



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Shands Jacksonville Hospital Inpatient Exemption Payment

2. **Senate Sponsor:** Audrey Gibson

3. **Date of Submission:** 01/24/2018

4. **Project/Program Description:**

Enhance hospital inpatient reimbursement for Shands Jacksonville

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Agency for Health Care Administration

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
11,376,191		11,376,191

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	17,868,517	61.1%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	17,868,517	61.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 29,244,708

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

Unknown

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Enhanced funding for this facility will allow for continued provision of Medicaid hospital services, services to uninsured and under-insured individuals.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Treat and serve Medicaid, beneficiaries, the uninsured and under-insured individuals in the Jacksonville area.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Medical costs related to serving Medicaid, uninsured, and under-insured individuals	11,376,191
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		11,376,191

d. What are the direct services to be provided to citizens by the appropriations project?

Inpatient health care services

e. Who is the target population served by this project? How many individuals are expected to be served?

Medicaid, uninsured, and under-insured individuals in the Jacksonville area

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Patient well being and increased quality care

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Funds will be withheld until compliance is attained including the use of a corrective action plan

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Bill Ryan
- b. **Organization:** Shands Jacksonville Hospital
- c. **Email:** bill.ryan@jax.ufl.edu
- d. **Phone Number:** (904)244-8675

14. Recipient Contact Information:

- a. **Organization:** Shands Jacksonville Hospital
- b. **County:** Duval
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) Hospital

d. Contact Name: Bill Ryan

e. E-mail Address: bill.ryan@jax.ufl.edu

f. Phone Number: (904)244-8675

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: