	10330
10060900	10060926		Nicklaus Children's Hosp	Miami-Dade	10330
10060900	10060928		Nicklaus Children's Hosp	Miami-Dade	10330
10060900	10060934		Nicklaus Children's Hosp	Miami-Dade	10330
10060900	10060931		Nicklaus Children's Hosp	Miami-Dade	10330
10060900	10060933		Nicklaus Children's Hosp	Miami-Dade	10330
10060900	10060935		Nicklaus Children's Hosp	Miami-Dade	10330
10060900	10060935		Nicklaus Children's Hosp	Miami-Dade	10330
10060900	10060929		Nicklaus Children's Hosp	Miami-Dade	10330
10080900	10080932	10087101	Bayfront Health Spring Hill	Hernando	10330
10343800	10343800		SSH - Panama City	Bay	10007
16911900	16911900		Eastside Psvch Hosp	Leon	10201
16949600	16949600		Southern Winds Health	Miami-Dade	10403
10170200	3387400		West Gables Rehab Hosp	Miami-Dade	10404
16552300	16552300		Circles of Care	Brevard	10303
101334000	101334000		Palm Point Behavioral Health	Brevard	10402
101334000	110284400	101334000	Palm Point Behavioral Health LLC	Brevard	10400
22041500	22041500	22041500	Coral Shores Behavioral Health	Martin	10408
70694917	70694917		Sandy Pines	Martin	10406
17078300	17078300		Aspire Health Partners	Orange	10406
17078300	108981200	17076300	Aspire Health Partners Aspire Health Partners	Orange	104067
L/U/OaUU	1009012001		Aspire ricalur Falliers	l'unique	

360086617	360086617	360086617	University Behav Ctr	Orange	10407
160000100	160000100	160000100	Ocala Behavioral Health LLC dba The Vines Hospital	Marion	10407
160000100	7648700	7648700	Vines Hospital	Marion	10407
160000100	17009100	17009100	Vines Hospital	Marion	10407
10064100	10064104		Baptist Emergency Town Center	Duval	
15775700	15775700	15775700	Larkin Community Hosp Behav	Broward	10407
105531100	105531100		HH UF Health Medical Ctr Of Deltona	Volusia	10033
104018	104018		LifeStream Hospital	Lake	10401
10357800	114037400		*Yctv* Fort Lauderdale Behavioral He	Broward	104026
10959200	109592		ADVENTHEALTH DADE CITY	Pasco	100211
10186900	216403		ADVENTHEALTH DAYTONA BEACH	Volusia	100068
10228800	8648		ADVENTHEALTH HEART OF FLORIDA	Polk	100137
10129000	17273000		ADVENTHEALTH KISSIMMEE	Orange	100007
10117600	00Q020415		ADVENTHEALTH OCALA	Marion	100062
10129000	101290		ADVENTHEALTH ORLANDO	Orange	100007
10102800	101028		ADVENTHEALTH TAMPA	Hillsborough	
10260100	2954700		ADVENTHEALTH WAUCHULA	Hardee	101300
10149400	101494		ADVENTHEALTH ZEPHYRHILLS	Pasco	100046
10151600	958462		ALL CHILDRENS HOSPITAL INC	Pinellas	103300
16911900	4821900		Apalachee Center, Inc.	Leon	104059
10133800	722066		ARNOLD PALMER HOSPITAL FOR CHILDREN INC	Orange	100006
10076500	910356		ASCENSION SACRED HEART PENSACOLA	Escambia	100025
10076500	420023300		Ascension Sacred Heart Pensacola*Yse	Escambia	100025
10073100	59720506		ASCENSION ST VINCENTS RIVERSIDE	Duval	100023
17078300	11030400		ASPIRE HEALTH PARTNERS INC	Orange	104067
17078300	60379101		ASPIRE HEALTH PARTNERS INC. HOSP	Orange	104067
11280100	4781601		Atrium Health Lincoln	Broward	100224
10064100	10064103		BAPTIST CLAY	Duval	100224
10035800	2886377		BAPTIST CLAT BAPTIST HOSPITAL OF MIAMI	Miami-Dade	
10232600	102326		BAPTIST HOSPITAL OF MIAMI BAPTIST MEDICAL CENTER - BEACHES INC	Duval	100008
10064100	16701600		BAPTIST MEDICAL CENTER - BEACHES INC	Duval	100088
	101231				100088
10123100	101231		BAPTIST MEDICAL CENTER NASSAU	Nassau	100140
10140100			BETHESDA HOSPITAL WEST		
10141900	75233380		BOCA RATON REGIONAL HOSPITAL	Palm Beach	
10012900	5030500		BROWARD GENERAL MEDICAL CENTER INC	Broward	100039
10012900	60624736		BROWARD GENERAL MEDICAL CENTER INC	Broward	100039
10009900	1907212		CAPE CANAVERAL HOSPITAL INC	Brevard	100177
10027700	11002770		CHARLOTTE REGIONAL MED CTR INC	Charlotte	100047
16552300	60291400		Circles of Care	Brevard	104024
16552300	60291408		CIRCLES OF CARE	Brevard	104024
16552300	113484600		Circles Of Care*Hospital*	Brevard	104024
10220200	768616		CLEVELAND CLINIC FLORIDA HEALTH SYSTEM	Broward	100289
11280100	112602200		DAVIE MEDICAL CENTER, LLC	Broward	100224
12009000	15555100		Delray Medical Center Inc	Palm Beach	
10192300	193000360		DESOTO MEMORIAL HOSPITAL	Desoto	100175
10354300	79206590		DOCTORS HOSPITAL	Miami-Dade	
16911900	110718500		Eastside Psychiatric Hospital*Sscz*	Leon	104059
105750000	113585200		Emerald Coast Behavioral Hospital LI	Bay	104073
105750000	105750000		Emerald Coast Behavioral Hospital Ll	Bay	104073
10171100	273892900		FLAGLER HOSPITAL INC	St. Johns	100090
10049800	9657800		FLORIDA HOSP MED CENTER	Miami-Dade	100029
5456800	218632	218632	FLORIDA HOSP WESLEY CHAPEL	Pasco	100319
10171100	5337662		FLORIDA HOSPITAL FLAGLER	St. Johns	100090
10357800	10822800		FORT LAUDERDALE HOSPITAL	Broward	104026
	112756500		FORT LAUDERDALE HOSPITAL, INC	Broward	104026

10080300	5482800	5482800	George E Weems Memorial Hospital	Franklin	101305
10184200	0101842-0	0101842-0	HALIFAX HEALTH	Volusia	100017
3300300	24442600	24442600	HARBOR	Pasco	0
11988100	30951	30951	HCA FLORIDA BAYONET POINT HOSPITAL	Pasco	100256
11021300	16932900	16932900	HCA FLORIDA BLAKE HOSPITAL	Manatee	100213
11132500	10703460	10703460	HCA FLORIDA DESTIN-FORT WALTON HOSPITAL	Okaloosa	100223
10089700	96940160	96940160	HCA FLORIDA HIGHLANDS HOSPITAL	Highlands	100049
10146000	3305144	3305144	HCA FLORIDA JFK HOSPITAL	Palm Beach	100080
10146000	90571827	90571827	HCA FLORIDA JFK NORTH HOSPITAL	Palm Beach	100080
12000601	16488200	16488200	HCA FLORIDA MERCY HOSPITAL	Miami-Dade	100061
10146000	84176601	84176601	HCA FLORIDA NORTH FLORIDA HOSPITAL	Palm Beach	100080
11280100	4835900	4835900	HCA FLORIDA WOODMONT HOSPITAL	Broward	100224
10188500	38030000	38030000	Healthmark Regional Medical Center *	Walton	100081
10008100	4418162	4418162	HOLMES REGIONAL MEDICAL CENTER	Brevard	100019
10821900	4812600	4812600	IMPERIAL POINT MED CTR INC	Broward	100200
10106100	660233900	660233900	Jackson Hospital *Ryfu*	Jackson	100142
10042100	10042101	10042101	Jackson Memorial Hospital *Par Ho	Miami-Dade	100022
10042100	109041400	109041400	JACKSON WEST MEDICAL CENTER	Miami-Dade	100022
10146000	17392000	17392000	Jfk Medical Center	Palm Beach	100080
12029400	3040607	3040607	JUPITER MEDICAL CENTER INC	Palm Beach	100253
12013800	17391400		Kendall Medical Center-Psychiatric U	Miami-Dade	100209
12013800	920004		KENDALL REGIONAL MEDICAL CENTER	Miami-Dade	100209
10019600	112989700	112989700	Kindred Hospital - Ft Lauderdale	Broward	102010
10191500	113005800	113005800	Kindred Hospital - Hollywood	Broward	0
10822700	10822701	10822701	Lake Butler Hospital *Hospital Wkht*	Union	101303
10822700	131662160		LAKE BUTLER HOSPITAL HAND SURGERY CTR	Union	101303
17078300	11030401		LAKESIDE BEHAVIORAL HLTHCR	Orange	104067
17078300	60379100		LAKESIDE BEHAVIORAL HLTHCR	Orange	104067
12005700	3802000		Larkin Community Hospital	Miami-Dade	100181
15775700	129449160		LCH PALM SPRINGS CAMPUS	Broward	104079
11134100	5850500		LEE MEMORIAL HOSPITAL	Lee	100220
10107900	10038100		LEESBURG REGIONAL MEDICAL CTR	Lake	100084
10111700	24570900		LEHIGH REGIONAL MEDICAL CENTER	Lee	100107
104018	4814700		LIFESTREAM BEHAVIORAL CENTER	Lake	104018
104018	11792500		LIFESTREAM BEHAVIORAL CENTER	Lake	104018
104018	17150700		LIFESTREAM BEHAVIORAL CENTER	Lake	104018
104018	60334108		LIFESTREAM BEHAVIORAL CENTER	Lake	104018
104018	60334100		LIFESTREAM BEHAVIORAL CENTER INC	Lake	104018
104018	112815000		Lifestream Behavioral Center, Inc *H	Lake	104018
10118400	961425		MARTIN MEDICAL CENTER	Martin	100044
12008100	693558		MEASE COUNTRYSIDE HOSPITAL INC	Pinellas	100043
10154100	1766316		MEASE DUNEDIN HOSPITAL	Pinellas	100265
10222900	53054960		MEMORIAL HOSPITAL PEMBROKE	Broward	100230
10222900	38184569		Memorial Hospital Pembroke *Ho 10634	Broward	100230
10252100	911039		MEMORIAL HOSPITAL WEST	Broward	100281
10252100	38184566		Memorial Hospital West *Ho*Egrr*	Broward	100281
10020000	9173580		Memorial Regional Hospital	Broward	100038
10020000	73151009		MEMORIAL REGIONAL HOSPITAL	Broward	100038
12000601	17070100		MERCY HOSPITAL CAMPUS OF PGH	Miami-Dade	
10150800	80665100		MORTON PLANT HOSPITAL INC	Pasco	100063
10046300	5138161		MOUNT SINAI MED CTR/MIAMI HEART INC	Miami-Dade	
10046300	10046322		MT SINAI MEDICAL CENTER HOSPITAL	Miami-Dade	
10060900	4596700		NICKLAUS CHILDRENS HOSPITAL	Miami-Dade	
10060900	4597200	4597200	NICKLAUS CHILDRENS HOSPITAL	Miami-Dade	103301

10060900	19423700	19423700 NICKLAUS CHILDRENS HOSPITAL	Miami-Dade	103301
10060900	371604009	371604009 NICKLAUS CHILDRENS HOSPITAL	Miami-Dade	103301
10862600	17420100	17420100 North Florida Regional Medical Cente	Alachua	100204
10190700	20282700	20282700 NORTHWEST FLORIDA CMMNTY HSP	Washington	101308
160000100	21894300	21894300 OCALA BEHAVIORAL HEALTH, LLC	Marion	104071
10108700	101087	101087 ORLANDO HEALTH CANCER INSTITUTE	Lake	100051
10133800	400100100	400100100 ORLANDO HEALTH DR P PHILLIPS HOSP	Orange	100006
10133800	53482506	53482506 ORLANDO HEALTH DK F FHILLIFS HOSP	Orange	100006
10138900	111111111	111111111 OSCEOLA REGIONAL HOSPITAL INC	Osceola	100110
10130900		TTTTTTTTUGGEOEA REGIONALTIOSPITAL INC	Osceola	100110
10210500	600212	600212 PALM BEACH GARDENS MED CENTER	Palm Beach	100176
16551100	111987900	111987900 PARK ROYAL HOSPITAL	Lee	104074
10010200	7835300	7835300 PARRISH MEDICAL CENTER	Brevard	100028
17662800	60310416	60310416 PEACE RIVER CENTER	Polk	0
17662800	103255300	103255300 PEACE RIVER CENTER	Polk	0
17662800	60310422	60310422 Peace River Center *Clinic 182109776	Polk	0
4805200	2283100	2283100 PORT ST LUCIE HOSPITAL	St. Lucie	104070
16924000	16924000	16924000 PREMIER BEHAVIORAL HEALTH OF	Manatee	0
10924000	16924000	FLORIDA	Manatee	0
16924000	113073700	113073700 PREMIER BEHAVIORAL SOLUTIONS OF FL	Manatee	0
10042100	8684600	8684600 PUBLIC HEALTH TRUST OF MIAMI DADE COUNTY FLORIDA	Miami-Dade	
10012100	0001000		Marin Bago	100022
24058800	75144816	75144816 RIVER POINT BEHAVIORAL HEALTH LLC	Duval	104016
10042146	10042119	10042119 ROSIE LEE WESLEY HEALTH CENTER	Miami-Dade	
70694917	697493	697493 SANDY PINES	Martin	104064
11995400	16125900	16125900 SARASOTA DOCTORS HOSPITAL	Sarasota	100166
10176100	112556100	112556100 SARASOTA MEMORIAL HOSPI TAL -	Sarasota	100087
	112000100	VENICE	earacora	100007
10003000	25834	25834 SHANDS AT THE UNIVERSITY OF FL INC	Alachua	100113
10067600	427198	427198 SHANDS JACKSONVILLE MED CTR	Duval	100001
10067600	779100	779100 SHANDS JACKSONVILLE MED CTR	Duval	100001
10067600	10067608	10067608 Shands Jacksonville Medical Center I	Duval	100001
10003000	87951700	87951700 Shands Teaching Hospital And Clinics	Alachua	100113
17706400	60311200	60311200 SMA Behavioral Health Services Inc*C	Volusia	0
17706400	4804000	4804000 SMA HEALTHCARE INC	Volusia	0
17706400	111751400	111751400 SMA HEALTHCARE INC	Volusia	0
10087100	324214101	324214101 SPRING HILL REGIONAL HOSPITAL LLC	Hernando	100071
16552600	2461600		Hernando Hernando	104057
10097802	1555348	2461600 SPRINGBROOK HOSPITAL		
	1555348 3022548	1555348 ST JOSEPHS HOSPITAL	Hillsborough	
10097802		3022548 ST JOSEPHS WOMENS HOSPITAL	Hillsborough	
10148600	16552700	16552700 ST. MARY'S MEDICAL CENTER, INC	Palm Beach	
10960600	13420161	13420161 STEWARD CORAL GABLES HOSPITAL	Miami-Dade	
10049800	714159	714159 STEWARD FLORIDA MEDICAL CENTER	Miami-Dade	
10460400	8686300	8686300 STEWARD PALMETTO GENERAL HOSPITAL	Miami-Dade	
10460400	46558560	46558560 STEWARD PALMETTO GENERAL HOSPITAL	Miami-Dade	
10113300	375270417	375270417 TALLAHASSEE MEMORIAL BEHAVIORAL HLT	Leon	100135
10113300	1736686	1736686 TALLAHASSEE MEMORIAL HEALTHCARE	Leon	100135
10099400	10099431	10099431 Tampa General Hospital *FI Par Hospi	Hillsborough	
10099400	10099414	10099414 Tampa General Medical Group Fcc Heal	Hillsborough	
10161300	10161303	10161303 TARPON SPRINGS HOSPITAL	Pinellas	100055
11669400	112097000	112097000 TEN BROECK TAMPA LLC	Pasco	104075
10151600	90521600	90521600 The Johns Hopkins Hospital	Pinellas	103300
10552000	108868400	108868400 Trinity Hospitals 1	Pasco	100191
10042100	10042151	10042151 UHEALTH AT JACKSON URGENT CARE NORTH DADE	Miami-Dade	
360086617	360086600	360086600 UNIVERSITY BEHAVIORAL	Orange	104076

360086617	360086616	360086616 UNIVERSITY BEHAVIORAL	Orange	104076
160000100	5117900	5117900 VINES HOSPITAL	Marion	104071
160000100	15006400	15006400 VINES HOSPITAL	Marion	104071
8589300	1086700	1086700 WEKIVA SPRINGS CENTER	Duval	104069
8589300	111018200	111018200 WEKIVA SPRINGS CENTER	Duval	104069
3226500	62806961	62806961 WEST KENDALL BAPTIST HOSPITAL	Miami-Dade	1003 <b>1</b> 4
10062500	16901300	16901300 WESTCHESTER GENERAL HOSPITAL	Miami-Dade	100284
104063	558190	558190 WILLOUGH AT NAPLES	Collier	104063
104063	109365100	109365100 Willough Healthcare, Inc	Collier	104063
10823300	15006800	15006800 WINDMOOR HEALTHCARE OF CLEARWATER	Pinellas	1040 <b>17</b>
10169900	17395500	17395500 WINTER HAVEN HOSPITAL INC	Polk	100052
10169900	60611100	60611100 WINTER HAVEN HOSPITAL INC	Polk	100052
10169900	91226589	91226589 WINTER HAVEN HOSPITAL INC	Polk	100052
10064106	100641	100641 WOLFSON CHILDRENS HOSPITAL	Duval	0
104081	104081	104081 The Blackberry Center	Osceola	104081
103449400	103449400	103449400 UF Health Rehab Hospital	Alachua	

## RE: RE: (Review by 1pm 4/8) Hold Harmless CIB

From: "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>

To: "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>

Cc: "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>, "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>

Date: Fri, 05 Apr 2024 19:39:01 +0000

Thanks, Henry. Have a great weekend, all.

From: Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov> Sent: Friday, April 5, 2024 3:31 PM To: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov> Cc: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov> Subject: (Review by 1pm 4/8) Hold Harmless CIB

Hi Rory-

The team has addressed OGC and OL comments on the Non-Enforcement CIB, Q+As, and the reactive. Clean versions are due to OCD by Monday 4/8. Please review by 1pm Monday 4/8 and let us know if you have any questions or would like to discuss.

Please note the reactive includes two comments where we're seeking your feedback. In both instances, we highlight 'defer to Rory' in our comment.

Links for review:

Working version of the CIB: Reactive Q+As

# Canceled: Canceled: Ohio Postpartum Benefits

Where:	https://cms.zoomgov.com/j	(b)(6)
When:	Tue Jun 25 20:30:00 2024 +00:00	
Until:	Tue Jun 25 21:00:00 2024 +00:00	
Organisers	"Kaminsky, Stephanie (CMS/CMCS)" <ste< th=""><th>phanie.kaminsky@cms.hhs.gov&gt;</th></ste<>	phanie.kaminsky@cms.hhs.gov>
Required Attendees:	"Kaminsky, Stephanie (CMS/CMCS)" <ste patrick.beatty@medicaid.ohio.gov "Howe, Rory (CMS/CMCS)" <rory.howe@u "Maccarroll, Amber (CMS/CMCS)" <ambeu "Silanskis, Jeremy (CMS/CMCS)" <jeremy "Jensen, Kirsten (CMS/CMCS)" "Arnold, Charlie (CMS/CMCS)" "Tisdale, Ryan (CMS/CMCS)" "Tisdale, Ryan (CMS/CMCS)" "Arnold, Charlie (CMS/CMCS)" "Tisdale, Ryan (CMS/CMCS)" "Arnold, Charlie (CMS/CMCS)" "Tisdale, Ryan (CMS/CMCS)" "Tisdale, Ryan (CMS/CMCS)" "Arnold, CMS/CMCS)" "Tisdale, Ryan (CMS/CMCS)" "Tisdale, Ry</jeremy </ambeu </rory.howe@u </ste 	phanie.kaminsky@cms.hhs.gov> cms.hhs.gov> r.maccarroll@cms.hhs.gov> v.silanskis@cms.hhs.gov> ensen@cms.hhs.gov> nold@cms.hhs.gov> e@cms.hhs.gov>
	"Gaskins, Sheri (CMS/CMCS)" <sheri.gasl "Cantwell, Kenya (CMS/CMCS)" <kenya.c "Covello, Jan (CMS/CMCS)" <jan.covello@ "Patrick.Beatty@medicaid.ohio.gov" <patri< th=""><th>antwell@cms.hhs.gov&gt; Dcms.hhs.gov&gt;</th></patri<></jan.covello@ </kenya.c </sheri.gasl 	antwell@cms.hhs.gov> Dcms.hhs.gov>
Attachments:	Ohio's Postpartum Proxy Methodology (1.3	

### **Ohio's Postpartum Proxy Methodology**

From: To:	"Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov> maureen.corcoran@medicaid.ohio.gov</stephanie.kaminsky@cms.hhs.gov>
Cc:	patrick.beatty@medicaid.ohio.gov, "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Jensen, Kirsten (CMS/CMCS)" <kirsten.jensen@cms.hhs.gov>, "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov></charlie.arnold@cms.hhs.gov></kirsten.jensen@cms.hhs.gov></amber.maccarroll@cms.hhs.gov></jeremy.silanskis@cms.hhs.gov></rory.howe@cms.hhs.gov>
Date:	Wed, 08 May 2024 17:08:59 +0000
Attachments:	OH 22 0021 Postpartum FMAP Approval Package OFFICIAL.pdf (1.24 MB)

Dear Ms. Corcoran,

I am reaching out regarding Ohio's postpartum proxy methodology SPA which was approved on 9/21/22, which allows Ohio to claim adult group Federal Medical Assistance Percentage for a portion of the individuals receiving 12- month postpartum coverage.

As you may be aware, there are certain benefits requirements that individuals must receive in order to claim adult group match. In our SHO# 21-007 RE: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP), we stated, "Under current law, states can claim the newly eligible FMAP for individuals if (1) the individual is eligible for the adult group under 42 C.F.R. § 435.119; (2) the individual is newly eligible, as defined in 42 C.F.R. § 433.204(a)(1); and (3) the individual is receiving benefits that meet the Alternative Benefit Plan requirements in section 1937 of the Act." <a href="https://www.medicaid.gov/sites/default/files/2024-01/postpartum-ext-faqs.pdf">https://www.medicaid.gov/sites/default/files/2024-01/postpartum-ext-faqs.pdf</a>

Moreover, on January 29, CMS released a set of frequently asked questions (FAQs) to supplement the 2021 State Health Official (SHO) letter "Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP). The FAQs can be found here: <u>https://www.medicaid.gov/sites/default/files/2024-01/postpartum-ext-faqs.pdf</u>. The FAQs include the following question and answer:

Q5. What benefits must a state cover during the extended postpartum period if the state implements a Centers for Medicare & Medicaid Services (CMS)-approved proxy methodology to claim the increased Federal Medical Assistance Percentage (FMAP) for the proportion of claims which, but for the postpartum extension, would be claimed at the newly eligible FMAP for the adult group (described at 42 C.F.R. § 435.119)?

A5. A state may choose to claim FMAP through a CMS-approved proxy methodology for the proportion of individuals who would become eligible for, and transition to, the adult group at the end of the mandatory 60-day postpartum period if the state conducted a redetermination. If electing this choice, a state must assure to CMS, by including an attestation in the FMAP SPA described in SHO #21-007, that the benefit package provided for all individuals through the postpartum extension complies with section 1937 of the Act, including the provision of essential health benefits (EHBs), compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), and the absence of cost sharing for preventive services meeting the definition of an EHB. CMS is available for technical assistance to states in determining compliance with section 1937 requirements.

As we do not believe we discussed these ABP benefit requirements with you when we were processing Ohio's postpartum proxy SPA, we would like to set up a call with you and your team to discuss further.

Please let us know your availability for a call to discuss the requirements and Ohio's current practices.

Thanks very much.

Stephanie Kaminsky

Stephanie Kaminsky	/   Senior Policy Advisor, Financial Management Group   CENTERS FOR MEDICARE & MEDICAID SERVICES
desk 410.786.4653   cell	(b)(6) email: stephanie.kaminsky@cms.hhs.gov

# TABLE OF CONTENTS

State/Territory Name: Ohio

State Plan Amendment (SPA) #: OH-22-0021

- 1) Approval Letter
- 2) Approved Postpartum FMAP SPA pages
- 3) CMS 179 with pen/ink changes

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



Financial Management Group Division of Financial Policy & Oversight

September 21, 2022

Maureen M. Corcoran Medicaid Director Ohio Department of Medicaid 50 W. Town Street, Suite 400 Columbus, Ohio 43215

Dear Ms. Corcoran:

Enclosed for your records is an approved copy of the following state plan amendment (SPA).

Transmittal OH-22-0021:

- This SPA authorizes increased federal financial participation (FFP) for newly-eligible individuals receiving postpartum coverage and further includes the addition of Attachment D, which describes the special circumstances and other proxy adjustments that are applied to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible FFP under section 1905(y) of the Social Security Act;
- This SPA is effective April 1, 2022

The state will be responsible for tracking and aggregating the extended postpartum population claims, which should be based on the population used to derive the proxy percentage. The extended postpartum claims will be a portion of the claims ("affected expenditures") reported across many Categories of Service (COS) lines and integrated with claims from other populations. The state will need to apply the proxy percentage to the affected expenditures by COS line outside the Form CMS-64. Ultimately, the state will claim the portion of the expenditures at the newly eligible FMAP, as determined under the proxy methodology, on the Form CMS-64.9VIII series by COS line, and the non-VIII Group portion on the Form CMS-64.9 series by COS line. The state should make available all documentation to support expenditures calculated based on the proxy methodology at the time it files the Form CMS-64.

If you would like to discuss further, please contact either financial analyst, Yvette Moore at (667) 290-9825 or Medicaid financial branch chief, Stuart Goldstein at (410) 786-0694.

Sincerely, Charlie L. ^{Digitally signed by} Charlie L. ^{Arnold -S} Arnold -S ^{Date: 2022.09.21} Charlie Arnold Director Division of Financial Policy & Oversight

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMD NU. 0430-0133		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER       2. STATE         2       2       0       2       1       0       H         3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT       XIX       XXI		
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 04/01/2022		
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)		
42 CFR 433.204(a)(1), 42 CFR 433.206(g)	a FFY 2022 \$ 16,550,000 b FFY 2023 \$ 33,100,000		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
Supplement 18 to Attachment 2.6-A Pages 4 and 6	Supplement 18 to Attachment 2.6-A , Pages 4 and 6 (TN 13-031)		
Supplement 18 to Attachment 2.6-A, Attachment D (new)			
9. SUBJECT OF AMENDMENT Increased FMAP for Newly-Eligible Individuals Receiving Extended	I Postpartum Coverage		
10. GOVERNOR'S REVIEW (Check One) O GOVERNOR'S OFFICE REPORTED NO COMMENT O COMMENTS OF GOVERNOR'S OFFICE ENCLOSED O NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	• OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee		
	5. RETURN TO		
Theuren to Joron-	Greg Niehoff		
12. TYPED NAME MAUREEN M. CORCORAN	Ohio Department of Medicaid P.O. BOX 182709		
13. TITLE STATE MEDICAID DIRECTOR	Columbus, Ohio 43218		
14. DATE SUBMITTED June 30, 2022			
FOR CMS US			
	7. DATE APPROVED eptember 21, 2022		
PLAN APPROVED - ONE			
	9. SIGNATURE OF APPROVING OFFICIAL Charlie L. Arnold -S Digitally signed by Charlie L. Amoid -S Date: 2022.09.21 10:28:24-0400		
	1. TITLE OF APPROVING OFFICIAL Prector of Financial Policy		
22. REMARKS Pen & Ink Authorizations: Correction to Block 6 Block 6a - FFY 2022 \$0 Block 6b - FFY 2023 \$0			

FORM CMS-179 (09/24)

Instructions on Back

- 2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
- 3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
  - $\hfill\square$  Yes. The combined enrollment cap adjustment is described in Attachment C
  - □ No.
- 4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

# C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

- 1. The state:
  - Applies a special circumstances adjustment(s).
  - Does <u>not</u> apply a special circumstances adjustment.
- 2. The state:
  - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
  - Does <u>not</u> apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
- Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Approval Date -

9/12/2022

Effective Date – 04/01/2022

TN 22-021 Supersedes TN <u>13-031</u>

#### Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

#### ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A Conversion Plan Standards Referenced in Table 1
- □ Attachment B Resource Criteria Proxy Methodology
- □ Attachment C Enrollment Cap Methodology
- Attachment D Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E Transition Methodologies

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN 13-031

Approval Date –_____

#### Attachment D to Supplement 18 to Attachment 2.6A Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

Effective April 1, 2022, Ohio has elected the extended postpartum option, which extends postpartum coverage from 60 days to 12 months, under Sections 9812 and 9822 of the American Rescue Plan Act of 2021. The new extended postpartum coverage provides ongoing care that will reduce pregnancy-related deaths and severe maternal morbidity, and will improve continuity of care for chronic health conditions.

Ohio requests continuous enhanced federal financial participation (FFP) for individuals who remain on a Medicaid category under the new extended postpartum coverage for 12 months, who would have otherwise moved to the adult coverage group and been determined newly eligible, as described in 42 CFR 435.119, after the original 60-day period. This proxy methodology accounts for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible federal medical assistance percentage (FMAP) under section 1905(y) of the Social Security Act.

Prior to April 1, 2022, postpartum individuals with income at or below 133% but above 90% of the Federal Poverty Level (FPL), who were at least nineteen years old but less than sixty-five years old, no longer pregnant, not disabled, and not enrolled in Medicare Part A or Part B, would have been determined newly eligible and moved to the adult coverage group after receiving 60 days of postpartum coverage. Once moved to the adult coverage group, Ohio would have received enhanced FMAP for these individuals.

Based on 2018 data, 78,548 individuals in Ohio received postpartum coverage. Out of those individuals, 10,628 moved to the adult coverage group at some point within the ten months after 60 days postpartum. That count includes individuals who moved from any other category (not exclusive to the MAGI Pregnant Category) into the adult category at any time in the twelve months post-partum. For the individuals who moved to the adult coverage group after the 60-day postpartum period in 2018, they remained on that category for an average of 6.2 months. Ohio estimates that (10,628/78,564)*(6.2/10) =0.135278*0.62=0.083873, or 8.4%, of postpartum individuals would be otherwise eligible for coverage in the adult group and for the newly eligible FMAP after the 60-day postpartum period, but for the state's election of the extended postpartum coverage option.

Out of the 78,548 individuals who received postpartum coverage in 2018, approximately 21,919 were discontinued from all coverage categories within the first 12 months following delivery, though under the postpartum extension coverage, they will now have coverage.

TN: <u>20-021</u> Supersedes: TN: <u>NEW</u> Approval Date: _____09/12/2022

## RE: RE: For OGD Review: Due 05/15 SWIFT Brian Kemp

From:	"adams, lia (CMS/CMCS)" <lia.adams@cms.hhs.gov></lia.adams@cms.hhs.gov>
То:	"Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov></amber.maccarroll@cms.hhs.gov>
Cc:	"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov></rory.howe@cms.hhs.gov>
Date:	Fri, 10 May 2024 13:16:18 +0000
Attachments:	New SWIFT control: Kemp SWIFT ID SPS00524376 (1.6 MB)

Hi Amber – I typically put an earlier deadline for divisions when drafting a response to give OGD time to review. Confirming that the deadline is 05/15/2024. I put the 05/10 for divisions given the FMG All Staff.

Sorry for any confusion!

~ lia

From: Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov> Sent: Friday, May 10, 2024 9:14 AM To: adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov> Cc: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov> Subject: FW: For OGD Review: Due 05/15 SWIFT Brian Kemp

Hi Lia –

Quick question – yesterday we thought this was going to be due to OSORA today (5/10) but your email below indicates that it's not due until 5/15. Did we get an extension?

Thanks, Amber

From: Maccarroll, Amber (CMS/CMCS) Sent: Friday, May 10, 2024 8:17 AM To: adams, lia (CMS/CMCS) <<u>Lia.Adams@cms.hhs.gov</u>>; Howe, Rory (CMS/CMCS) <<u>Rory.Howe@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>>; Cc: Boston, Beverly (CMS/CMCS) <<u>Beverly.Boston@cms.hhs.gov</u>>; Arnold, Charlie (CMS/CMCS) <<u>Charlie.Arnold@cms.hhs.gov</u>>; Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>>; Clark, Jennifer (CMS/CMCS) <<u>Jennifer.Clark@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>> Subject: RE: For OGD Review: Due 05/15 SWIFT Brian Kemp

Thanks Lia. I made a few relatively minor edits. Rory will definitely need to review. When this goes back through swift, please be sure to flag that OGC needs to review as well.

Thanks, Amber

From: adams, lia (CMS/CMCS) <<u>Lia.Adams@cms.hhs.gov</u>> Sent: Friday, May 10, 2024 7:41 AM To: Howe, Rory (CMS/CMCS) <<u>Rory.Howe@cms.hhs.gov</u>>; Maccarroll, Amber (CMS/CMCS) <<u>Amber.MacCarroll@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>> Cc: Boston, Beverly (CMS/CMCS) <<u>Beverly.Boston@cms.hhs.gov</u>>; Arnold, Charlie (CMS/CMCS) <<u>Charlie.Arnold@cms.hhs.gov</u>>; Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>>; Clark, Jennifer (CMS/CMCS) <<u>Jennifer.Clark@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>> Subject: For OGD Review: Due 05/15 SWIFT Brian Kemp

Good morning,

DFP and Abby drafted a response to the incoming letter from several Governors on the recent tax CIB. Can you please review and let me know when it is approved to move forward NLT Wednesday, May 15th.

Draft Kemp Response Kemp Incoming

Thanks, Lia From: Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>> Sent: Thursday, May 9, 2024 4:04 PM To: adams, lia (CMS/CMCS) <<u>Lia.Adams@cms.hhs.gov</u>> Cc: Boston, Beverly (CMS/CMCS) <<u>Beverly.Boston@cms.hhs.gov</u>>; Arnold, Charlie (CMS/CMCS) <<u>Charlie.Arnold@cms.hhs.gov</u>>; Clark, Jennifer (CMS/CMCS) <<u>Jennifer.Clark@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Endelman [he/him], Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>>; Wolgast, Henry (CMS/CMCS) <<u>henry.wolgast@cms.hhs.gov</u>>; Fan, Kristin (CMS/CMCS) <<u>Kristin.Fan@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>> Subject: RE: Due Friday, May 10 : SWIFT Brian Kemp

Good afternoon Lia,

Attached please find a response I prepared with DFP. There are two flags in the document for awareness. Please let me know if you or R/A/J have questions!

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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From: adams, lia (CMS/CMCS) <<u>Lia.Adams@cms.hhs.gov</u>> Sent: Wednesday, May 8, 2024 11:42 AM To: Arnold, Charlie (CMS/CMCS) <<u>Charlie.Arnold@cms.hhs.gov</u>>; Clark, Jennifer (CMS/CMCS) <<u>Jennifer.Clark@cms.hhs.gov</u>>; Goldstein, Stuart (CMS/CMCS) <<u>STUART.GOLDSTEIN@cms.hhs.gov</u>>; Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>>; Endelman [he/him], Jonathan (CMS/CMCS) <<u>Jonathan.Endelman@cms.hhs.gov</u>>; Wolgast, Henry (CMS/CMCS) <<u>henry.wolgast@cms.hhs.gov</u>>; Fan, Kristin (CMS/CMCS) <<u>Kristin.Fan@cms.hhs.gov</u>>; Kaminsky, Stephanie (CMS/CMCS) <<u>Stephanie.Kaminsky@cms.hhs.gov</u>> Cc: Boston, Beverly (CMS/CMCS) <<u>Beverly.Boston@cms.hhs.gov</u>>; Howe, Rory (CMS/CMCS) <<u>Rory.Howe@cms.hhs.gov</u>>; Maccarroll, Amber (CMS/CMCS) <<u>Amber.MacCarroll@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>> Subject: Due Friday, May 10 : SWIFT Brian Kemp

Hi All,

We received an incoming letter from multiple Governors regarding the recent CIB and Managed Care rule regarding hold harmless

arrangements. Can you please draft a response prepped for the Administrator's signature by Friday, May 10th COB. Apologies for the quick turn around requested and please let me know if you have any timing concerns. Please note that this control was created by OS so there is not a ton of wiggle room here.

+ OGD for awareness given timing.

Thanks,

Lia

SWIFT Prep For Signature Task

Deadline: 5/15/2024

**Response Directions:** 

- Please open and review the documents on the web page linked below. Contact the sender of this email if you are unable to open the linked documents. Access to linked content may not be granted to recipients outside the agency.

Attachments:

## New SWIFT control: Kemp SWIFT ID SPS00524376

From: To:	"Kassel, Adeena (CMS/CMCS)" <adeena.kassel@cms.hhs.gov> "adams, lia (CMS/CMCS)" <lia.adams@cms.hhs.gov>, "Boston, Beverly (CMS/CMCS)" <beverly.boston@cms.hhs.gov></beverly.boston@cms.hhs.gov></lia.adams@cms.hhs.gov></adeena.kassel@cms.hhs.gov>
Cc:	"Randle, Ronetta (CMS/CMCS)" <ronetta.randle@cms.hhs.gov>, "Vuu, Allen (CMS/CMCS)" <allen.vuu@cms.hhs.gov>, "Smith, Toya (CMS/CMCS)" <toya.smith@cms.hhs.gov>, "Taylor, Kenneth (CMS/CMCS)" <kenneth.taylor@cms.hhs.gov>, CMS CMSO-Correspondence <cmso_correspondence@cms.hhs.gov></cmso_correspondence@cms.hhs.gov></kenneth.taylor@cms.hhs.gov></toya.smith@cms.hhs.gov></allen.vuu@cms.hhs.gov></ronetta.randle@cms.hhs.gov>
Date: Attachments:	Wed, 08 May 2024 14:43:01 +0000 PR-039533 - Multiple Governors - Apr 11 24.pdf (1.47 MB)

Good morning:

The attached has been assigned to FMG for Administrator signature. Response due 5/15/2024.

When submitting the response to OSG for processing, please include the names of the author and the clearing official. This information is required for clearance.

Please note: This control was created by the Office of the Secretary, therefore, timetables are non-negotiable and a response is required.

Thank you. Adeena



April 11, 2024

President Joseph R. Biden, Jr. The White House 1600 Pennsylvania Avenue, NW Washington, D.C. 20500

> Subject: Joint Governors' Response to CMCS Informational Bulletin entitled Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments & Document ID 2023-08961 - Proposed CMS Rule on Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality (CMS-2439-P)

Dear Mr. President,

We urge you to reconsider and immediately disavow policies included in a final Informational Bulletin and a proposed rule issued by the Centers for Medicare & Medicaid Services (CMS) that would devastate the Medicaid safety net for elderly and disabled adults, pregnant women, and millions of children in our states and across the country.

On February 17, 2023, CMS issued an Informational Bulletin entitled "Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments" (the "Bulletin"). Two months later, CMS issued a proposed rule for Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality. Both the Bulletin and rule set forth policies that change long-standing practices for how states fund the non-federal share of Medicaid payments.

The changes are overly prescriptive, administratively burdensome, and contrary to the interests of the Medicaid beneficiaries who receive services in our states and nation. The policies expand CMS's review authority beyond the express and limited prohibition of section 1903(w) of the Social Security Act. Moreover, the policies contradict prior CMS-approved program structures and impose on states heightened oversight burdens not supported by law. The Bulletin is currently the subject of ongoing litigation. Already, a federal court in Texas ruled that the Bulletin runs counter to decades of agency conduct, and to the statements of two agency employees who—more than 10 years apart—affirmed that the policies in the Bulletin were not the law. CMS should not attempt to subvert the judicial process by imposing controversial and poorly reasoned restrictions.

If CMS nevertheless forges ahead and implements these policies, Medicaid funding could be reduced by \$48 billion each year, impacting 49 states that rely on provider taxes to bolster their Medicaid programs. Suffering most would be states like Louisiana, Missouri, Texas, and Florida.

April 11, 2024 Page 2 of 2

Texas and Florida alone rely on provider taxes to support more than \$8 billion and \$2.6 billion, respectively, in critical Medicaid funding each year. Such reductions would harm critical healthcare systems serving our most vulnerable citizens, exacerbating disparities in care.

As Governors, we remain committed to protecting state flexibility in Medicaid financing, which assures our ability to continue offering high quality health care. Unfortunately, your administration's actions constitute an immediate threat to Medicaid funding and to our most vulnerable citizens.

We urge you to immediately abandon these misguided policies.

Sincerely,

Governor Brian Kemp State of Georgia

Governor Jeff Landry State of Louisiana

Governor Greg Abbott State of Texas

Governor Brad Little State of Idaho

Governor Mike Parson State of Missouri

Governor Kim Reynolds State of Iowa

Governor Kevin Stitt State of Oklahoma

Mars Gerelon

Governor Mark Gordon State of Wyoming



12

#### **State of Texas** Office of the Governor Austin, Texas 78711

OFFICIAL BUSINESS STATE OF TEXAS PENALTY FOR PRIVATE USE





President Joseph R. Biden, Jr.

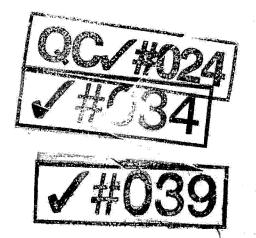
The White House

1600 Pennsylvania Avenue, NW

Washington, D.C. 20500

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485 APR 25 2024

# Call to discuss DRR procedures for non enforcement CIB (redistribution arrangements)

Where:	https://cms.zoomgov.com/j/	(b)(6)
When:	Thu Sep 12 15:30:00 2024 +00:00	
Until:	Thu Sep 12 16:00:00 2024 +00:00	
Organisers	CMS FMG Scheduler < fmg scheduling@cms.hhs.gov>	•
Required Attendees:	CMS FMG Scheduler < fmg scheduling@cms.hhs.gov>	
	"bennett, jerica (CMS/CMCS)" < jerica.bennett@cms.hh	
	"Benson, Deborah (CMS/CMCS)" <deborah.benson@c< th=""><th></th></deborah.benson@c<>	
	"Bromwell, Robert (CMS/CMCS)" <robert.bromwell@cr< th=""><th></th></robert.bromwell@cr<>	
	"Caughey, Tom (CMS/CMCS)" <tom.caughey@cms.hh< th=""><th>s.gov&gt;</th></tom.caughey@cms.hh<>	s.gov>
	"Dinh, Diana (CMS/CMCS)" <diana.dinh@cms.hhs.gov< th=""><th>·&gt;</th></diana.dinh@cms.hhs.gov<>	·>
	"Francis, James (CMS/CMCS)" <james.francis@cms.h< th=""><th></th></james.francis@cms.h<>	
	"Gavino, Ysabel (CMS/CMCS)" <maria.gavino@cms.hl< th=""><th></th></maria.gavino@cms.hl<>	
	"Harrison, Wendy (CMS/CMCS)" <wendy.harrison@cm< th=""><th>s.hhs.gov&gt;</th></wendy.harrison@cm<>	s.hhs.gov>
	"Holt, Blake (CMS/CMCS)" <blake.holt@cms.hhs.gov></blake.holt@cms.hhs.gov>	
	"James-Hailey, Novena (CMS/CMCS)" <novena.jamesl< th=""><th></th></novena.jamesl<>	
	"klein, matthew (CMS/CMCS)" <matthew.klein@cms.hl< th=""><th></th></matthew.klein@cms.hl<>	
	"Knight, Gary (CMS/CMCS)" <gary.knight@cms.hhs.go< th=""><th></th></gary.knight@cms.hhs.go<>	
	"Mack, Kristina (CMS/CMCS)" <kristina.mack-webb@c< th=""><th></th></kristina.mack-webb@c<>	
	"McGuire, Frankeena (CMS/CMCS)" <frankeena.mcgui< th=""><th></th></frankeena.mcgui<>	
	"Mcmillion, Todd (CMS/CMCS)" <todd.mcmillion@cms.< th=""><th></th></todd.mcmillion@cms.<>	
	"Michael, Lindsay (CMS/CMCS)" <li>lindsay.michael@cm</li>	
	"Moreth, James (CMS/CMCS)" <james.moreth@cms.h< th=""><th></th></james.moreth@cms.h<>	
	"Neiman, Monica (CMS/CMCS)" <monica.neiman@cm< th=""><th></th></monica.neiman@cm<>	
	"Raymundo, Joe (CMS/CMCS)" <joseph.raymundo@cr "Sampson, Tamara (CMS/CMCS)" <tamara.sampson@< th=""><th></th></tamara.sampson@<></joseph.raymundo@cr 	
	"Sebree, Fredrick (CMS/CMCS)" <fredrick.sebree@cm< th=""><th></th></fredrick.sebree@cm<>	
	"Smith, Josh (CMS/CMCS)" <lajoshica.smith@cms.hhs< th=""><th></th></lajoshica.smith@cms.hhs<>	
	"Spitler, Douglas (CMS/CMCS)" <douglas.spitler@cms< th=""><th></th></douglas.spitler@cms<>	
	"Storey, Christine (CMS/CMCS)" <christine.storey@cm< th=""><th>s hhs gov&gt;</th></christine.storey@cm<>	s hhs gov>
	"Wong, Mark (CMS/CMCS)" <mark.wong@cms.hhs.go< th=""><th>v&gt;</th></mark.wong@cms.hhs.go<>	v>
	"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov< th=""><th></th></rory.howe@cms.hhs.gov<>	
	"Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@< th=""><th></th></amber.maccarroll@<>	
	"Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@c< th=""><th></th></jeremy.silanskis@c<>	
	"Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hl< th=""><th></th></abigail.walker@cms.hl<>	
<b>Optional Attendees:</b>	"Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kamir< th=""><th>•</th></stephanie.kamir<>	•
	"Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov></kristin.fan@cms.hhs.gov>	
	"Endelman [he/him], Jonathan (CMS/CMCS)" <jonatha< th=""><th></th></jonatha<>	
Attachments:	CIB-DRRprocess cleanfinal forDRRmeeting.docx (37.	
	CIB_DRRanalystTPs_forDRRmeeting.docx (28.54 kB)	
	_ ,,	

On April 22, 2024, FMG released a CMCS Informational Bulletin (CIB) announcing that, until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. During this period of non-enforcement, we will be following additional procedures when reviewing tax-related items, included SPAs involving a tax. The workgroup has prepared process documentation (attached) that we will review during this meeting. These documents can be updated based on feedback if needed.

Abby

FMG_scheduling@cms.hhs.gov is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting https://cms.zoomgov.com/j/

(b)(6)

Meeting ID: (b)(6) Password: (b)(6) ror One tap mobile +16692545252, US (San Jose) (b)(6) +16468287666, US (New York) Dial by your location +1 669 254 5252 US (San Jose) +1 646 828 7666 US (New York) 833 435 1820 US Toll-free 833 568 8864 US Toll-free Meeting ID: (b)(6) Find your local number: https://cms.zoomgov.com/u/aeblyicjz1

Join by SIP Password: (b)(6) sip: (b)(6) @sip.zoomgov.com

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

#### SPA Process Planning – Nonenforcement CIB work

#### **Background:**

For the last several years, FMG payment SPA reviews have included non-federal share standard funding questions (SFQs) to states, the responses to which SPA analysts review. For funding derived from provider taxes (or healthcare related taxes), depending on experience and comfort levels, analysts have historically attempted to determine if the provider tax or healthcare related tax meets the requirements to be broad-based and uniform, and if it is below the 6% effective cap. If not, SPA analysts have referred the non-federal share analysis to DFP for further analysis and guidance on approvability.

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#### **Appendices**

#### **Standard Funding Questions – Financing**

**Medicaid Funding Question #1** asks if providers receive and retain the total Medicaid expenditures claimed by the State or if any portion is returned to the state, local governmental entity, or any other intermediary organization.

Any negative answer to this question affirming that any provider retains less than 100% of the Medicaid expenditure claimed for FFP would alert the DRR analyst to a potential

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- 6. If the state answered yes to question v., please provide CMS with a copy of the waiver.
- 7. Please specify the basis upon which the provider tax is assessed (i.e. net patient revenue, etc.).
- 8. Please indicate the year when the provider tax was first assessed or the year when the state will start assessing the provider tax.

9. For the purposes of the 6% indirect hold harmless test as described at 42 CFR § 433.68(f)(3)(i)(A), please specify the percentage of net patient revenue raised by the provider tax for the permissible class that is being taxed.

#### **<u>Redistribution Questions</u>**

See separate document

#### **CIB Talking Points for DRR Analysts**

#### **Background**

On April 22, 2024, FMG released a CMCS Informational Bulletin (CIB) announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and **state payment proposals funded**, in whole or in part, by health care-related taxes. We are working into the SPA process procedures for reviewing proposals in line with this CIB, and asking additional questions related to redistributions.

The CIB and CIB-related work and materials may come up on a SPA-related call, or in emails you receive regarding the SPA. Because this has been a sensitive topic, and to ensure we can provide states with the best possible support, below we share some steps and talking points for these interactions. In general, business should continue as routinely as possible - these points and procedures are just to guide when a state directly raises this topic. But when in doubt, forward to the Tax team / CIB workgroup!

<u>Note about Texas:</u> We are enjoined from enforcing policies related to this work in Texas. <u>Do</u> <u>not engage with Texas on this topic</u> (hold harmless arrangements, redistributions, etc. See trigger word list below). If you have an inquiry from Texas in this subject area, immediately flag for your supervisor, and obtain direction from OGD (and OGC if necessary).

**Note about Florida:** Although we are not enjoined in Florida, there is active litigation on this subject matter. Similarly do not engage, and loop in your supervisor and OGD.

#### **Trigger words**

These are terms you may hear that may indicate the state is raising this topic.

- Health care-related tax*
- Non-enforcement CIB
- Enforcement discretion
- Redistribution arrangements
- Hold harmless arrangements*
- New or existing arrangements
- Litigation (financing, redistributions, Texas, Florida, Local Provider Participation Fund (LPPF))

*Note that this list is intended to put subjects on your radar, but may need to be used in conjunction in order to be related to the CIB. You do not need to engage with the CIB team simply when a state has mentioned a health care-related tax.

#### **SPA Calls Talking Points**

- To confirm, are you asking about [topic related to] the April 22 CIB regarding enforcement discretion for redistribution arrangements?
- We do not have the relevant subject matter experts on this call to discuss that topic; however, if you want to email me your question, I can ensure they receive it. If a separate call is needed, we can schedule one once the subject matter experts have reviewed your question.
- Or, now or at any other time, for questions on this issue and health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

#### **Email Communications**

Sample reply: Thank you for your inquiry regarding the CIB that establishes CMS enforcement discretion for existing redistribution arrangements. I have shared your email with the applicable subject matter experts, and I will provide their response shortly.

For questions on health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

Again, when in doubt, forward to the Tax team / CIB workgroup!

#### **Points of Contact**

Points of contact, internal: Jonathan Endelman, Kristin Fan, Abigail Walker, Stephanie Kaminsky

**DRR POC:** Jerica Bennett

Points of contact, external: <u>taxwaiver@cms.hhs.gov</u>

# **Hiring Panel Form**

From:	"Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov></jeremy.silanskis@cms.hhs.gov>
То:	"Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov></amber.maccarroll@cms.hhs.gov>
Cc:	"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov></rory.howe@cms.hhs.gov>
Date:	Thu, 26 Sep 2024 18:41:03 +0000
Attachments:	Hiring Panel - Selection Form Attestation (OHC-2023-001-B) FMG SA.pdf (1.33 MB)

Here's the completed hiring panel form that goes with the signed cert list.

#### **Hiring Panel Selection Statement**

#### **Vacancy Details**

Position Title, Series, and Grade	Special Assistant, 0301, GS-14
Component, Group, Division	CMCS/FMG
Announcement Number	CMS-CMCS-24-12501979-IMP
Selecting Official's Name	(b)(6)

#### **Hiring Panel Members**

	Name	Component	Position Title, Series, and Grade
1.	(b)(6)	CMCS/FMG	(b)(6)
2.		CMCS/FMG	
3.		CMCS/FMG	
4.		CMCS/OSG	
5.			

#### **Panel Composition and Processes**

#### Describe how panel composition and candidate review processes reduced bias(es).

The panel is composed of members of the FMG leadership team as well as an experienced Special Assistant from a different CMCS Group serving as a panelist SME. The panel includes a diverse group of FMG and CMCS experts who have many years of experience with hiring actions. The panel senior management, with years of training in federal hiring practices, DEI initiatives and selection bias, and subject matter experts who have served in special assistant positions currently and in the past. The experience and specialized

#### **Selection Details**

Selectee's Name	Justification (3-4 sentences)	
(b)(6)	(b)(6) experience as an analyst in the Division of Financial Policy and the FMG front office as well as her detail as the FMG Special Assistance make her uniquely qualified for the position. She demonstrates excellent organization	

#### Alternate Selection Details (if applicable)

Alternate Selectee's Name	Justification (3-4 sentences)

#### Attestation

As Selecting Official, I hereby attest that the above selectee was chosen based upon meritorious factors, after establishing and utilizing an objective, job-related, documented, and quantifiable rating and ranking process. I also attest that this decision has been made taking into consideration all Merit Systems Principles and Prohibited Personnel Practices, have been made in good faith and comply with CMS's Hiring Panel HRM.

Signature and Date

# Call to discuss DRR procedures for non enforcement CIB (redistribution arrangements)

Where:	https://cms.zoomgov.com/j	(b)(6)
When:	Thu Sep 12 15:30:00 2024 +00:00	
Until:	Thu Sep 12 16:00:00 2024 +00:00	
Organisers	CMS FMG Scheduler	
Organisers	(b)(6)	(b)(6)
Required Attendees:	CMS FMG Scheduler <fmg_scheduling "bennett, jerica (CMS/CMCS)" <jerica i<br="">"Benson, Deborah (CMS/CMCS)" <det "Bromwell, Robert (CMS/CMCS)" <det "Bromwell, Robert (CMS/CMCS)" <det "Dinh, Diana (CMS/CMCS)" <det "Dinh, Diana (CMS/CMCS)" <det "Gavino, Ysabel (CMS/CMCS)" <james "Gavino, Ysabel (CMS/CMCS)" <maria "Harrison, Wendy (CMS/CMCS)" <wen "Holt, Blake (CMS/CMCS)"  " slake.holt "James-Hailey, Novena (CMS/CMCS)" "klein, matthew (CMS/CMCS)"  " slake.holt "James-Hailey, Novena (CMS/CMCS)" "klein, matthew (CMS/CMCS)" <gary.knig "Mack, Kristina (CMS/CMCS)" <gary.knig "Mack, Kristina (CMS/CMCS)" <gary.knig "Mack, Kristina (CMS/CMCS)" <strata "McGuire, Frankeena (CMS/CMCS)" <ided. "Michael, Lindsay (CMS/CMCS)" <ided. "Moreth, James (CMS/CMCS)" <ided. "Moreth, James (CMS/CMCS)" <james "Neiman, Monica (CMS/CMCS)" <james "Neiman, Monica (CMS/CMCS)" <josep "Sampson, Tamara (CMS/CMCS)" <ided "Smith, Josh (CMS/CMCS)" <ideg "Storey, Christine (CMS/CMCS)" <deg "Storey, Christine (CMS/CMCS)" <deg "Storey, Christine (CMS/CMCS)" <deg "Storey, Christine (CMS/CMCS)" <deg "Storey, Christine (CMS/CMCS)" <deg "Maccarroll, Amber (CMS/CMCS)" <imark.wo "Maccarroll, Amber (CMS/CMCS)" <imark.wo "Maccarroll, Amber (CMS/CMCS)" <imark.wo "Maccarroll, Amber (CMS/CMCS)" <imark.wo< th=""><th>bennett@cms.hhs.gov&gt; borah.benson@cms.hhs.gov&gt; ert.bromwell@cms.hhs.gov&gt; aughey@cms.hhs.gov&gt; s.francis@cms.hhs.gov&gt; a.gavino@cms.hhs.gov&gt; dy.harrison@cms.hhs.gov&gt; @cms.hhs.gov&gt; <novena.jameshailey@cms.hhs.gov> ew.klein@cms.hhs.gov&gt; ght@cms.hhs.gov&gt; a.mack-webb@cms.hhs.gov&gt; frankeena.mcguire@cms.hhs.gov&gt; mcmillion@cms.hhs.gov&gt; say.michael@cms.hhs.gov&gt; say.michael@cms.hhs.gov&gt; ica.neiman@cms.hhs.gov&gt; sica.neiman@cms.hhs.gov&gt; sica.neiman@cms.hhs.gov&gt; sica.neiman@cms.hhs.gov&gt; sica.neiman@cms.hhs.gov&gt; sica.neiman@cms.hhs.gov&gt; sica.neiman@cms.hhs.gov&gt; mara.sampson@cms.hhs.gov&gt; sita.spitler@cms.hhs.gov&gt; stine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; stine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey@cms.hhs.gov&gt; atine.storey</novena.jameshailey@cms.hhs.gov></br></th></imark.wo<></imark.wo </imark.wo </imark.wo </deg </deg </deg </deg </deg </ideg </ided </josep </james </james </ided. </ided. </ided. </strata </gary.knig </gary.knig </gary.knig </wen </maria </james </det </det </det </det </det </jerica></fmg_scheduling 	bennett@cms.hhs.gov> 
Optional Attendees:	"Kaminsky, Stephanie (CMS/CMCS)" < "Fan, Kristin (CMS/CMCS)" <kristin.far "Endelman [he/him], Jonathan (CMS/C</kristin.far 	
Attachments:	CIB-DRRprocess_cleanfinal_forDRRm CIB_DRRanalystTPs_forDRRmeeting.	eeting.docx (37.39 kB);

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### Abby

#### FMG_scheduling@cms.hhs.gov is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting https://cms.zoomgov.com/j/ (b)(6) Meeting ID: (b)(6)^{(b)(6)} Password: ror One tap mobile +16692545252, +16468287666, US (San Jose) (b)(6) US (New York) Dial by your location +1 669 254 5252 US (San Jose) +1 646 828 7666 US (New York) 833 435 1820 US Toll-free 833 568 8864 US Toll-free Meeting ID: (b)(6) Find your local number: https://cms.zoomgov.com/u/aeblyicjz1 Join by SIP Password: (b)(6) @sip.zoomgov.com sip: (b)(6)

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

#### SPA Process Planning – Nonenforcement CIB work

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- 4. Please clarify if the provider tax is a uniform tax as specified by Section 1903(w)(3)(C) of the Social Security Act and implementing regulations at 42 CFR § 433.68(d).
- 5. If the answer is no to either question iii. or question iv., please indicate if the state has applied for and received a waiver of the broad-based or uniformity requirements as appropriate as described at Section 1903(w)(3)(E)(i) of the Social Security Act and implementing regulations at 42 CFR § 433.72(a)(1).
- 6. If the state answered yes to question v., please provide CMS with a copy of the waiver.
- 7. Please specify the basis upon which the provider tax is assessed (i.e. net patient revenue, etc.).
- 8. Please indicate the year when the provider tax was first assessed or the year when the state will start assessing the provider tax.

9. For the purposes of the 6% indirect hold harmless test as described at 42 CFR § 433.68(f)(3)(i)(A), please specify the percentage of net patient revenue raised by the provider tax for the permissible class that is being taxed.

#### **<u>Redistribution Questions</u>**

See separate document

#### **CIB Talking Points for DRR Analysts**

#### **Background**

On April 22, 2024, FMG released a CMCS Informational Bulletin (CIB) announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and **state payment proposals funded**, in whole or in part, by health care-related taxes. We are working into the SPA process procedures for reviewing proposals in line with this CIB, and asking additional questions related to redistributions.

The CIB and CIB-related work and materials may come up on a SPA-related call, or in emails you receive regarding the SPA. Because this has been a sensitive topic, and to ensure we can provide states with the best possible support, below we share some steps and talking points for these interactions. In general, business should continue as routinely as possible - these points and procedures are just to guide when a state directly raises this topic. But when in doubt, forward to the Tax team / CIB workgroup!

<u>Note about Texas:</u> We are enjoined from enforcing policies related to this work in Texas. <u>Do</u> <u>not engage with Texas on this topic</u> (hold harmless arrangements, redistributions, etc. See trigger word list below). If you have an inquiry from Texas in this subject area, immediately flag for your supervisor, and obtain direction from OGD (and OGC if necessary).

**Note about Florida:** Although we are not enjoined in Florida, there is active litigation on this subject matter. Similarly do not engage, and loop in your supervisor and OGD.

#### **Trigger words**

These are terms you may hear that may indicate the state is raising this topic.

- Health care-related tax*
- Non-enforcement CIB
- Enforcement discretion
- Redistribution arrangements
- Hold harmless arrangements*
- New or existing arrangements
- Litigation (financing, redistributions, Texas, Florida, Local Provider Participation Fund (LPPF))

*Note that this list is intended to put subjects on your radar, but may need to be used in conjunction in order to be related to the CIB. You do not need to engage with the CIB team simply when a state has mentioned a health care-related tax.

#### **SPA Calls Talking Points**

- To confirm, are you asking about [topic related to] the April 22 CIB regarding enforcement discretion for redistribution arrangements?
- We do not have the relevant subject matter experts on this call to discuss that topic; however, if you want to email me your question, I can ensure they receive it. If a separate call is needed, we can schedule one once the subject matter experts have reviewed your question.
- Or, now or at any other time, for questions on this issue and health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

#### **Email Communications**

Sample reply: Thank you for your inquiry regarding the CIB that establishes CMS enforcement discretion for existing redistribution arrangements. I have shared your email with the applicable subject matter experts, and I will provide their response shortly.

For questions on health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

Again, when in doubt, forward to the Tax team / CIB workgroup!

#### **Points of Contact**

Points of contact, internal: Jonathan Endelman, Kristin Fan, Abigail Walker, Stephanie Kaminsky

**DRR POC:** Jerica Bennett

Points of contact, external: <u>taxwaiver@cms.hhs.gov</u>

## Hold: FMG / OGC discussion, WA attestation

When: Until: Organisers Required Attendees:	https://cms.zoomgov.com/j/ (b)(6) Mon Jun 10 15:00:00 2024 +00:00 Mon Jun 10 15:30:00 2024 +00:00 "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov> "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov> "Maccarroll, Amber (CMS/CMCS)" <abigail.walker@cms.hhs.gov> "Maccarroll, Amber (CMS/CMCS)" <abigail.walker@cms.hhs.gov> "Silanskis, Jeremy (CMS/CMCS)" <iremy.silanskis@cms.hhs.gov> "Kaminsky, Stephanie (CMS/CMCS)" <iremy.silanskis@cms.hhs.gov> "Kaminsky, Stephanie (CMS/CMCS)" <iremy.wolgast@cms.hhs.gov> "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov> "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov> "Fan, Kristin (CMS/CMCS)" <donald.kosin@hhs.gov> "Kosin, Donald (HHS/OGC)" <jeremy.voge@hhs.gov> "Vogel, Jeremy (HHS/OGC)" <jeremy.voge@hhs.gov> "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov> "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov> "Clark, Jennifer (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov> "Mosley, Elle (CMS/CMCS)" <larrica.mosley@cms.hhs.gov> "Mosley, Elle (CMS/CMCS)" <iremiter.clark@cms.hhs.gov> "Schoonover, Matthew (CMS/CMCS)" <matthew.schoonover@cms.hhs.gov></matthew.schoonover@cms.hhs.gov></iremiter.clark@cms.hhs.gov></larrica.mosley@cms.hhs.gov></stuart.goldstein@cms.hhs.gov></stuart.goldstein@cms.hhs.gov></charlie.arnold@cms.hhs.gov></jeremy.voge@hhs.gov></jeremy.voge@hhs.gov></donald.kosin@hhs.gov></jonathan.endelman@cms.hhs.gov></henry.wolgast@cms.hhs.gov></iremy.wolgast@cms.hhs.gov></iremy.silanskis@cms.hhs.gov></iremy.silanskis@cms.hhs.gov></abigail.walker@cms.hhs.gov></abigail.walker@cms.hhs.gov></abigail.walker@cms.hhs.gov></abigail.walker@cms.hhs.gov>
	"Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov> RE: Washington Hospital Tax Attestation (206.85 kB); RE: Washington Hospital Tax Attestation (216.06 kB)</richard.cuno@cms.hhs.gov>

Holding this time if folks can accommodate prior to some absences for NAMD.

Abigail Walker is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting https://cms.zoomgov.com/j (b)(6) Meeting ID: (b)(6) Password: (b)(6) One tap mobile +16692545252,, US (San Jose) US (New York) (b)(6) +16468287666,, Dial by your location +1 669 254 5252 US (San Jose) +1 646 828 7666 US (New York) 833 568 8864 US Toll-free 833 435 1820 US Toll-free Meeting ID: (b)(6) Password: (b)(6) Find your local number: https://cms.zoomgov.com/u/aBEfbBokT Join by SIP

Password: (b)(6) sip: (b)(6) @sip.zoomgov.com

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

#### ATTESTATION OF HOSPITAL EXECUTIVE IN CONNECTION WITH THE HOSPITAL SAFETY NET ASSESSMENT PROGRAM

#### Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan." See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." See Section 1903(w)(4)(C) of the Act; see also 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State's amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State's medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22,2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

#### **Attestation**

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive name:

Hospital executive title:	Date:
---------------------------	-------

Name(s) of hospitals for which this attestation is being submitted:

#### **Technical Assistance**

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at <u>abby.cole@hca.wa.gov</u> for assistance.

#### ATTESTATION OF HOSPITAL EXECUTIVE IN CONNECTION WITH THE HOSPITAL SAFETY NET ASSESSMENT PROGRAM

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- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
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## Louisiana postpartum benefits

Where: When: Until: Organisers Required Attendees:	https://cms.zoomgov.com/j Tue Jun 25 17:00:00 2024 +00:00 Tue Jun 25 17:30:00 2024 +00:00 "Kaminsky, Stephanie (CMS/CMCS)" <ste "Kaminsky, Stephanie (CMS/CMCS)" <ste< th=""><th>phanie.kaminsky@cms.hhs.gov&gt;</th></ste<></ste 	phanie.kaminsky@cms.hhs.gov>
	"Jensen, Kirsten (CMS/CMCS)" <kirsten.je "Covello, Jan (CMS/CMCS)" <jan.covello@ "Cantwell, Kenya (CMS/CMCS)" <kenya.c "Howe, Rory (CMS/CMCS)" <rory.howe@d "Maccarroll, Amber (CMS/CMCS)" <amber Brian Bennett <brian.bennett@la.gov> Kimberly Sullivan <kimberly.sullivan@la.god< th=""><th>@cms.hhs.gov&gt; antwell@cms.hhs.gov&gt; cms.hhs.gov&gt; r.maccarroll@cms.hhs.gov&gt;</th></kimberly.sullivan@la.god<></brian.bennett@la.gov></amber </rory.howe@d </kenya.c </jan.covello@ </kirsten.je 	@cms.hhs.gov> antwell@cms.hhs.gov> cms.hhs.gov> r.maccarroll@cms.hhs.gov>
Optional Attendees:	Haley Williams <haley.williams2@la.gov> Mikayla Miller <mikayla.miller@la.gov> Kelly Zimmerman <kelly.zimmerman@la.g< th=""><th>ov&gt;</th></kelly.zimmerman@la.g<></mikayla.miller@la.gov></haley.williams2@la.gov>	ov>
Attachments:	Louisiana's Postpartum Proxy Methodolog	y (872.96 kB)

#### STEPHANIE KAMINSKY is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting https://cms.zoomgov.com/j (b)(6) Meeting ID: (b)(6) Password: (b)(6) One tap mobile US (San Jose) US (New York) +16692545252, (b)(6) +16468287666. Dial by your location +1 669 254 5252 US (San Jose) +1 646 828 7666 US (New York) 833 435 1820 US Toll-free 833 568 8864 US Toll-free Meeting ID: Password: (b)(6) (b)(6) Find your local number: https://cms.zoomgov.com/u/aoOqDeJef Join by SIP

Password: (b)(6) sip: (b)(6) @sip.zoomgov.com

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

## Louisiana's Postpartum Proxy Methodology

From:	"Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov></stephanie.kaminsky@cms.hhs.gov>
To:	kimberly.sullivan@la.gov
Cc:	tangela.womack@la.gov, "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Jensen, Kirsten (CMS/CMCS)" <kirsten.jensen@cms.hhs.gov>, "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov></charlie.arnold@cms.hhs.gov></kirsten.jensen@cms.hhs.gov></amber.maccarroll@cms.hhs.gov></jeremy.silanskis@cms.hhs.gov></rory.howe@cms.hhs.gov>
Date:	Wed, 08 May 2024 17:03:14 +0000
Attachments:	LA 22-0020 Approval Package.pdf (729.12 kB)

Dear Ms. Sullivan,

I am reaching out regarding Louisiana's postpartum proxy methodology SPA which was approved on 9/23/22, which allows Louisiana to claim adult group Federal Medical Assistance Percentage for a portion of the individuals receiving 12- month postpartum coverage.

As you may be aware, there are certain benefits requirements that individuals must receive in order to claim adult group match. In our SHO# 21-007 RE: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP), we stated, "Under current law, states can claim the newly eligible FMAP for individuals if (1) the individual is eligible for the adult group under 42 C.F.R. § 435.119; (2) the individual is newly eligible, as defined in 42 C.F.R. § 433.204(a)(1); and (3) the individual is receiving benefits that meet the Alternative Benefit Plan requirements in section 1937 of the Act." <u>https://www.medicaid.gov/sites/default/files/2024-01/postpartum-ext-faqs.pdf</u>.

Moreover, on January 29, CMS released a set of frequently asked questions (FAQs) to supplement the 2021 State Health Official (SHO) letter "Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP). The FAQs can be found here: <u>https://www.medicaid.gov/sites/default/files/2024-01/postpartum-ext-faqs.pdf</u>. The FAQs include the following question and answer:

Q5. What benefits must a state cover during the extended postpartum period if the state implements a Centers for Medicare & Medicaid Services (CMS)-approved proxy methodology to claim the increased Federal Medical Assistance Percentage (FMAP) for the proportion of claims which, but for the postpartum extension, would be claimed at the newly eligible FMAP for the adult group (described at 42 C.F.R. § 435.119)?

A5. A state may choose to claim FMAP through a CMS-approved proxy methodology for the proportion of individuals who would become eligible for, and transition to, the adult group at the end of the mandatory 60-day postpartum period if the state conducted a redetermination. If electing this choice, a state must assure to CMS, by including an attestation in the FMAP SPA described in SHO #21-007, that the benefit package provided for all individuals through the postpartum extension complies with section 1937 of the Act, including the provision of essential health benefits (EHBs), compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA), and the absence of cost sharing for preventive services meeting the definition of an EHB. CMS is available for technical assistance to states in determining compliance with section 1937 requirements.

As we do not believe we discussed these ABP benefits requirements with you when we were processing Louisiana's postpartum proxy SPA last summer, we would like to set up a call with you and your team to discuss further.

Please let us know your availability for a call to discuss the requirements and Louisiana's current practices.

Thanks very much.

Stephanie Kaminsky

 Stephanie Kaminsky
 Senior Policy Advisor, Financial Management Group
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 desk 410.786.4653
 cell
 (b)(6)
 email: stephanie.kaminsky@cms.hhs.gov

## TABLE OF CONTENTS

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: LA-22-0020

- 1) Approval Letter
- 2) Approved Postpartum FMAP SPA pages
- 3) CMS 179 with pen/ink changes



Financial Management Group Division of Financial Policy

September 23, 2022

Tara A. LeBlanc Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, Louisiana 70821-9030

Dear Ms. LeBlanc:

Enclosed for your records is an approved copy of the following state plan amendment (SPA).

Transmittal LA 22-0020:

- This SPA authorizes increased federal financial participation (FFP) for newly-eligible individuals receiving postpartum coverage and further includes the addition of Attachment D, which describes the special circumstances and other proxy adjustments that are applied to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for coverage in the adult group and for the newly eligible FFP under section 1905(y) of the Social Security Act;
- This SPA is effective April 1, 2022

The state will be responsible for tracking and aggregating the extended postpartum population claims, which should be based on the population used to derive the proxy percentage. The extended postpartum claims will be a portion of the claims ("affected expenditures") reported across many Categories of Service (COS) lines and integrated with claims from other populations. The state will need to apply the proxy percentage to the affected expenditures by COS line outside the Form CMS-64. Ultimately, the state will claim the portion of the expenditures at the newly eligible FMAP, as determined under the proxy methodology, on the Form CMS-64.9VIII series by COS line, and the non-VIII Group portion on the Form CMS-64.9 series by COS line. The state should make available all documentation to support expenditures calculated based on the proxy methodology at the time it files the Form CMS-64.

If you would like to discuss further, please contact either financial analyst, Yvette Moore at (667) 290-9825 or Medicaid financial branch chief, Stuart Goldstein at (410) 786-0694.

Sincerely,

Charlie L., Digitally signed by Charlie L. Arnold -S Arnold -S 07:20:32 -04'00'

Charlie Arnold Director Division of Financial Policy

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVE OMB No. 0938-019				
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE	22-0020	22-0020     LA       3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL				
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2022					
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.119 42 CFR 433.204(a)(1)	6. FEDERAL BUDGET IMPACT (Amo a. FFY <u>2022</u> \$ <u>268,</u> b. FFY <u>2023</u> \$ <u>1,040,</u> 3	117.55				
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 18 to Attachment 2.6-A Pages 1-6	8. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable)	SEDED PLAN SECTION				
(FMAP) to establish a proxy methodology to account beneficiaries receiving extended postpartum coverage 10. GOVERNOR'S REVIEW (Check One)		-				
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: The Governor does not review	State Plan material.				
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director					
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips		Louisiana Department of Health				
13. TITLE Secretary	<ul> <li>D28 North 4th Street</li> <li>P.O. Box 91030</li> <li>Baton Rouge, LA 70821-9030</li> </ul>	P.O. Box 91030				
14. DATE SUBMITTED June 30, 2022						
· · · · · · · · · · · · · · · · · · ·	USE ONLY					
16. DATE RECEIVED June 30, 2022	17. DATE APPROVED September 23, 2022					
PLAN APPROVED -	ONE COPY ATTACHED					
18 EFFECTIVE DATE OF APPROVED MATERIAL	19 SIGNATURE OF APPROVING OFFIC					

	Charlie L. Arnold -S Digitally signed by Charlie L Arnold -S Date: 2022.09.23 07:21:04-04'00'
OFFICIAL	21. TITLE OF APPROVING OFFICIAL
	Director of Financial Policy

22. REMARKS	PEN & INK AUTHOR	TZATTONIC.						
	PENQINKAUINOK	IZATIONS:						
	REMOVE: Block 6a - FFY 2022 \$26	68,117.55 ; Block 6b - FFY 2023 is \$0	(ZERO); ADD; Block 6a - FFY	2022 \$0 (ZERO) ; Block 6b - FFY	2023 \$0 (ZERO);			
	REMOVE: Block 7 - Supplement 18			lement 18 to Attachment 2.6A, Pa		k 7 Attachment D to Suppleme	ut 18 to Attachment 2 64 (new):	
	ALLING THE MOUNT ON PROMINENT			plement 18 to Attachment 2.6A, P				
			HIND DOCKO- 30P	president 18 to Attaciditent 2004, 1	age 4 and 1 age 01			

April 1, 2022

Charlie Arnold

20. TYPED NAME OF APPROVING

- 2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
- 3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
  - $\square$  Yes. The combined enrollment cap adjustment is described in Attachment C
  - No.
- 4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

# C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

- 1. The state:
  - Applies a special circumstances adjustment(s).
  - Does <u>not</u> apply a special circumstances adjustment.
- 2. The state:
  - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
  - Does <u>not</u> apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
- Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

#### Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

#### ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A Conversion Plan Standards Referenced in Table 1
- □ Attachment B Resource Criteria Proxy Methodology
- □ Attachment C Enrollment Cap Methodology
- Attachment D Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- □ Attachment E Transition Methodologies

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

6

#### Attachment D to Supplement 18 to Attachment 2.6A Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

#### Attachment D

Louisiana proposes to use proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be newly eligible for coverage in the Adult Expansion Group (435.119) and for the newly eligible FMAP under section 1905(y) of the Act, if the State completed a redetermination.

Based upon Calendar Years 2018 and 2019, LDH will document the total number of members closed in the Pregnancy/Post-Partum group (435.116) and the number of members who transitioned to the Adult Group within 10 months of the expiration of their pregnancy coverage (60 day post-partum). We will also review the duration of those members who transitioned to the Adult Group, identifying the average number of months the individual maintained eligibility through the extended 10-month period.

The proxy percentage will be determined as follows:

# of Members in Pregnancy/Post-Partum Group (435.116) who Transitioned to Adult Group as newly eligible (435.119) Within 10 months of the Expiration of Pregnancy/Post-Partum Group Eligibility During Calendar Years 2018 and 2019	Divided By (÷)	Pregnancy/Post-		Percent of time members of the Pregnancy/Post- Partum Group remained in Adult Group in the 10 month post-partum period	Equals (=)	Proxy Percentage for Claiming
23,755	Divided By (÷)	42,629	Multiplied by (X)	.77	Equals (=)	43%

- 1. On a monthly basis, identify the individuals in day 61 365 of postpartum coverage and the per member per month (PMPM) payments paid to the managed care organizations for this identified population.
- 2. Apply the derived proxy percentage to the actual PMPM spend for the identified population.
- 3. On quarterly basis, reclass the proxy cost for the identified population from the regular FMAP reporting line to the expansion FMAP reporting line.

#### ATTESTATION OF HOSPITAL EXECUTIVE IN CONNECTION WITH THE HOSPITAL SAFETY NET ASSESSMENT PROGRAM

#### Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan." See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." See Section 1903(w)(4)(C) of the Act; see also 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State's amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State's medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22,2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

#### **Attestation**

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive name:

Hospital executive title:	Date:	
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Name(s) of hospitals for which this attestation is being submitted:

#### **Technical Assistance**

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at <u>abby.cole@hca.wa.gov</u> for assistance.

#### ATTESTATION OF HOSPITAL EXECUTIVE IN CONNECTION WITH THE HOSPITAL SAFETY NET ASSESSMENT PROGRAM

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- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

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## Call to schedule with R/A/J on 9/12

From: To:	"Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov> "Wiley, Evelyn (CMS/CMCS)" <evelyn.wiley@cms.hhs.gov></evelyn.wiley@cms.hhs.gov></abigail.walker@cms.hhs.gov>
Cc:	"Mcmillion, Todd (CMS/CMCS)" <todd.mcmillion@cms.hhs.gov>, "Sampson, Tamara (CMS/CMCS)" <tamara.sampson@cms.hhs.gov></tamara.sampson@cms.hhs.gov></todd.mcmillion@cms.hhs.gov>
Date: Attachments:	Tue, 10 Sep 2024 20:24:20 +0000 CIB-DRRprocess_cleanfinal_forDRRmeeting.docx (37.39 kB); CIB_DRRanalystTPs_forDRRmeeting.docx (28.54 kB)

Good afternoon Evelyn!

Can you please schedule a call with R/A/J, me, and the list I am pasting at the bottom, for 1130am Eastern on 9/12? I will forward to some additional folks. Materials to include are attached.

Subject: Call to discuss DRR procedures for non enforcement CIB (redistribution arrangements)

#### Appointment:

On April 22, 2024, FMG released a CMCS Informational Bulletin (<u>CIB</u>) announcing that, until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. During this period of non-enforcement, we will be following additional procedures when reviewing tax-related items, included SPAs involving a tax. The workgroup has prepared process documentation (attached) that we will review during this meeting. These documents can be updated based on feedback if needed.

_____

Additional invitees:

bennett, jerica (CMS/CMCS) <u>Jerica.Bennett@cms.hhs.gov;</u> Benson, Deborah (CMS/CMCS) <u>Deborah.Benson@cms.hhs.gov;</u> Bromwell, Robert (CMS/CMCS) <u>Robert.Bromwell@cms.hhs.gov;</u> Caughey, Tom (CMS/CMCS) <u>Tom.Caughey@cms.hhs.gov;</u> Dinh, Diana (CMS/CMCS) <u>diana.dinh@cms.hhs.gov;</u> Francis, James (CMS/CMCS) <u>James.Francis@cms.hhs.gov;</u> Gavino, Ysabel (CMS/CMCS) <u>maria.gavino@cms.hhs.gov;</u> Harrison, Wendy (CMS/CMCS) <u>Wendy.Harrison@cms.hhs.gov;</u> Holt, Blake (CMS/CMCS) <u>Blake.Holt@cms.hhs.gov;</u> James-Hailey, Novena (CMS/CMCS) <u>Novena.jameshailey@cms.hhs.gov;</u> Klein, matthew (CMS/CMCS) <u>Matthew.Klein@cms.hhs.gov;</u> Knight, Gary (CMS/CMCS) <u>Gary.Knight@cms.hhs.gov;</u> Klein, (CMS/CMCS) <u>Kristina.Mack-Webb@cms.hhs.gov;</u> McGuire, Frankeena (CMS/CMCS) <u>Frankeena.McGuire@cms.hhs.gov;</u> Mcmillion, Todd (CMS/CMCS) <u>TODD.MCMILLION@cms.hhs.gov;</u> Michael, Lindsay (CMS/CMCS) <u>Lindsay.Michael@cms.hhs.gov;</u> Raymundo, Joe (CMS/CMCS) <u>James.Moreth@cms.hhs.gov;</u> Neiman, Monica (CMS/CMCS) <u>Monica.Neiman@cms.hhs.gov;</u> Sebree, Fredrick (CMS/CMCS) <u>Fredrick.Sebree@cms.hhs.gov;</u> Smith, Josh (CMS/CMCS) <u>LaJoshica.Smith@cms.hhs.gov;</u> Spitler, Douglas (CMS/CMCS) <u>Douglas.Spitler@cms.hhs.gov;</u> Storey, Christine (CMS/CMCS) <u>Christine.Storey@cms.hhs.gov;</u> Wong, Mark (CMS/CMCS) <u>Mark.Wong@cms.hhs.gov</u>

~Abby

Abigail Walker, J.D. (she/her)

Policy Advisor

Financial Management Group, Office of the Group Director

Center for Medicaid and CHIP Services

abigail.walker@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the fullest extent of the law.

#### SPA Process Planning – Nonenforcement CIB work

#### **Background:**

For the last several years, FMG payment SPA reviews have included non-federal share standard funding questions (SFQs) to states, the responses to which SPA analysts review. For funding derived from provider taxes (or healthcare related taxes), depending on experience and comfort levels, analysts have historically attempted to determine if the provider tax or healthcare related tax meets the requirements to be broad-based and uniform, and if it is below the 6% effective cap. If not, SPA analysts have referred the non-federal share analysis to DFP for further analysis and guidance on approvability.

On April 22, 2024, FMG released a CIB announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and state payment proposals funded, in whole or in part, by health care-related taxes. FMG's intent is to build these CIB-related obligations and procedures into existing processes as much as possible. In general, analysts should continue to exercise their usual judgment about when to refer SPAs to the DFP tax team. Below, we outline the process and note where the process for DRR analysts will differ during the time period of this CIB.

#### **Process overview:**

- 1. DRR analysts screen an incoming SPA where the state identifies that the non-federal share of funding is derived from a health care-related tax. Two SFQs address financing (see Appendices below).
- 2. During the period that the nonenforcement CIB is in effect, DRR SPA analysts will send SPAs to the tax team,¹ and flag for the DRR Point Person, Jerica Bennett, either:
  - a. Any time DRR SPA analysts normally would base on state responses to SFQs and review of the SPA (see "Standard Funding Questions Financing" appendix below). In general the analyst would refer in the following instances:
    - Any negative answer to standard funding question #1 affirming that any provider retains less than 100% of the Medicaid expenditure claimed for FFP.
    - $\circ$  Any concerns about whether the tax is broad-based and uniform, unless the state has an existing, recently approved tax waiver, based on standard funding question #2,²

¹ Tax team will track SPAs that have been referred to them, including the reason for the referral. The DRR analyst should ensure the tax team has the reasons for the referral.

 $^{^2}$  If the DRR analyst can confirm that a mandatory payment of a tax/assessment is broad-based and uniform in that the same rate of tax is assessed on all providers in a class for a permissible class of items or services, then the analyst would generally not refer the tax to DFP. For states with recently approved tax waivers, a change in the

- Regardless to the responses to these questions, analysts retain discretion with respect to whether to forward for further analysis to the tax team based on the analyst's knowledge from other sources.
- b. Any time the analyst would have planned to send the secondary set of tax-specific questions (see "Secondary Tax-specific Questions" appendix below) back to the state. The analyst should refer to DFP in this step in order to coordinate their additional investigation with the redistribution-related questions the tax team may send (see 3b).
- 3. Upon receipt of a SPA from DRR, and in conjunction with the regular work of the tax team, the nonenforcement CIB workgroup will perform the following steps. (Note: there is a more detailed process SOP for the tax team related to this work):
  - a. Make an initial determination if there is a redistribution arrangement implicated based on information received thus far, or historical/external knowledge.
  - b. Work with the tax team and DRR analyst to send the redistribution questions, as well as any applicable secondary tax-specific questions. The DRR analyst will still select which secondary tax-specific questions they would like to send as they normally would.
  - c. Upon receipt of responses,
    - If needed, make a second determination of whether there is a redistribution arrangement implicated,
    - If there is a redistribution arrangement implicated, make a determination of whether the overall arrangement is new or existing, utilizing both the responses and additional information in the SPA, from the analysts, or from the tax team (note: this step requires a standalone approval process from OGD, and may require input from OGC, and potentially OCD)
  - d. Provide a recommendation of approvability of the SPA on the basis of new/existing and consistent with prior decisions, if applicable.
    - In the documentation, include language for inclusion in approval letter.
  - e. Share tracking information with DRR point person to monitor for post-CIB.

#### **Appendices**

#### **Standard Funding Questions – Financing**

**Medicaid Funding Question #1** asks if providers receive and retain the total Medicaid expenditures claimed by the State or if any portion is returned to the state, local governmental entity, or any other intermediary organization.

Any negative answer to this question affirming that any provider retains less than 100% of the Medicaid expenditure claimed for FFP would alert the DRR analyst to a potential

assessed rate of tax absent any other changes to the approved waiver is not itself a reason that DRR would refer a provider tax to DFP.

redistribution arrangement requiring the DFP tax team's review. States might not be able to affirm post-payment redistribution arrangements where the state is not a party to the arrangement/agreement, though a February 17, 2023 CIB discusses the "indirect" nature of some of these payment redistribution arrangements and puts the onus on states to "make clear to their providers that these arrangements are not permissible under federal requirements, learn the details of how health care-related taxes are collected, and take steps to curtail these practices if they exist." These seem to be the redistribution arrangements that the CIB for Enforcement Discretion...for Existing Health Care-Related Tax Programs with Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments considers.

**Medicaid Funding Question #2** asks for a description of how the state share of each type of Medicaid payment is funded. For funding derived from provider taxes (or healthcare related taxes), even if that tax derived revenue becomes part of the Medicaid agency's general revenue appropriation, analysts should attempt to determine if the provider tax or healthcare related tax meets the requirements to be broad-based and uniform, and if it is below the 6% effective cap.

If the DRR analyst can confirm that a mandatory payment of a tax/assessment is broadbased and uniform in that the same rate of tax is assessed on all providers in a class for a permissible class of items or services, then the analyst would not refer the tax to DFP. Any concerns about whether the tax is broad-based and uniform are referred to the tax team, unless the state has a recent existing approved tax waiver. For states with recently approved tax waivers, a change in the assessed rate of tax absent any other changes to the approved waiver is not itself a reason that DRR would refer a provider tax to DFP.

#### **Secondary Tax-specific Questions**

Note: these are not formalized questions and may vary by analyst in terms of inclusion and phrasing.

- 1. Please provide the class(es) of health care items or services from those at 42 CFR § 433.56(a) to which the provider tax is applied.
- 2. Please provide a copy of the state's legislation that authorizes the provider tax.
- Please clarify if the provider tax is a broad-based tax as specified by Section 1903(w)(3)(B) of the Social Security Act and implementing regulations at 42 CFR § 433.68(c).
- 4. Please clarify if the provider tax is a uniform tax as specified by Section 1903(w)(3)(C) of the Social Security Act and implementing regulations at 42 CFR § 433.68(d).
- 5. If the answer is no to either question iii. or question iv., please indicate if the state has applied for and received a waiver of the broad-based or uniformity requirements as appropriate as described at Section 1903(w)(3)(E)(i) of the Social Security Act and implementing regulations at 42 CFR § 433.72(a)(1).
- 6. If the state answered yes to question v., please provide CMS with a copy of the waiver.
- 7. Please specify the basis upon which the provider tax is assessed (i.e. net patient revenue, etc.).
- 8. Please indicate the year when the provider tax was first assessed or the year when the state will start assessing the provider tax.

9. For the purposes of the 6% indirect hold harmless test as described at 42 CFR § 433.68(f)(3)(i)(A), please specify the percentage of net patient revenue raised by the provider tax for the permissible class that is being taxed.

#### **<u>Redistribution Questions</u>**

See separate document

#### **CIB Talking Points for DRR Analysts**

#### **Background**

On April 22, 2024, FMG released a CMCS Informational Bulletin (CIB) announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and state payment proposals funded, in whole or in part, by health care-related taxes. We are working into the SPA process procedures for reviewing proposals in line with this CIB, and asking additional questions related to redistributions.

The CIB and CIB-related work and materials may come up on a SPA-related call, or in emails you receive regarding the SPA. Because this has been a sensitive topic, and to ensure we can provide states with the best possible support, below we share some steps and talking points for these interactions. In general, business should continue as routinely as possible - these points and procedures are just to guide when a state directly raises this topic. But when in doubt, forward to the Tax team / CIB workgroup!

<u>Note about Texas:</u> We are enjoined from enforcing policies related to this work in Texas. <u>Do</u> <u>not engage with Texas on this topic</u> (hold harmless arrangements, redistributions, etc. See trigger word list below). If you have an inquiry from Texas in this subject area, immediately flag for your supervisor, and obtain direction from OGD (and OGC if necessary).

**Note about Florida:** Although we are not enjoined in Florida, there is active litigation on this subject matter. Similarly do not engage, and loop in your supervisor and OGD.

#### **Trigger words**

These are terms you may hear that may indicate the state is raising this topic.

- Health care-related tax*
- Non-enforcement CIB
- Enforcement discretion
- Redistribution arrangements
- Hold harmless arrangements*
- New or existing arrangements
- Litigation (financing, redistributions, Texas, Florida, Local Provider Participation Fund (LPPF))

*Note that this list is intended to put subjects on your radar, but may need to be used in conjunction in order to be related to the CIB. You do not need to engage with the CIB team simply when a state has mentioned a health care-related tax.

#### **SPA Calls Talking Points**

- To confirm, are you asking about [topic related to] the April 22 CIB regarding enforcement discretion for redistribution arrangements?
- We do not have the relevant subject matter experts on this call to discuss that topic; however, if you want to email me your question, I can ensure they receive it. If a separate call is needed, we can schedule one once the subject matter experts have reviewed your question.
- Or, now or at any other time, for questions on this issue and health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

#### **Email Communications**

Sample reply: Thank you for your inquiry regarding the CIB that establishes CMS enforcement discretion for existing redistribution arrangements. I have shared your email with the applicable subject matter experts, and I will provide their response shortly.

For questions on health care-related taxes and related waivers, please contact the CMS Tax Waiver Mailbox at taxwaiver@cms.hhs.gov.

Again, when in doubt, forward to the Tax team / CIB workgroup!

#### **Points of Contact**

Points of contact, internal: Jonathan Endelman, Kristin Fan, Abigail Walker, Stephanie Kaminsky

**DRR POC:** Jerica Bennett

Points of contact, external: <u>taxwaiver@cms.hhs.gov</u>

## FW: FW: Discuss Managed Care Rule & Tax Non-Enforcement CIB

From:	"Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov></abigail.walker@cms.hhs.gov>
То:	"adams, lia (CMS/CMCS)" <lia.adams@cms.hhs.gov></lia.adams@cms.hhs.gov>
Date:	Tue, 09 Jul 2024 15:51:33 +0000
Attachments:	RE: RE: CMS approach to review of proposals associated with redistribution non enforcement CIB (184.83 kB); RE: RE: CMS approach to review of proposals associated with redistribution non enforcement CIB (275.97 kB); FW: FW: 7/16 all state call - QAs (84.99 kB)

Today's agenda

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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From: Walker, Abigail (CMS/CMCS)

Sent: Tuesday, July 9, 2024 11:26 AM

To: Wiley, Evelyn (CMS/CMCS) <Evelyn.Wiley@cms.hhs.gov>; Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Mcmillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>; Sampson, Tamara (CMS/CMCS) <Tamara.Sampson@cms.hhs.gov>; Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov> Cc: Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Knight, Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov> Subject: RE: Discuss Managed Care Rule & Tax Non-Enforcement CIB

Good afternoon!

Below please see an agenda for today's meeting, which is just from the CIB workgroup so please feel free to raise other pressing items or concerns.

-Initial / walk on items from Rory (or others)
 -OGC:

 -New-existing feedback (see also email from Jeffrey 7/3 404p, attached)
 -Communication strategy (related to email from Jeffrey 7/3 404p)
 -Redistribution questions went to OGC (email from Abby 7/3 826a)

 -DRR planning – state calls
 -SOP work (awareness)
 -Revisit brainstorming document
 -Flag: all state call q/a sent to Rory (email from Abby 7/3 121p)

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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-----Original Appointment-----From: Wiley, Evelyn (CMS/CMCS) <<u>Evelyn.Wiley@cms.hhs.gov</u>> Sent: Thursday, May 2, 2024 10:56 PM To: Wiley, Evelyn (CMS/CMCS); Howe, Rory (CMS/CMCS); Maccarroll, Amber (CMS/CMCS); Silanskis, Jeremy (CMS/CMCS); Arnold, Charlie (CMS/CMCS); Goldstein, Stuart (CMS/CMCS); Endelman [he/him], Jonathan (CMS/CMCS); Mcmillion, Todd (CMS/CMCS); Sampson, Tamara (CMS/CMCS); Boston, Beverly (CMS/CMCS); Wolgast, Henry (CMS/CMCS); Walker, Abigail (CMS/CMCS); Kaminsky, Stephanie (CMS/CMCS); Fan, Kristin (CMS/CMCS) Cc: Cuno, Richard (CMS/CMCS); Knight, Gary (CMS/CMCS) Subject: Discuss Managed Care Rule & Tax Non-Enforcement CIB When: Tuesday, July 9, 2024 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada). Where: https://cms.zoomgov.com/j (b)(6)

# The CIB implementation subcommittee has prepared a document to examine the new vs existing distinction:

(b)(5)

Evelyn Wiley is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting https://cms.zoomgov.com/j/ (b)(6) Meeting ID: (b)(6) Password: (b)(6) One tap mobile +16692545252,US (San Jose) (b)(6) +16468287666, US (New York) Dial by your location +1 669 254 5252 US (San Jose) +1 646 828 7666 US (New York) 833 435 1820 US Toll-free 833 568 8864 US Toll-free Meeting ID: (b)(6) Password: (b)(6) Find your local number: https://cms.zoomgov.com/u/aexX93gwx4

Join by SIP Password: <u>sip:</u> (b)(6) (b)(6) <u>@sip.zoomgov.com</u>

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

#### **Redistribution-Related SPA Questions**

The hold harmless requirements related to health care-related taxes are described in statute at section 1903(w)(4) of the Social Security Act (the Act) and federal regulation at 42 CFR § 433.68 (f). These hold harmless arrangements would include situations involving the redistribution of Medicaid payments among providers. In our Center for Medicaid and CHIP Services (CMCS) Informational Bulletin (CIB) released on February 17, 2023, entitled "Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid payments" reiterated that we consider any redistributions among providers of Medicaid payments to ensure that no provider is harmed financially for the cost of the tax to be an impermissible hold harmless arrangement contemplated by the statute and regulations.

On April 22, 2024, we released a CIB announcing that, at least until January 1, 2028, CMS will exercise enforcement discretion with respect to sections 1903(w)(1)(A)(iii) and (w)(4) of the Act and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that exist as of the date of the CIB. We also indicated in this CIB that CMS intends to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and state payment proposals funded, in whole or in part, by health care-related taxes. Therefore, we have the following questions related to the state's proposal:

- 1. Is the state aware of any agreements or arrangements among providers or other entities that involve the redistribution of Medicaid payments (or other provider funds that are replenished by Medicaid payments) financed by the tax or taxes that are related to or that fund this proposal, as applicable? These redistribution payments may be made directly from one taxpaying provider to another, or the funds may be contributed first to an intermediary redistribution pool.
  - a. If so, please provide a detailed description of such agreements and/or arrangements, including how the state became aware of them, how long the arrangement(s) has been in place, the parties to the arrangement, and how the arrangement works.
- 2. Has the state asked providers or provider associations whether there are Medicaid payment redistributions among providers?
  - a. If so, what did the state learn from communications with providers or provider associations that is not described in the answer to question 1?
- 3. If such arrangements described in questions 1 and/or 2 exist, please provide any available information and documentation on the subject, in particular the text of any written materials or spreadsheets detailing the transfers. Examples of written materials/documentation include signed agreements, spreadsheets, PowerPoints, PDFs, legislative hearing records, contracts, hospital association resolutions or guidance documents, instructional videos, etc.
- 4. Please describe what monitoring, oversight, and enforcement programs in place to ensure permissibility of the state's/locality's/localities' health care-related tax program. What

oversight systems does the state have to identify any impermissible hold harmless arrangements and prevent them? Please describe any reporting requirements from providers to the state that relate to the state's hold harmless oversight efforts.

- 5. Please confirm that the state is reporting its health care-related tax collections accurately on a quarterly basis, in accordance with 42 CFR 433.74. Under that regulation, CMS has the authority to request any additional information related to any donations made by, or any taxes imposed on, health care providers. As such, please also confirm the state is maintaining supporting documentation that is readily available upon request by CMS.
  - a. As a reminder, on the quarterly CMS-64, along with the reporting described, the state is certifying that its sources of non-federal share comply with federal requirements. If the state needs technical assistance to support the accurate reporting of health care related taxes on the CMS-64, please let us know.

Follow-up questions for identified arrangements:

- 1. Is this a new arrangement? In this context, the word "new" could refer to the tax, the redistribution arrangements, the payment vehicle (i.e. SDP or SPA), or any combination of the aforementioned. Even if a confirmed redistribution arrangement is pre-existing, there may be changes to certain aspects of the health care-related tax program which make it tantamount to a new arrangement, and therefore we would not exercise our enforcement discretion.
- 2. When was this arrangement first created?
- 3. When did you first become aware of this arrangement?
- 4. How many providers are involved?
- 5. What are the amounts of the transfers?
- 6. Which providers are transferring, and which are receiving transfers?
- 7. Please provide the tax amounts for each provider.
- 8. Please provide the amount paid to each provider financed by the provider tax.

#### **Operational Approaches for Non-enforcement CIB**

**Background**: On April 22, 2024, CMS issued a CMCS Informational Bulletin (CIB)¹ stating that CMS will not enforce sections 1903(w)(1)(A)(iii) and (w)(4) of the Social Security Act (the Act) and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that **exist as of the date of the CIB** until January 1, 2028. The CIB made clear that CMS would enforce these provisions with respect to new hold harmless arrangements.² The overarching goal of the non-enforcement policy is to provide a practical path to nationwide compliance on hold harmless requirements, while avoiding potentially disruptive programmatic impact associated with immediate compliance enforcement and collecting additional information from states. This paper outlines FMG's recommended operational approaches during the non-enforcement period, including for determining whether an arrangement is new or existing, the scope of activities in which FMG request information about possible redistributions, and where to focus FMG resources on state proposals.

New v. Existing Qualitative Assessment: To determine whether an arrangement with a confirmed redistribution is new or existed prior to April 22, 2024, we will perform standard qualitative assessments on state taxes when they are under FMG review through our existing standard processes (e.g., tax waiver requests, payment SPAs, proposed SDPs, etc.). Aiming to ensure consistency across all states, we will examine factors, detailed through framework below, such as historical trends, the magnitude of the change, and the impetus for the state action. While we describe some of those actions and factors below, we also note that every arrangement is unique and will require a focused review to take into account the varying circumstances for that state and the particular tax program.

**Targeted Scope of Review:** The CIB specifies that CMS will work to obtain additional information from states regarding possible redistribution arrangements. In doing so, we intend to rely as much as possible on existing process for reviewing non-federal share financing. Specifically, FMG's tax team will review the following types of activities for approvability or enforcement actions related to new redistribution arrangements under the basis of the CIB, to the extent the proposals have been provided to the FMG's tax team for review by the MCG, DRR, or SDG analysts, as applicable, and for proposals pending approval of April 22, 2024, to the extent the financing has not yet been cleared.* Given FMG's limited resources, these reviews will be targeted to actions that are funded with taxes that pose risk of new arrangements, aligned with our current approach to reviewing non-federal share for SPAs. In addition, we will continue our ongoing environmental scanning to identify problematic arrangements. Such environmental scanning may include Google searches, local news reports, state budget hearings, in addition to reviewing concerns raised by interested parties regarding hold harmless arrangements that may

1

¹ Exercise of Enforcement Discretion until Calendar Year 2028 for Existing Health Care-Related Tax Programs with Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments,

https://www.medicaid.gov/federal-policy-guidance/downloads/cib042224.pdf

² In this context, the word "new" could refer to the tax, the redistribution arrangements, the payment vehicle (i.e. SDP or SPA), or any combination of the aforementioned. Even if a confirmed redistribution arrangement is preexisting, there may be changes to certain aspects of the health care related tax program which make it tantamount to a new arrangement, and therefore we would not exercise our enforcement discretion.

have been created and/or operated by hospital associations, nursing home associations, consultants, and others.

- SDPs
- SPAs
- Tax waiver requests
- 1115 demonstration proposals/renewal requests (such as safety net care pools, quality incentive payments, low income pools, distressed hospital payments)
- CMS-64 reviews (to identify that a state implemented a new redistribution arrangement without our knowledge or inconsistent with payment proposal information.)
- FMRs
- OIG/Single State Auditor audits
- Environmental scanning

***Pending Proposals:** The CIB policies will be applied to all proposals approved by CMS after April 22, 2024. This includes proposals still pending CMS approval as of April 22, 2024, to the extent CMS has not already examined and cleared the financing aspect.

**Redistribution Reviews.** During the period from April 22, 2024, until January 1, 2028, and in line with policies outlined in the CIB, we will take into account a number of factors when determining whether there is a confirmed redistribution arrangement, as the subsequent application of the nonenforcement aspect of the CIB operates under the threshold assumption that there is a confirmed redistribution.

- 1) We are developing a set of standard questions for SDPs, SPAs, etc., selected to obtain additional information from states regarding possible redistributions.
- 2) We are also developing example attestations to provide states upon request (note: this is in advance of the attestation requirement established by the Medicaid managed care final rule (89 FR 41002), is optional for states, and is not an enforceable standard until 2028).
- 3) Based upon prior experience of certain arrangements, we will further investigate those proposals.

New vs. Existing determinations for scenarios CMS may encounter. Note, multiple scenarios or assessments may be possible in any one proposal, and CMS will consider all relevant factors. This is not an exhaustive list of factors and categories CMS will consider. The agency may need to update its process and standards as it learns more about redistribution arrangements and the impact of the Medicaid managed care final rule (89 FR 41002).

Scenario Categories	We would likely regard as <u>new</u> , and therefore may be subject to disapproval, deferral, or disallowance action:	We would likely regard as <u>existing</u> , which therefore benefit from non- enforcement:
New v. Existing Redistribution New action (SPA, SDP, etc)	• The confirmed redistribution is tied to a new action.	• The confirmed redistribution is existing and not tied to the new action.

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	•	The SPA, SDP, or tax includes a new payment or new tax.	•	In line with historical activity and trends. In line with inflationary (or similar) adjustments.		
Magnitude of SDP or Rate Payment change	•	SDP or payment is increased in a manner not aligned with historic practices, etc, when compared to other or prior SDPs or provider payments. For example, if the payment vehicle, the SDP or SPA, results in a significant increase, e.g. from \$200 million dollars to \$700 million dollars.	•	Payment change is a nominal increase. For example, if last year the total tax amount collected was \$100 million, and this year the total tax amount collected is \$110 million.	Commented [LJ(4]: (b)(5)	(b)(5)
Magnitude of Tax Increase	•	A significant tax increase (in either amount or proportion). For example, tax collections	•	Tax change is routine business. For example, if a state submits a tax waiver once a quarter with	Commented [LJ(5]:	
		that jump from 3 percent to 6 percent of net patient revenue, that does not align with historical practice.		only slight changes (i.e., one quarter the tax amount is \$110 million, the next \$107 million, the next \$112 million).	(b)(5)	(b)(5)
		·	•	Tax changes are aligned with historic practices (e.g., a state that starts with 1 percent net patient revenue and has been increasing at a rate of .5 percent year over year,		
			•	up to 6 percent). Inflationary adjustments (i.e. the tax increases by the Consumer Price Index for Urban Consumers).		
Tax Structures, Generally	•	If structure of tax changes in an unanticipated manner. Note: We will not know in	•	A change or shift in tax structure is either minor, the result of circumstances beyond the state's	 Commented [LJ(6]:	
		advance all the ways a state might be able to manipulate the tax structure, so we will scrutinize these changes closely.	•	control, or otherwise not indicative of state exploiting nonenforcement. For example, because of changes in case mix the current structure	(b)(5)	(b)(5)
	•	For example, a state exempts different providers to maximize taxation of providers with high Medicaid participation.		in case mix, the current structure they have approved results in Medicaid being taxed slightly higher than it was before. The rates are the same, exempt providers are the same, but due to		

		increase in Medicaid patients for a time period, there is a higher burden on Medicaid (as long as B1/B2 is still above 1).	
Part/Whole	• In the case of a small arrangement or payment change that can be separated from the larger framework, the severable part would be regarded as new.	• The new arrangement or payment is incidental to a program-wide framework, and is fundamental to that larger framework. For example, one program in a larger section 1115 demonstration is funded by an impermissible health care-related tax containing hold harmless arrangements.	
Part/Whole Example: Delivery System	• If the payment shift is not part of an overall, larger shift by the state, and instead a selective incorporation, between delivery systems, then the payment change may be regarded as new.	• If the shift in payment between delivery models is part of a larger shift by the state between delivery systems, the change could be regarded as existing.	<b>Commented [LJ(7]:</b> Editorial suggestion to clarify that CMS is discussing an example here.
Legislative Tax Change	• State legislature action. Through news articles/environmental scanning/self reporting, we identify a new state law passed or under consideration that indicates a significant departure from historical practice, etc.	<ul> <li>Legislation to renew a tax due to expiration of prior.</li> <li>Legislative requirement creates a standard ongoing update (i.e. a state's laws do not change at all and the structure of the tax does not change at all and state law requires an annual update). For example, the state is rebasing its data: the data used to be based on FY 2020, but the state is updating the data to be based on FY 2023. The total tax amount changes as a result of the base data year update.</li> </ul>	Commented [LJ(8]: (b)(5) (b)(5)

 From:
 "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>

 To:
 "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>

 Cc:
 "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>

 Date:
 Wed, 03 Jul 2024 17:21:11 +0000

Hi Rory,

MCG asked us to have one question for the 7/16 call (see fwd). I drafted the following. This is non urgent and I'll reup when you're back in, just getting it done now while yesterday's convo is in my brain. Let me know if you want me to add anything.

**Q**: In the managed care final rule, CMS finalized a couple policies related to non-federal share financing, then simultaneously released a CIB about CMS's exercise of enforcement discretion for certain redistribution arrangements. How is CMS implementing its review of tax proposals and waivers under the final rule and CIB?

A: In the managed care final rule, we finalized regulations that more clearly codified existing standards for nonfederal share financing, which is now effective, as well as an attestation requirement, which will be effective the first rating period after January 1, 2028. The managed care final rule policies apply broadly to state financing. However, the CIB pertains only to health care-related tax programs with hold harmless arrangements involving the redistribution of Medicaid payments, and the exercise of enforcement discretion, which is currently in effect now through January 1, 2028, is only with regards to existing arrangements. To determine whether an arrangement, which here refer to any or all of an overall tax arrangement that includes redistributions, is new or existing, CMS will perform standard qualitative assessments on state taxes when they are under FMG review through our existing standard processes. We will examine factors such as historical trends, the magnitude of the change, and the impetus for the state action. We also want to point out that in the CIB, we explained we intend to begin routinely asking questions about possible hold harmless arrangements in conjunction with reviews of health care-related tax waiver requests and state payment proposals funded, in whole or in part, by health care-related taxes. States submitting proposals should expect to receive questions specific to the issue of hold harmless and redistribution arrangements. If you do, it is not an indicator that we know or suspect there is an impermissible arrangement, or that your proposal or waiver would be regarded as new or existing under the CIB. Rather, we are gathering data as indicated in the CIB to ensure states are aware of arrangements, and to identify any programs or sectors at risk once we resume enforcement so we can address and mitigate that risk.

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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From: Gentile, Amy (CMS/CMCS) <Amy.Gentile@cms.hhs.gov> Sent: Wednesday, July 3, 2024 12:54 PM To: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Regmi, Pooja (CMS/CMCS) <Pooja.Regmi@cms.hhs.gov>; Burch Mack, Rebecca (CMS/CMCS) <Rebecca.BurchMack@cms.hhs.gov> Subject: RE: 7/16 all state call - QAs

After discussing with John today, he would like FMG to have one question ready. We'll draft 2 questions and we'll have DQ draft one. That will give us 4 total.

Thank you!

Rebecca (CMS/CMCS) <<u>Rebecca.BurchMack@cms.hhs.gov</u>> Subject: 7/16 all state call - QAs

#### Good afternoon!

Earlier today Rory had flagged the 7/16 all state call which would have a QA on the three rules. He noted a request for 3 pre loaded questions per rule. I assume since FMG's portion of the MC rule is so small it prob wouldn't warrant one of the 3 pre loaded questions, but I just wanted to reach out as you plan for what you'd want to highlight and see if you'd like us to draft one. Please let me know!

(Also if you don't know what I'm talking about yet, sorry, I think it came through a slack convo so the "request" might still be working around.)

Thanks!

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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#### RE: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

From:	"Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov></jeremy.silanskis@cms.hhs.gov>
To:	"Colucci, Eva (CMS/CMCS)" <eva.colucci@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov></amber.maccarroll@cms.hhs.gov></eva.colucci@cms.hhs.gov>
Cc:	"Annan, Judi (CMS/CMCS)" <judith.annan@cms.hhs.gov>, "Tyler, Alecia (CMS/CMCS)" <alecia.tyler@cms.hhs.gov>, "Alarcon, Valentina (CMS/CMCS)" <valentina.alarcon@cms.hhs.gov>, "Mcneill, Deborah (CMS/CMCS)" <deborah.mcneill@cms.hhs.gov></deborah.mcneill@cms.hhs.gov></valentina.alarcon@cms.hhs.gov></alecia.tyler@cms.hhs.gov></judith.annan@cms.hhs.gov>
Date:	Thu, 26 Sep 2024 19:18:08 +0000
Attachments:	IMP Woodlawn Cert FMG_Front Office_SA GS-0301-14.pdf (65.07 kB); Hinng Panel - Selection Form Attestation (OHC-2023-001-B) FMG SA.pdf (1.35 MB)

#### Hi - attached are the signed forms. Thanks!

From: Colucci, Eva (CMS/CMCS) <Eva.Colucci@cms.hhs.gov>

From: Colucci, Eva (CMS/CMCS) <Eva.Colucci@cms.nns.gov> Sent: Thursday, September 26, 2024 3:08 PM To: Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov> Cc: Annan, Judi (CMS/CMCS) <Judith.Annan@cms.hhs.gov>; Tyler, Alecia (CMS/CMCS) <Alecia.Tyler@cms.hhs.gov>; Alarcon, Valentina (CMS/CMCS) <Valentina.Alarcon@cms.hhs.gov>; Mcneill, Deborah (CMS/CMCS) <Deborah.McNeill@cms.hhs.gov>

Subject: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

Hi Jeremy,

The Woodlawn Cert is attached and ready for your selections. When you're ready, please send it back to me with the Selection Form & Attestation. I will also need the Non-Disclosure Statement Form(s), if applicable. Please let me know if you need anything else.

Eva Colucci Human Capital Analyst/HR Liaison Division of Human Capital (DHC)/Operations Service Group (OSG) Center for Medicaid and CHIP Services (CMCS) Phone: 720.853.2613 Email: eva.colucci@cms.hhs.gov

From: Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy Silanskis@cms.hhs.gov</u>> Sent: Thursday, September 26, 2024 12:21 PM To: Colucci, Eva (CMS/CMCS) < Eva. Colucci@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) < <u>Amber.MacCarroll@cms.hhs.gov></u>; Cc: Annan, Judi (CMS/CMCS) < <u>Judith Annan@cms.hhs.gov</u>>; Tyler, Alecia (CMS/CMCS) < <u>Alecia.Tyler@cms.hhs.gov</u>>; Alarcon, Valentina (CMS/CMCS) < <u>Valentina.Alarcon@cms.hhs.gov</u>>; Mcneill, Deborah (CMS/CMCS) < Deborah.McNeill@cms.hhs.gov> Subject: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

I probably should have mentioned that we plan to use the Woodlawn cert. Thanks!

From: Colucci, Eva (CMS/CMCS) < Eva.Colucci@cms.hhs.gov>

Sent: Thursday, September 26, 2024 12:42 PM

To: Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy Silanskis@cms.hhs.gov</u>>; Maccarroll, Amber (CMS/CMCS) <<u>Amber.MacCarroll@cms.hhs.gov</u>> Cc: Annan, Judi (CMS/CMCS) <<u>Judith.Annan@cms.hhs.gov</u>>; Tyler, Alecia (CMS/CMCS) <<u>Alecia.Tyler@cms.hhs.gov</u>>; Alarcon, Valentina (CMS/CMCS) <<u>Valentina.Alarcon@cms.hhs.gov</u>>; Mcneill, Deborah (CMS/CMCS) <<u>Deborah.McNeill@cms.hhs.gov</u>>;

Subject: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

Hi Jeremv.

Yes, you will need to sign the specific cert, where the individual applied. I will send you the prepared Cert PDFs so you can enter your selection and sign. Please indicate S next to your selection and enter NS on those who were not selected on the certs. Once completed, please send the certs to me and I can complete the USAStaffing portion for

As part of the selection request to OHC, I will need to include the attached, Selection Form & Attestation as well as the Non-Disclosure Statement for BU employees, if you had any Bargaining Unit employees on the panel. Once those are ready, kindly send them to me.

Please let me know if you have any other questions or need clarification.

Eva Colucci Human Capital Analyst/HR Liaison Division of Human Capital (DHC)/Operations Service Group (OSG) Center for Medicaid and CHIP Services (CMCS) Phone: 720.853.2613 Email: eva.colucci@cms.hhs.gov

From: Silanskis, Jeremy (CMS/CMCS) < Jeremy Silanskis@cms.hhs.gov>

Sent: Thursday, September 26, 2024 9:47 AM To: Colucci, Eva (CMS/CMCS) <<u>Eva.Colucci@cms.hhs.gov</u>>; Maccarroll, Amber (CMS/CMCS) <<u>Amber.MacCarroll@cms.hhs.gov</u>> Cc: Annan, Judi (CMS/CMCS) <<u>Judith.Annan@cms.hhs.gov</u>>; Tyler, Alecia (CMS/CMCS) <<u>Alecia.Tyler@cms.hhs.gov</u>>; Alarcon, Valentina (CMS/CMCS) <<u>Valentina.Alarcon@cms.hhs.gov</u>>; C: Annan, Judi (CMS/CMCS) <<u>Judith.Annan@cms.hhs.gov</u>>; Tyler, Alecia (CMS/CMCS) <<u>Alecia.Tyler@cms.hhs.gov</u>>; Alarcon, Valentina (CMS/CMCS) <<u>Valentina.Alarcon@cms.hhs.gov</u>>;

Mcneill, Deborah (CMS/CMCS) <<u>Deborah.McNeill@cms.hhs.gov</u>> Subject: RE: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14

Hi – we are going to make our selection for the FMG SA today. Do we make the selection using the PDF for the location where the individual applied or should the hiring manager log into usastaffing to make the selection? (b)(6) will be the hiring manager but I just tried to sign into the system using my password/PIV and it says that I have a credentialling issue so a little worried that he may run into the same problem. Thanks!

From: Colucci, Eva (CMS/CMCS) <<u>Eva.Colucci@cms.hhs.gov</u>> Sent: Tuesday, September 3, 2024 5:04 PM To: Maccarroll, Amber (CMS/CMCS) <<u>Amber.MacCarroll@cms.hhs.gov</u>>; Silanskis, Jeremy (CMS/CMCS) <<u>Jeremy.Silanskis@cms.hhs.gov</u>> Ce: CMS CMCS HR <<u>CMCSHR@cms.hhs.gov</u>>; Annan, Judi (CMS/CMCS) <<u>Judith.Annan@cms.hhs.gov</u>>; Tyler, Alecia (CMS/CMCS) <<u>Alecia.Tyler@cms.hhs.gov</u>>; Alarcon, Valentina (CMS/CMCS) Cvalentina.Alarcon@cms.hhs.gov>; Mcneill, Deborah (CMS/CMCS) <<u>Deborah.McNeill@cms.hhs.gov</u>>; Tyler, Alecia (CMS/CMCS) <<u>Alecia.Tyler@cms.hhs.gov</u>>; Alarcon, Valentina (CMS/CMCS) Subject: UPDATED CERT Review IMP-20240718-0019 - Special Assistant GS-0301-14 Importance: High

Importance: High

Hello again and good afternoon,

OHC recalled the initial cert review for the Special Assistant, GS-14, and the certs are now separated by location. Rather than forwarding you 4 different review emails, I have combined the information from each email in the chart below and highlighted locations for convenience. Please use the attached certs when making your selection. I've also attached the Non-Disclosure Agreement and Hiring Panel Selection Form & Attestation, which will need to accompany the Selection Form, when submitted to OHC.

Feel free to access the documents in USAStaffing. The certificates have a current expiration date of <u>9/24/2024</u>, which provides you with 15 initial days to make a selection decision. After the 15 days, the cert may be extended in 5-day increments, but will require additional approving justifications after 20 days. The selection process details are provided at the end of this email.

1. Review Type: Applicant List	2. Review Type: Applicant List
Review Name: IMP-20240718-0019-14-Bethesda	Review Name: IMP-20240718-0019-14-Chicago
Due Date: 9/24/2024	Due Date: 9/24/2024
Vacancy Number: 12501979	Vacancy Number: 12501979
Position Information: SPECIAL ASSISTANT, GS-0301-14	Position Information: SPECIAL ASSISTANT, GS-0301-14
Request Number(s): 20240718-0019	Request Number(s): 20240718-0019
Click on the link below or copy and paste the URL into your browser's address bar to	Click on the link below or copy and paste the URL into your browser's address bar to
access this Review.	access this Review.
https://usastaffing.gov/HinngManager/ReviewApplicantList/ViewReview/249959/12501979?	https://usastaffing.gov/HinngManager/ReviewApplicantList/ViewReview/249958/12501
tenant=HHS	tenant=HHS
If you have any questions, please contact Ranisha Dixon at ranisha.dixon@cms.hhs.gov or	If you have any questions, please contact Ranisha Dixon at ranisha.dixon@cms.hhs.g
667-414-0668	667-414-0668
3. Review Type: Applicant List	4. Review Type: Applicant List
3. Review Type: Applicant List Review Name: IMP-20240718-0019-14-San Francisco	4. Review Type: Applicant List Review Name: IMP-20240718-0019-14-WashingtonDC
	4. Review Type: Applicant List Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024
Review Name: IMP-20240718-0019-14-San Francisco	Review Name: IMP-20240718-0019-14-WashingtonDC
Review Name: IMP-20240718-0019-14-San Francisco	Review Name: IMP-20240718-0019-14-WashingtonDC
Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024
Review Name: <b>IMP-20240718-0019-14-San Francisco</b> Due Date: <b>9/24/2024</b> Vacancy Number: <b>12501979</b>	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024 Vacancy Number: 12501979
Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019
Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to
Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review.	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review.
Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249957/12501979?	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249955/12501
Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review.	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review.
Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249957/12501979? tenant=HHS	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249955/12501 tenant=HHS
Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249957/12501979? tenant=HHS If you have any questions, please contact Ranisha Dixon at <u>ranisha.dixon@cms.hhs.gov</u> or	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249955/12501 tenant=HHS If you have any questions, please contact Ranisha Dixon at ranisha.dixon@cms.hhs.g
Review Name: IMP-20240718-0019-14-San Francisco Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249957/12501979? tenant=HHS	Review Name: IMP-20240718-0019-14-WashingtonDC Due Date: 9/24/2024 Vacancy Number: 12501979 Position Information: SPECIAL ASSISTANT, GS-0301-14 Request Number(s): 20240718-0019 Click on the link below or copy and paste the URL into your browser's address bar to access this Review. https://usastaffing.gov/HiringManager/ReviewApplicantList/ViewReview/249955/12501 tenant=HHS

#### Selection Process:

- Selecting Official Responsibilities:

   For GS 14 and 15 positions: Ensure that you adhere to the hiring panel requirements before making a selection. Each interview should include one (1) health equity question and one (1) DEI question from the an equity question more specific to the position's technical area. Carefully review the HRM Human Resource Manual Equity Questions Document. Selecting Officials may use the examples provided to tailor an equity question more specific to the position's technical area. Carefully review the HRM <u>Human Resource Manual</u> for *full* details on how you are to conduct these interviews for these grades.

  Refer to these resources and tips to conduct your <u>Interview Process</u> (Interview candidates remotely, sample interview questions, conducting references...etc.)
- Annotate cert with "S" for candidate you wish to select and "NS" for all others and then sign the cert. Please make sure to have back up selections (2) should the first/subsequent selection decline a job offer • Send OSG/DHC the signed cert.

- OSG\DHC Responsibilities: Upon receipt of the signed cert, DHC will complete internal clearances to include budget request from OFM Prepare and forward package to OHC (HR) for job offers. Keep the selecting official informed of progress Ensure that the applicant is on the NEO log, if applicable

#### OHC Responsibilities:

- <u>OHC Responsibilities:</u> HR will perform quality review of our selection Verify budget Extend official job offer Work with personnel security on background investigation Determine/confirm release and effective date Onboard applicant, if applicable

Subsequent Steps: OSG\OHC will work with Group to ensure that the following are addressed:

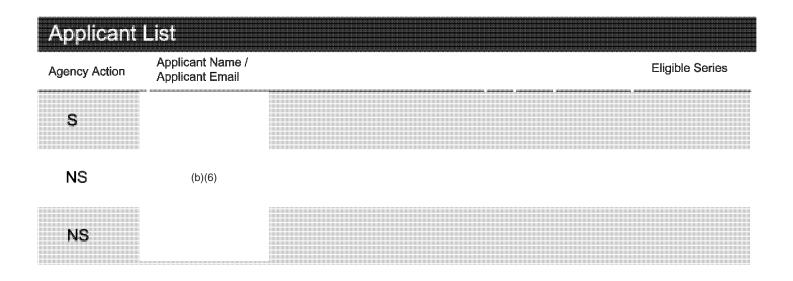
- EUA account is setup or transferred ITAS account is set up or transferred Office space is addressed
- · All other activities have been addressed

Please let me know if you have any questions.

Eva Colucci EV3 COLUCT Human Capital Analyst/HR Liaison Division of Human Capital (DHC)/Operations Service Group (OSG) Center for Medicaid and CHIP Services (CMCS) Phone: 720.853.2613 Email: <u>eva.colucci@cms.hhs.gov</u>

# **Certificate of Eligibles**

Criteria		Certificate D	Certificate Details	
Pay Plan	GS	Certificate Number	20240903-CATZ-009	
Series	0301	Certificate Type	Competitive Merit Promotion	
Grade	14	Issued Date	09/03/2024	
Specialties	N/A	Issued By	(b)(6)	
Location	Woodlawn, United States	Priority Order	None	
		Rank By	Rating (exclude Veteran Points)	
		Refer Method	All	



Selecting Official Signature	(b)(6)	Date
Selecting Official Organization CMS/C	MCS/FMG	-
Selecting Official Telephone Number_	(b)(6)	_
Appointing Official Signature		Date

#### **Hiring Panel Selection Statement**

#### Vacancy Details

Position Title, Series, and Grade	Special Assistant, 0301, GS-14
Component, Group, Division	CMCS/FMG
Announcement Number	CMS-CMCS-24-12501979-IMP
Selecting Official's Name	(b)(6)

#### **Hiring Panel Members**

	Name	Component	
1.		CMCS/FMG	
2.	(1.) (2)	CMCS/FMG	(b)(6)
3.	(b)(6)	CMCS/FMG	
4.		CMCS/OSG	
5.			

#### **Panel Composition and Processes**

#### Describe how panel composition and candidate review processes reduced bias(es).

The panel is composed of members of the FMG leadership team as well as an experienced Special Assistant from a different CMCS Group serving as a panelist SME. The panel includes a diverse group of FMG and CMCS experts who have many years of experience with hiring actions. The panel senior management, with years of training in federal hiring practices, DEI initiatives and selection bias, and subject matter experts who have served in special assistant positions currently and in the past. The experience and specialized

#### Selection Details

Selectee's Name	Justification (3-4 sentences)
(b)(6)	(b)(6) experience as an analyst in the Division of Financial Policy and the FMG front office as well as(b)(6) detail as the FMG Special Assistance make(b)(6) uniquely qualified for the position. (b)(6) demonstrates excellent organization

#### Alternate Selection Details (if applicable)

Alternate Selectee's Name	Justification (3-4 sentences)

#### Attestation

As Selecting Official, I hereby attest that the above selectee was chosen based upon meritorious factors, after establishing and utilizing an objective, job-related, documented, and quantifiable rating and ranking process. I also attest that this decision has been made taking into consideration all Merit Systems Principles and Prohibited Personnel Practices, have been made in good faith and comply with CMS's Hiring Panel HRM.

Signature and Date

### HH/ Related orgs - Attestation language issue

Where:	CMS S2-25-07 CMCS Conference Room (Zoom Enabled); https://cms.zoomgov.com/j/ (b)(6)
	(b)(6)
When:	Wed Jun 05 13:00:00 2024 +00:00
Until:	Wed Jun 05 13:30:00 2024 +00:00
Organisers	"Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov></abigail.walker@cms.hhs.gov>
<b>Required Attendees:</b>	"Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov></abigail.walker@cms.hhs.gov>
•	"Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov></charlie.arnold@cms.hhs.gov>
	"Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov></jennifer.clark@cms.hhs.gov>
	"Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov></kristin.fan@cms.hhs.gov>
	"Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov></henry.wolgast@cms.hhs.gov>
	"Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov></richard.cuno@cms.hhs.gov>
	"Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov></jonathan.endelman@cms.hhs.gov>
	"Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov></stuart.goldstein@cms.hhs.gov>
	"Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov></stephanie.kaminsky@cms.hhs.gov>
Attachments:	FW: WA SNAP Attestation Language + Three Other States (214.02 kB); RE: WA SNAP Attestation Language + Three Other States (265.22 kB)

Abigail Walker is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Me https://cms.zoomg			(b)(6)
Meeting ID: Password: (b)(6)	(b)(6)		
One tap mobile +16692545252, +16468287666,	(b)(6)	# US (San Jose) # US (New York)	
Password: (b)(6)	252 US (: 666 US (  0 US Toll-1 4 US Toll-1 0)(6)	New York) free	u/abRhB9fDl6
Join by SIP Password:			

@sip.zoomgov.com

(b)(6)

sip: (b)(6)

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

### FW: FW: WA SNAP Attestation Language + Three Other States

From: To:	"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov> "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov></stuart.goldstein@cms.hhs.gov></rory.howe@cms.hhs.gov>
Cc:	"Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>, "Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>, "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>, "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>, "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov></jonathan.endelman@cms.hhs.gov></richard.cuno@cms.hhs.gov></henry.wolgast@cms.hhs.gov></abigail.walker@cms.hhs.gov></jeremy.silanskis@cms.hhs.gov></amber.maccarroll@cms.hhs.gov></kristin.fan@cms.hhs.gov></jennifer.clark@cms.hhs.gov></charlie.arnold@cms.hhs.gov>
Date:	Tue, 04 Jun 2024 17:05:29 +0000
Attachments:	Hospital Attestation 5.7.2024.docx (24.6 kB)

Hi, Stuart. Please see attached per our conversation for your review. This language looks similar, but distinguishable from NC. I know we also communicated to NC that any transfers among related entities to hold them harmless would be concerning. Let's plan to discuss once the team has had a chance to review. I will find time to set up a meeting when the team is ready. We will likely need feedback tomorrow given NAMD next week and the urgency from the state. Thanks!

Rory

From: Atkinson, Megan M. (HCA) <megan.atkinson@hca.wa.gov>
Sent: Tuesday, June 4, 2024 12:12 PM
To: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>
Cc: Cole, Abby (HCA) <abby.cole@hca.wa.gov>; Birch, Sue (HCA) <sue.birch@hca.wa.gov>; Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>
Subject: WA SNAP Attestation Language + Three Other States

HI Rory,

Thank you for the conversation yesterday morning and thanks also for your attendance at the NAMD all-state call yesterday. The conversation during the NAMD call was really helpful to me and my team.

Regarding the proposed hospital attestation for Washington, the HCA team met with the Washington State Hospital Association (WSHA) yesterday to discuss the sentence in question (highlighted in yellow in the snippet below).

 Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.

WSHA shared with us three states that have similar language in their attestations.

- * Nevada: For purposes of this attestation, the term "Separate Legal Entity" excludes business entities that are related organizations as defined at 42 C.F.R. §413.17.
- * North Carolina: This attestation does not preclude transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- * Rhode Island: The consolidation of financial transactions of subsidiary entities on a hospital system's combined financial statements under generally accepted accounting principles, or routine inter-company transfers by entities within a hospital system under common ownership or control do not constitute a Redistribution Agreement.

Based on what WSHA has shared, and HCA has <u>not</u> reviewed the other state attestations, the language in the North Carolina attestation appears to be very similar. Has CMS approved the North Carolina attestation and, if so, could Washington use similar language?

Thank you,

#### Megan

Megan M. Atkinson Chief Financial Officer Financial Services Division office: 360-725-1222 cell: (b)(6) megan.atkinson@hca.wa.gov

Washington State Health Care Authority

www.hca.wa.gov

(i)

9

#### ATTESTATION OF HOSPITAL EXECUTIVE IN CONNECTION WITH THE HOSPITAL SAFETY NET ASSESSMENT PROGRAM

#### Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan." See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." See Section 1903(w)(4)(C) of the Act; see also 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State's amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

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#### **Attestation**

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive name:

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If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at <u>abby.cole@hca.wa.gov</u> for assistance.

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HI Rory,

Thank you for the conversation yesterday morning and thanks also for your attendance at the NAMD all-state call yesterday. The conversation during the NAMD call was really helpful to me and my team.

Regarding the proposed hospital attestation for Washington, the HCA team met with the Washington State Hospital Association (WSHA) yesterday to discuss the sentence in question (highlighted in yellow in the snippet below).

Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.

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13

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- * North Carolina: This attestation does not preclude transfers among related organizations as defined at 42 •
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Based on what WSHA has shared, and HCA has not reviewed the other state attestations, the language in the North Carolina attestation appears to be very similar. Has CMS approved the North Carolina attestation and, if so, could Washington use similar language?

Thank you,

Megan

Megan M. Atkinson **Chief Financial Officer** Financial Services Division office: 360-725-1222 cell: 360-764-3424 megan.atkinson@hca.wa.gov

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Health	Care	Authority

www.hca.wa.gov

(* 1) 3

Dear____,

The Centers for Medicare and Medicaid Services (CMS) is requesting that the North Carolina Department of Health and Human Services (NC DHHS) collect attestations from all hospitals subject to the Modernized Hospital Assessment or Health Advancement Assessment¹ affirming that the hospital is not participating in an impermissible hold harmless arrangement. Attestations must be returned to NC DHHS by TBD Date.

#### Ensuring Hold Harmless Arrangements are not in Place in North Carolina

Should CMS identify and impose a disallowance of FFP related to an impermissible hold harmless arrangements, NC DHHS is also requiring that providers submitting this attestation agree to repay the Department a proportionate share of federal funds subject to the disallowance.

To comply with the above requirement from CMS and ensure fiscal stability of NC Medicaid, we ask that an Officer complete and sign the below attestation on behalf of your organization by no later than TBD Date.

I, <u>NAME</u>, as the <u>an Officer</u> of <u>INSTITUTION</u>, attest that the following statements are true: <u>INSTITUTION</u> has not entered into any explicit or implicit, oral or written agreements to participate in any hold harmless arrangement with respect to any health care related tax as specified in § 42 CFR 433.68(f)(3) in which the State or other unit of government imposing the tax provides for any direct or indirect payment, offset, or waiver such that the provision of the payment, offset, or waiver directly or indirectly guarantees to hold the provider harmless for all or any portion of the tax amount.

 INSTITUTION agrees that, if CMS determines that the INSTITUTION has participated in an impermissible hold harmless arrangement that results in the disallowance of FFP pursuant to Section 1903(w)(1) of the Social Security Act, the INSTITUTION will remit payment to NC DHHS equal to the INSTITUTION'S proportionate share of any federal funds subject to the disallowance as determined by the NC DHHS within thirty calendar days of receiving notification of the amount due subsequent to the conclusion of any and all appeal rights by the state.

Signature:_____ Name:_____

¹ Authorized under Article 7B of Chapter 108A of North Carolina General Statute

### NC Hold Harmless Attestation

DRAFT - 7/12/2023

Title:	
Institution:	
Date:	

#### ATTESTATION OF HOSPITAL EXECUTIVE IN CONNECTION WITH THE HOSPITAL SAFETY NET ASSESSMENT PROGRAM

#### Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan." See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." See Section 1903(w)(4)(C) of the Act; see also 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State's amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State's medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22,2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

#### **Attestation**

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

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Name(s) of hospitals for which this attestation is being submitted:

#### **Technical Assistance**

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at <u>abby.cole@hca.wa.gov</u> for assistance.

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Dear____,

The Centers for Medicare and Medicaid Services (CMS) is requesting that the North Carolina Department of Health and Human Services (NC DHHS) collect attestations from all hospitals subject to the Modernized Hospital Assessment or Health Advancement Assessment¹ affirming that the hospital is not participating in an impermissible hold harmless arrangement. Attestations must be returned to NC DHHS by TBD Date.

#### Ensuring Hold Harmless Arrangements are not in Place in North Carolina

Should CMS identify and impose a disallowance of FFP related to an impermissible hold harmless arrangements, NC DHHS is also requiring that providers submitting this attestation agree to repay the Department a proportionate share of federal funds subject to the disallowance.

To comply with the above requirement from CMS and ensure fiscal stability of NC Medicaid, we ask that an Officer complete and sign the below attestation on behalf of your organization by no later than TBD Date.

I, <u>NAME</u>, as the <u>an Officer</u> of <u>INSTITUTION</u>, attest that the following statements are true: <u>INSTITUTION</u> has not entered into any explicit or implicit, oral or written agreements to participate in any hold harmless arrangement with respect to any health care related tax as specified in § 42 CFR 433.68(f)(3) in which the State or other unit of government imposing the tax provides for any direct or indirect payment, offset, or waiver such that the provision of the payment, offset, or waiver directly or indirectly guarantees to hold the provider harmless for all or any portion of the tax amount.

 INSTITUTION agrees that, if CMS determines that the INSTITUTION has participated in an impermissible hold harmless arrangement that results in the disallowance of FFP pursuant to Section 1903(w)(1) of the Social Security Act, the INSTITUTION will remit payment to NC DHHS equal to the INSTITUTION'S proportionate share of any federal funds subject to the disallowance as determined by the NC DHHS within thirty calendar days of receiving notification of the amount due subsequent to the conclusion of any and all appeal rights by the state.

Signature:_____ Name:_____

¹ Authorized under Article 7B of Chapter 108A of North Carolina General Statute

### NC Hold Harmless Attestation

DRAFT - 7/12/2023

Title:	
Institution:	
Date:	

#### ATTESTATION OF HOSPITAL EXECUTIVE IN CONNECTION WITH THE HOSPITAL SAFETY NET ASSESSMENT PROGRAM

#### Legal Framework

The Legislature has designated the Health Care Authority (HCA) as the single state agency responsible for administering the Medicaid program in Washington. See RCW 74.09.530(1)(a).

As such, HCA must ensure the Medicaid program operates in compliance with all state and federal statutes, regulations, and guidance. Washington State hospitals provide critical services as part of the Medicaid program and are a significant portion of all program costs. Estimated calendar year 2024 gross Medicaid inpatient and outpatient payments will exceed \$4.5 billion.

The Legislature first established a safety net assessment on certain Washington hospitals in 2010. See Laws of 2010, Chapter 30 (codified at RCW 74.60). The Legislature most recently amended the program in 2023. See Laws of 2023, Chapter 430 (codified at RCW 74.60). The assessment provides the mechanism for a healthcare provider tax in accordance with Section 1903(w) of the Social Security Act (Act) and 42 CFR 433.68. The Safety Net Program (SNP) and related provider assessment provide the mechanism and revenue, including federal matching funds, for approximately 50 percent of the gross hospital inpatient and outpatient payments.

Permissible health care-related taxes must be broad based, uniformly imposed, and cannot include direct or indirect hold harmless arrangements. See Section 1903(w)(1), (3) of the Act; 42 CFR 433.68(b).

A hold harmless arrangement exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan." See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." See Section 1903(w)(4)(C) of the Act; see also 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State's amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State's medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22,2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

#### **Attestation**

Under penalty of perjury under the laws of the State of Washington, the undersigned authorized hospital executive hereby attests that with respect to implementation and administration of the Safety Net Assessment Program codified under the Laws of 2023, Chapter 430 and at RCW 74.60 the executive:

- Has full authority to sign this Attestation on behalf of the named hospital(s).
- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive name:

Hospital executive title:	Date	:
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Name(s) of hospitals for which this attestation is being submitted:

#### **Technical Assistance**

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at <u>abby.cole@hca.wa.gov</u> for assistance.

### FW: FW: WA SNAP Attestation Language + Three Other States

From: To:	"Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov> "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov></stuart.goldstein@cms.hhs.gov></rory.howe@cms.hhs.gov>
Cc:	"Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>, "Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov>, "Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov>, "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Cuno, Richard (CMS/CMCS)" <richard.cuno@cms.hhs.gov>, "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov></jonathan.endelman@cms.hhs.gov></richard.cuno@cms.hhs.gov></henry.wolgast@cms.hhs.gov></abigail.walker@cms.hhs.gov></jeremy.silanskis@cms.hhs.gov></amber.maccarroll@cms.hhs.gov></kristin.fan@cms.hhs.gov></jennifer.clark@cms.hhs.gov></charlie.arnold@cms.hhs.gov>
Date:	Tue, 04 Jun 2024 17:05:29 +0000
Attachments:	Hospital Attestation 5.7.2024.docx (24.6 kB)

Hi, Stuart. Please see attached per our conversation for your review. This language looks similar, but distinguishable from NC. I know we also communicated to NC that any transfers among related entities to hold them harmless would be concerning. Let's plan to discuss once the team has had a chance to review. I will find time to set up a meeting when the team is ready. We will likely need feedback tomorrow given NAMD next week and the urgency from the state. Thanks!

Rory

From: Atkinson, Megan M. (HCA) <megan.atkinson@hca.wa.gov>
Sent: Tuesday, June 4, 2024 12:12 PM
To: Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>
Cc: Cole, Abby (HCA) <abby.cole@hca.wa.gov>; Birch, Sue (HCA) <sue.birch@hca.wa.gov>; Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>
Subject: WA SNAP Attestation Language + Three Other States

HI Rory,

Thank you for the conversation yesterday morning and thanks also for your attendance at the NAMD all-state call yesterday. The conversation during the NAMD call was really helpful to me and my team.

Regarding the proposed hospital attestation for Washington, the HCA team met with the Washington State Hospital Association (WSHA) yesterday to discuss the sentence in question (highlighted in yellow in the snippet below).

 Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.

WSHA shared with us three states that have similar language in their attestations.

- * Nevada: For purposes of this attestation, the term "Separate Legal Entity" excludes business entities that are related organizations as defined at 42 C.F.R. §413.17.
- * North Carolina: This attestation does not preclude transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- * Rhode Island: The consolidation of financial transactions of subsidiary entities on a hospital system's combined financial statements under generally accepted accounting principles, or routine inter-company transfers by entities within a hospital system under common ownership or control do not constitute a Redistribution Agreement.

Based on what WSHA has shared, and HCA has <u>not</u> reviewed the other state attestations, the language in the North Carolina attestation appears to be very similar. Has CMS approved the North Carolina attestation and, if so, could Washington use similar language?

Thank you,

#### Megan

Megan M. Atkinson Chief Financial Officer Financial Services Division office: 360-725-1222 cell: (b)(6) megan.atkinson@hca.wa.gov

Washington State Health Care Authority

www.hca.wa.gov

(i)

9

#### ATTESTATION OF HOSPITAL EXECUTIVE IN CONNECTION WITH THE HOSPITAL SAFETY NET ASSESSMENT PROGRAM

#### Legal Framework

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A hold harmless arrangement exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for a payment . . . to taxpayers and the amount of such payment is positively correlated either to the amount of such tax or to the difference between the amount of the tax and the amount of payment under the [Medicaid] State plan." See Section 1903(w)(4)(A) of the Act. A hold harmless arrangement also exists where "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." See Section 1903(w)(4)(C) of the Act; see also 42 CFR 433.68(f)(3).

If a hold harmless arrangement exists, then for purposes of obtaining federal matching funds, the federal government will reduce the State's amount of medical assistance expenditures by the amount of a health care-related tax. See Section 1903(w)(1)(A)(ii) of the Act; 42 CFR 433.70(b).

On April 22, 2024 CMS issued a final rule confirming its interpretation that Section 1903(w)(4) of the Act and 42 CFR § 433.68(f) prohibit arrangements in which hospitals receive Medicaid payments from the State, then pool and redistribute those payments with an aim of holding all providers harmless for the cost of the tax and that any such hold harmless arrangements would lead to a reduction of the State's medical assistance expenditures. *See generally* unpublished CMS Final Rule 2024-08085, April 22,2024 and related commentary, scheduled to be published on May 10, 2024 and amending 42 CFR Parts 430, 438, and 457.

#### **Attestation**

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- Acknowledges and understands the legal framework outlined above.
- Confirms there are not any oral or written agreements by the named hospital(s) to redirect or redistribute Medicaid payments related to the SNP in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act and 42 CFR 433.68(f)(3) and has directed such hospital(s) not to engage in any such agreements. This does not include transfers among related organizations as defined at 42 C.F.R. § 413.17 or entities appearing in the consolidated financial statements of a single parent organization.
- Will notify the Health Care Authority in writing if, the named hospital(s) has decided to become engaged in any oral or written agreements or has been solicited to engage in any oral or written agreements to redirect or redistribute Medicaid payments related to the safety net assessment program (codified at RCW 74.60) in a manner that constitutes an impermissible hold harmless arrangement as described under Section 1903(w)(4)(C) of the Act; and 42 CFR 433.68(f)(3). The notification will be made within five business days of the hospital's decision to participate in any such arrangement. The notification will be sent to the Health Care Authority Hospital Safety Net Program administrator at HospSafetyNet@hca.wa.gov.

Hospital executive name:

Hospital executive title:	Date	:
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Name(s) of hospitals for which this attestation is being submitted:

#### **Technical Assistance**

If you are unsure of whether an agreement will result in a hold harmless arrangement, you may contact Abigail Cole at <u>abby.cole@hca.wa.gov</u> for assistance.

### Internal QAs for hold harmless non enforcement CIB

From:	"Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov></abigail.walker@cms.hhs.gov>
То:	"Dorsey, Jennifer (CMS/CMCS)" <jennifer.dorsey@cms.hhs.gov>, "Janu, Shanna (CMS/CMCS)" <shanna.janu@cms.hhs.gov></shanna.janu@cms.hhs.gov></jennifer.dorsey@cms.hhs.gov>
Cc:	"Briskin, Perrie (CMS/CMCS)" <perrie.briskin@cms.hhs.gov>, "Boston, Beverly (CMS/CMCS)" <beverly.boston@cms.hhs.gov></beverly.boston@cms.hhs.gov></perrie.briskin@cms.hhs.gov>
Date:	Thu, 28 Mar 2024 14:27:52 +0000
Attachments:	HH_nonenforcementCIB_QAsdraft_toOCD.docx (29.32 kB)

#### Good morning!

Please find attached the FMG approved internal QAs for the CIB to get it into clearance. I'll get the reactive and night note next.

Thanks!

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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#### Exercise of Enforcement Discretion for Existing Hold Harmless Redistribution Arrangements– CMCS Informational Bulletin (CIB) Internal Q/As

#### 1. What is CMS releasing today?

A. CMS is releasing a CMCS informational bulletin (CIB) regarding CMS' exercise of enforcement discretion until calendar year 2028 for existing health care-related tax programs with hold harmless arrangements involving the redistribution of Medicaid payments.

#### 2. What is the purpose of the release?

A. The CIB communicates to state Medicaid agencies a period of CMS enforcement discretion related to certain arrangements addressed in the recent Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality Final Rule (Managed Care Final Rule). Specifically, CMS will not enforce sections 1903(w)(1)(A)(iii) and (w)(4) of the Social Security Act (the Act) and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider redistributions that exist as of the date of this guidance, which arrangements were described in detail in a February 17, 2023, CMCS CIB titled *Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments*.¹ This flexibility is needed to afford States additional time to address those specific arrangements while still allowing the Managed Care Final Rule to have immediate efficacy for other arrangements.

#### 3. What regulatory changes led to this release?

A. On April XX, 2024, CMS released the Managed Care Final Rule. This final rule makes explicit which SDPs do not comply with federal financing requirements and makes clear CMS will disapprove noncompliant SDPs. While we believe it is important to finalize this rule in this manner at this time, we understand States may need time to find and end impermissible arrangements, and this CIB provides flexibility for addressing these arrangements while the rule can still have immediate efficacy for broader SDP and tax requirements.

### 4. What is the anticipated response from interested parties?

A. We expect States will have a mixed reaction depending on their current view of the arrangements that are subject to this enforcement. We expect Congressional reaction will mirror this. Special interest groups will likely respond favorably in light of concerns expressed about the impact safety net hospitals may experience if the redistribution arrangements in question.

### 5. What guardrails are in place to maintain program integrity?

A. The nonenforcement policy applies only to existing arrangements. As such we are not creating a new vulnerability, but instead giving States more time to resolve ones that already exist.

¹ See https://www.medicaid.gov/sites/default/files/2023-02/cib021723.pdf.

#### **Operational Approaches for Non-enforcement CIB**

**Background**: On April 22, 2024, CMS issued a CMCS Informational Bulletin (CIB)¹ stating that CMS will not enforce sections 1903(w)(1)(A)(iii) and (w)(4) of the Social Security Act (the Act) and 42 CFR § 433.68(b)(3) and (f) with respect to health care-related tax programs with hold harmless arrangements involving provider payment redistributions that **exist as of the date of the CIB** until January 1, 2028. The CIB made clear that CMS would enforce these provisions with respect to new hold harmless arrangements.² The overarching goal of the non-enforcement policy is to provide a practical path to nationwide compliance on hold harmless requirements, while avoiding potentially disruptive programmatic impact associated with immediate compliance enforcement and collecting additional information from states. This paper outlines FMG's recommended operational approaches during the non-enforcement period, including for determining whether an arrangement is new or existing, the scope of activities in which FMG request information about possible redistributions, and where to focus FMG resources on state proposals.

**New v. Existing Qualitative Assessment:** To determine whether an arrangement with a confirmed redistribution is new or existed prior to April 22, 2024, we will perform standard qualitative assessments on state taxes when they are under FMG review through our existing standard processes (e.g., tax waiver requests, payment SPAs, proposed SDPs, etc.). Aiming to ensure consistency across all states, we will examine factors, detailed through framework below, such as historical trends, the magnitude of the change, and the impetus for the state action. While we describe some of those actions and factors below, we also note that every arrangement is unique and will require a focused review to take into account the varying circumstances for that state and the particular tax program.

**Targeted Scope of Review:** The CIB specifies that CMS will work to obtain additional information from states regarding possible redistribution arrangements. In doing so, we intend to rely as much as possible on existing process for reviewing non-federal share financing. Specifically, FMG's tax team will review the following types of activities for approvability or enforcement actions related to new redistribution arrangements under the basis of the CIB, to the extent the proposals have been provided to the FMG's tax team for review by the MCG, DRR, or SDG analysts, as applicable, and for proposals pending approval of April 22, 2024, to the extent the financing has not yet been cleared.* Given FMG's limited resources, these reviews will be targeted to actions that are funded with taxes that pose risk of new arrangements, aligned with our current approach to reviewing non-federal share for SPAs. In addition, we will continue our ongoing environmental scanning to identify problematic arrangements. Such environmental scanning may include Google searches, local news reports, state budget hearings, in addition to reviewing concerns raised by interested parties regarding, hold harmless arrangements that may

¹ Exercise of Enforcement Discretion until Calendar Year 2028 for Existing Health Care-Related Tax Programs with Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments,

https://www.medicaid.gov/federal-policy-guidance/downloads/cib042224.pdf

 $^{^{2}}$  In this context, the word "new" could refer to the tax, the redistribution arrangements, the payment vehicle (i.e. SDP or SPA), or any combination of the aforementioned. Even if a confirmed redistribution arrangement is preexisting, there may be changes to certain aspects of the health care related tax program which make it tantamount to a new arrangement, and therefore we would not exercise our enforcement discretion.

have been created and/or operated by hospital associations, nursing home associations, consultants, and others.

- SDPs
- SPAs
- Tax waiver requests
- 1115 demonstration proposals/renewal requests (such as safety net care pools, quality incentive payments, low income pools, distressed hospital payments)
- CMS-64 reviews (to identify that a state implemented a new redistribution arrangement without our knowledge or inconsistent with payment proposal information.)
- FMRs
- OIG/Single State Auditor audits
- Environmental scanning

***Pending Proposals:** The CIB policies will be applied to all proposals approved by CMS after April 22, 2024. This includes proposals still pending CMS approval as of April 22, 2024, to the extent CMS has not already examined and cleared the financing aspect.

**Redistribution Reviews.** During the period from April 22, 2024, until January 1, 2028, and in line with policies outlined in the CIB, we will take into account a number of factors when determining whether there is a confirmed redistribution arrangement, as the subsequent application of the nonenforcement aspect of the CIB operates under the threshold assumption that there is a confirmed redistribution.

- 1) We are developing a set of standard questions for SDPs, SPAs, etc., selected to obtain additional information from states regarding possible redistributions.
- 2) We are also developing example attestations to provide states upon request (note: this is in advance of the attestation requirement established by the managed care final rule, is optional for states, and is not an enforceable standard until 2028).
- 3) Based upon prior experience of certain arrangements, we will further investigate those proposals.

New vs. Existing determinations for scenarios CMS may encounter. Note, multiple				
scenarios or asse	scenarios or assessments may be possible in any one proposal, and CMS will consider all			
	relevant factors			
Scenario	We would likely regard as <u>new</u> ,	We would likely regard as <b>existing</b> ,		
Categories	and therefore may be subject to	which therefore benefit from non-		
_	disapproval, deferral, or	enforcement:		
	disallowance action:			
New v. Existing Redistribution New action (SPA, SDP, etc)	<ul> <li>The confirmed redistribution is new.</li> <li>The SPA, SDP, or tax includes a new payment or new tax.</li> </ul>	<ul> <li>The confirmed redistribution is existing and not tied to the new action.</li> <li>In line with historical activity and trends.</li> </ul>		

Magnitude of SDP or Rate Payment change	<ul> <li>SDP or payment is increased in a manner not aligned with historic practices, etc, when compared to other or prior SDPs or provider payments. For example, if the payment vehicle, the SDP or SPA, results in a significant increase, e.g. from \$200 million dollars to \$700 million dollars.</li> </ul>	<ul> <li>In line with inflationary (or similar) adjustments.</li> <li>Payment change is a nominal increase. For example, if last year the total tax amount collected was \$100 million, and this year the total tax amount collected is \$110 million.</li> </ul>
Magnitude of Tax Increase	• A significant tax increase (in either amount or proportion). For example, tax collections that jump from 3 percent to 6 percent of net patient revenue, that does not align with historical practice.	<ul> <li>Tax change is routine business. For example, if a state submits a tax waiver once a quarter with only slight changes i.e. one quarter the tax amount is \$110 million, the next \$107 million, the next \$112 million.</li> <li>Tax changes are aligned with historic practices (e.g., a state that starts with 1 percent net patient revenue and has been increasing at a rate of .5 percent year over year, up to 6 percent).</li> <li>Inflationary adjustments (i.e. the tax increases by the Consumer Price Index for Urban Consumers).</li> </ul>
Tax Structures, Generally	<ul> <li>If structure of tax changes in an unanticipated manner. Note: We will not know in advance all the ways a state might be able to manipulate the tax structure, so we will scrutinize these changes closely.</li> <li>For example, a state exempts different providers to maximize taxation of providers with high Medicaid participation.</li> </ul>	<ul> <li>A change or shift in tax structure is either minor, the result of circumstances beyond the state's control, or otherwise not indicative of state exploiting nonenforcement.</li> <li>For example, because of changes in case mix, the current structure they have approved results in Medicaid being taxed slightly higher than it was before. The rates are the same, exempt providers are the same, but due to increase in Medicaid patients for a time period, there is a higher</li> </ul>

		burden on Medicaid (as long as B1/B2 is still above 1).
Part/Whole	• In the case of a small arrangement or payment change that can be separated from the larger framework, the severable part would be regarded as new.	• The new arrangement or payment is incidental to a program-wide framework, and is fundamental to that larger framework. For example, one program in a larger section 1115 demonstration is funded by an impermissible health care-related tax containing hold harmless arrangements.
Delivery System example	• If the payment shift is not part of an overall, larger shift by the state, and instead a selective incorporation, between delivery systems, then the payment change may be regarded as new.	• If the shift in payment between delivery models is part of a larger shift by the state between delivery systems, the change could be regarded as existing.
Legislative Tax Change	• State legislature action. Through news articles/environmental scanning/self reporting, we identify a new state law passed or under consideration that indicates a significant departure from historical practice, etc.	<ul> <li>Legislation to renew a tax due to expiration of prior.</li> <li>Legislative requirement creates a standard ongoing update. i.e. a state's laws do not change at all and the structure of the tax does not change at all and state law requires an annual update. For example, the state is rebasing its data: the data used to be based on FY 2020, but the state is updating the data to be based on FY 2023. The total tax amount changes as a result of the base data year update.</li> </ul>

### FW: FW: Questions: new PRA package for CMS-2439-F

From:	"Walker, Abigail (CMS/CMCS)" <abigail.walker@cms.hhs.gov></abigail.walker@cms.hhs.gov>
То:	"Bonelli, Anna (CMS/CMCS)" <anna.bonelli@cms.hhs.gov></anna.bonelli@cms.hhs.gov>
Date:	Mon, 22 Jan 2024 17:45:22 +0000
Attachments:	Record of Information Clearances Sheet.docx (22.68 kB)

Hey Anna! You have your TB today, right? Can you give Rory the rundown on this? I can get the package together, although I'm going to see what Mitch can do about timing cause today isn't feasible, but then we'd need to clear it and I want to make sure Rory (1) feels like we're in a place of certainty on the attestation policy that the rush is worthwhile and (2) is ready to give it a quick OK before it goes to OCD for the official approval we need on the clearances sheet. Let me know if you want to discuss!

#### ~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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From: Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov> Sent: Monday, January 22, 2024 11:20 AM To: Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov> Cc: Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov> Subject: RE: Questions: new PRA package for CMS-2439-F Importance: High

Hi Abby -

Please let me know if you [are/are not] onboard with the following option. It consists of submitting a New 60-day package ASAP and with revising the COI section of CMS-2439-F.

#### 60-day PRA Package

Prepare/submit 60-day package that addresses the attestation ASAP. To avoid confusion and unwanted comments, I suggest submitting a New package in the interim. This can be folder under the correct package after the 60-day comment period has closed.

The requirements/burden should address:

-State requirement/burden changes to develop instructions for providers/plans.

-State requirement/burden changes to contact providers/plans.

-State requirement/burden changes for recordkeeping.

-State requirement/burden changes for reporting (audits, payment methodology, other). In this case, identify the applicable audit/methodology/other package(s).

-Revised enrollment form/instruction, if applicable.

-Provider/plan requirement/burden changes.

You can use any Supporting Statement as a strawman. A Clearance Sheet is attached. Please submit a complete package ASAP (ideally, today but no later than tomorrow)

#### CMS-2439-F

I suggest adding language to the COI section that explains what you are doing but I also suggest holding off on that language until the 60-day comment period has closed and you know whether any comments have been received. In the meantime, you can insert "Under Development," "Under Development (Attestation requirement/burden is being addressed with a stand-alone 60-day FR notice. Comments are due INSERT DATE)," Other.

Please be sure to identify the correct package that you want OMB to review/approve. This is different from the New package identified above, under 60-day PRA Package.

Alternatively, as a placeholder you can include the attestation requirement/burden that is estimated in your stand-alone 60-day notice and note the significance and status.

#### Please let me know if you have any questions.

Thanks

-Mitch

From: Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>> Sent: Monday, January 22, 2024 9:23 AM To: Bryman, Mitch (CMS/OSORA) <<u>Mitch.Bryman@cms.hhs.gov</u>> Cc: Bonelli, Anna (CMS/CMCS) <<u>Anna.Bonelli@cms.hhs.gov</u>> Subject: RE: Questions: new PRA package for CMS-2439-F

Sorry for the delay, Mitch, I got caught up in some other stuff that was moving. I do agree with you, so please let us know how we proceed in these circumstances. Answers below, and **Anna** please double check me.

Thank you!

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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From: Bryman, Mitch (CMS/OSORA) <<u>Mitch.Bryman@cms.hhs.gov</u>> Sent: Thursday, January 18, 2024 1:43 PM To: Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>> Cc: Bonelli, Anna (CMS/CMCS) <<u>Anna.Bonelli@cms.hhs.gov</u>> Subject: RE: Questions: new PRA package for CMS-2439-F

Hi Abby -

It looks like there is another attestation requirement that was accounted for regarding annual MAC QRS reports.

Regardless, I do believe that the burden for the hold harmless attestation should be accounted for. This would encompass the requirement/burden for the provider to prepare/submit the attestation. It would also be for the state to keep records and to furnish the attestations to CMS upon request.

A few questions: how would providers know what they need to attest to, where to submit their attestations to, and how frequently they need to attest? For providers, will CMCS provide instruction/guidance outside of what is in the rule? States will be responsible for giving providers instructions, or, in the case of managed care, instructing plans on how to instruct the plan's providers. The frequency will be one time (Annual this is where I need you to confirm I did not miss something in the rule saying it's annual or whathaveyou), but for every provider, so as new providers enroll they will need to supply attestations. In the rule we suggest it would be akin to other enrollment forms a new Medicaid provider would need to submit. Once the form is collected, the State needs merely to keep it available if CMS should request it.

The same for states: how would states know about what providers need to submit and what to do with the attestations after they receive them? For states, will CMCS provide instruction/guidance outside of what is in the rule? Once the form is collected, the State needs merely to keep it available if CMS should request it. Requests may come related to audits, or as CMS reviews a payment methodology the State is proposing. The State, from this rule, will know they need an attestation from every provider and that they need to keep them available. We aren't planning formal guidance, as states have some flexibility in how they want to achieve these requirements, but will provide assistance upon request.

If you disagree, I can ask OMB for their opinion. I can also ask Bill to weigh in. In either case, before reaching out I would need your response to the questions that I highlighted above in yellow.

If you agree, please let me know so I can provide you with guidance for moving forward.

Thanks

-Mitch

From: Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>> Sent: Thursday, January 18, 2024 11:23 AM To: Bryman, Mitch (CMS/OSORA) <<u>Mitch.Bryman@cms.hhs.gov</u>> Cc: Bonelli, Anna (CMS/CMCS) <<u>Anna.Bonelli@cms.hhs.gov</u>> Subject: RE: Questions: new PRA package for CMS-2439-F We are not specifying a form or template for this requirement. States are merely required to ensure they have received an attestation on each/all of the points in the reg from each provider, but in the manner of their choosing, then make them available to CMS when needed.

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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From: Bryman, Mitch (CMS/OSORA) <<u>Mitch.Bryman@cms.hhs.gov</u>> Sent: Thursday, January 18, 2024 11:14 AM To: Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>> Cc: Bonelli, Anna (CMS/CMCS) <<u>Anna.Bonelli@cms.hhs.gov</u>> Subject: RE: Questions: new PRA package for CMS-2439-F

This sounds familiar, but I could be confusing this with another rule. If it's the same, during the clearance process I asked whether there is an attestation form and if I can get a copy. Do you know?

From: Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>> Sent: Thursday, January 18, 2024 10:55 AM To: Bryman, Mitch (CMS/OSORA) <<u>Mitch.Bryman@cms.hhs.gov</u>> Cc: Bonelli, Anna (CMS/CMCS) <<u>Anna.Bonelli@cms.hhs.gov</u>> Subject: RE: Questions: new PRA package for CMS-2439-F

That would certainly help, wouldn't it.

It is the new provider attestation requirement discussed on page 28131-28132 and proposed under new paragraph 42 CFR 438.6(c)(2)(ii)(H):

(H) Ensure that each provider receiving payment under a State directed payment attests that it does not participate in any hold harmless arrangement with respect to any health care-related tax as specified in § 433.68(f)(3) of this subchapter in which the State or other unit of government imposing the tax provides for any direct or indirect payment, offset, or waiver such that the provision of the payment, offset, or waiver directly or indirectly guarantees to hold the provider harmless for all or any portion of the tax amount, and ensure that such attestations are available upon CMS request;

https://www.govinfo.gov/content/pkg/FR-2023-05-03/pdf/2023-08961.pdf

I believe this doesn't fall under the affidavit etc exception based on my reading of the reg (see highlight) but I am very happy to be wrong!

Affidavits, oaths, affirmations, certifications, receipts, changes of address, consents, or acknowledgments; provided that they entail no burden other than that necessary to identify the respondent, the date, the respondent's address, and the nature of the instrument (by contrast, a certification would likely involve the collection of "information" if an agency conducted or sponsored it as a substitute for a collection of information to collect evidence of, or to monitor, compliance with regulatory standards, because such a certification would generally entail burden in addition to that necessary to identify the respondent, the date, the respondent's address, and the nature of the instrument);

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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Cc: Bonelli, Anna (CMS/CMCS) <<u>Anna.Bonelli@cms.hhs.gov</u>> Subject: RE: Questions: new PRA package for CMS-2439-F

Hi Abby –

Can you identify the provision in question?

Where was it discussed in the NPRM?

Thanks

-Mitch

From: Walker, Abigail (CMS/CMCS) <<u>Abigail.Walker@cms.hhs.gov</u>> Sent: Thursday, January 18, 2024 9:33 AM To: Bryman, Mitch (CMS/OSORA) <<u>Mitch.Bryman@cms.hhs.gov</u>> Cc: Bonelli, Anna (CMS/CMCS) <<u>Anna.Bonelli@cms.hhs.gov</u>> Subject: Questions: new PRA package for CMS-2439-F

Good morning Mitch,

I am helping with some items in the managed care final rule, CMS-2439-F, and there is a policy being finalized that did not have an ICR or PRA package (new collection) prepared in the NPRM. The final rule is still forthcoming and the policy in question has a very long time before its effective date. In light of this need to catch up, what would be the best approach?

The final rule has some packages this could potentially be added to, but those will have already gone out for comment and be in a different stage than this, which makes me think it needs to be a standalone collection that is later folded into another one? For example, I see at the top of the supporting statement for 0938-1453 (CMS-10856), a PRA package in the MC NPRM/Final rule, the language *"Note: For logistical reasons, this is a temporary package that will be folded under its proper place (CMS-10108, 0938-0920) when ready."* Would that be the right way to do this as well?

Let me know if a call would be helpful to discuss the next steps. Thank you in advance!

~Abby

Abigail Walker, J.D. (she/her) Policy Advisor Financial Management Group, Office of the Group Director Center for Medicaid and CHIP Services 410-786-1725 abigail.walker@cms.hhs.gov

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#### CENTERS FOR MEDICARE & MEDICAID SERVICES Office of Strategic Operations and Regulatory Affairs (OSORA) PAPERWORK REDUCTION ACT (PRA) RECORD OF INFORMATION COLLECTION CLEARANCES

#### Sections I through IV must be completed by the Center/Office before OSORA/PRA can process your PRA package.

#### SECTION I – GENERAL PACKAGE INFO

Center/Office:	Type: New Non-substantive Change*	
Center/Office POC (inc. phone #):	Revision       Discontinuation and Justification         Extension       Emergency         Reinstatement with change       Reinstatement without change (no changes needed to package)         *Will not extend an expiration date.	
Alternate POC (inc. phone #):	OMB Expiration Date (does not apply to New packages):	
Group Director:	Deadline for OMB Approval:	
CMS ID #:	OMB Control #:	
Collection Title:		
SECTION II – JUSTIFICATION ( <i>FOR DISC</i>	ONTINUATION ONLY)	
SECTION III - SPECIAL HANDLING 1. Is this PRA package related to any rulemaking If so, please identify the regulation file code and 2. The normal PRA process can take 5-6 months explain why? What are the consequences of not c	itle: from start to finish. If you are requesting OMB approval sooner than 6 months, please	

<ul><li>3. Does the package include any web-based collection instruments?</li><li>4. Does the package revise any existing collection instruments or instructions?</li></ul>	□Y □Y	□N □N
5. Is the package associated with a State Medicaid Director (SMD) or State Health Official (SHO) letter?		□N
6. Does the package reduce burden regarding any PRA-related requirements that are currently approved under an existing OMB control number?	ΠY	□N
SECTION IV – CLEARANCES		
Sec. 508 Compliance Officer Signature:		_//
Director (Deputy Director) Signature:		

Center/Office Director (or Deputy) Signature is required for all "New," "Revision," "Reinstatement," "Emergency," and "Discontinuation" collections.

A Group Director (or Deputy) may sign for collections seeking an "Extension" or "Nonsubstantive Change."

SECTION V- TO BE COMPLETED BY OSORA			
	60-day & Emergency FR notices (Signature/Date)		30-day FR notices (Initials/Date)
RDG PRA Analyst:		//	/
RDG PRA Technical Advisor:		/	/
RDG Director/Deputy Director:		//	/

## RE: RE: Due Friday, May 10 : SWIFT Brian Kemp

То:	"adams, lia (CMS/CMCS)" <lia.adams@cms.hhs.gov>, "Arnold, Charlie (CMS/CMCS)" <charlie.arnold@cms.hhs.gov>, "Clark, Jennifer (CMS/CMCS)" <jennifer.clark@cms.hhs.gov>, "Goldstein, Stuart (CMS/CMCS)" <stuart.goldstein@cms.hhs.gov>, "Endelman [he/him], Jonathan (CMS/CMCS)" <jonathan.endelman@cms.hhs.gov>, "Wolgast, Henry (CMS/CMCS)" <henry.wolgast@cms.hhs.gov>, "Fan, Kristin (CMS/CMCS)" <kristin.fan@cms.hhs.gov>, "Kaminsky, Stephanie (CMS/CMCS)" <stephanie.kaminsky@cms.hhs.gov></stephanie.kaminsky@cms.hhs.gov></kristin.fan@cms.hhs.gov></henry.wolgast@cms.hhs.gov></jonathan.endelman@cms.hhs.gov></stuart.goldstein@cms.hhs.gov></jennifer.clark@cms.hhs.gov></charlie.arnold@cms.hhs.gov></lia.adams@cms.hhs.gov>
Cc:	"Boston, Beverly (CMS/CMCS)" <beverly.boston@cms.hhs.gov>, "Howe, Rory (CMS/CMCS)" <rory.howe@cms.hhs.gov>, "Maccarroll, Amber (CMS/CMCS)" <amber.maccarroll@cms.hhs.gov>, "Silanskis, Jeremy (CMS/CMCS)" <jeremy.silanskis@cms.hhs.gov></jeremy.silanskis@cms.hhs.gov></amber.maccarroll@cms.hhs.gov></rory.howe@cms.hhs.gov></beverly.boston@cms.hhs.gov>
Date:	Thu, 09 May 2024 20:01:57 +0000
Attachments:	Kemp_swift_toOGD.docx (40.22 kB)

#### Good afternoon Lia,

Attached please find a response I prepared with DFP. There are two flags in the document for awareness. Please let me know if you have questions!

#### ~Abby

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From: adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov> Sent: Wednesday, May 8, 2024 11:42 AM To: Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Walker, Abigail (CMS/CMCS) <Abigail.Walker@cms.hhs.gov>; Endelman [he/him], Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Wolgast, Henry (CMS/CMCS) <henry.wolgast@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Kaminsky, Stephanie (CMS/CMCS) <Stephanie.Kaminsky@cms.hhs.gov> Cc: Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov> Subject: Due Friday, May 10 : SWIFT Brian Kemp

Hi All,

We received an incoming letter from multiple Governors regarding the recent CIB and Managed Care rule regarding hold harmless

arrangements. Can you please draft a response prepped for the Administrator's signature by Friday, May 10th COB. Apologies for the quick turn around requested and please let me know if you have any timing concerns. Please note that this control was created by OS so there is not a ton of wiggle room here.

+ OGD for awareness given timing.

Thanks,

Lia

SWIFT Prep For Signature Task

Deadline: 5/15/2024

**Response Directions:** 

- Please open and review the documents on the web page linked below. Contact the sender of this email if you are unable to open the linked documents. Access to linked content may not be granted to recipients outside the agency.

Attachments:

Governor Brian Kemp, et al C/O State of Texas Office of the Governor Austin, TX 78711

Dear Governor Kemp et al:

Thank you for your letter to President Biden regarding the Centers for Medicare & Medicaid Services' (CMS) February 17, 2023, CMS Informational Bulletin (CIB) entitled "Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments," (February 2023 CIB) and the proposed rule, *Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality* (Managed Care NPRM, 88 FR 28092). I was asked to respond on his behalf. I appreciate your commitment to protecting the Medicaid safety net for elderly and disabled adults, pregnant women, and millions of children across the country, and your feedback on policy for hold harmless arrangements. I want to assure you that we are committed to improving and protecting access to care, care quality, and health outcomes for Medicaid and CHIP enrollees.

On April 22, 2024, CMS released the *Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality* final rule (Managed Care Final Rule).¹ Within this final rule, we finalized policies affirming our authority to disapprove state-directed payments (SDPs) that do not comply with federal requirements. We also finalized the requirement that states ensure each provider receiving an SDP attest that it does not participate in any arrangement that holds taxpayers harmless for the cost of a tax. Under section 1902(a)(4) of the Social Security Act "the Act," CMS is authorized to specify methods of administration that are necessary for proper and efficient administration of the Medicaid program. Part of that mandate requires us to ensure that the source of the non-Federal share of the financing for SDPs is consistent with section 1903(w) of the Act, which prohibits a State from directly or indirectly holding a taxpayer harmless. Please see the Managed Care Final Rule for additional discussion.

CMS concurrently released an informational bulletin regarding CMS' exercise of enforcement discretion until calendar year 2028 for existing health-care related tax programs with certain hold-harmless arrangements involving the redistribution of Medicaid payments (non-enforcement CIB).² We believe the CIB will afford States the time needed to amend their internal processes to end impermissible hold harmless arrangements while not devastating critical safety net providers. We believe the provisions in the final rule are critical to enhance fiscal and program integrity standards in

### **Commented [AW1]:** Fyi Governor Kemp was the first signatory but the return envelope was from this address

¹ https://www.federalregister.gov/public-inspection/2024-08085/medicaid-program-medicaid-and-childrens-healthinsurance-program-managed-care-access-finance-and

² https://www.medicaid.gov/federal-policy-guidance/downloads/cib042224.pdf

Page 2 – Priscilla Ross

Commented [AW2]: Please confirm if this should be updated

SDPs as these payments accounted for more than \$52 billion in Federal fiscal year 2022 and continue to grow.³

Thank you again for your interest in and support for the Medicaid program. We remain committed to continuing our work with states and interested parties on innovative solutions to increase access to care, improve health outcomes, advance health equity, and address disparities for Medicaid beneficiaries. Please share this response with the co-signers of your letter. Should you have additional questions, please contact the HHS Office of Intergovernmental and External Affairs at (202) 690-6060.

Sincerely,

Administrator Chiquita Brooks-LaSure

³ These costs are accounted for in the Regulatory Impact Analysis in the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality final rule.