



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2264

1. Title of Project: Baptist Hospital Disproportionate Share Hospital Funding Funding

2. Senate Sponsor: Doug Broxson

3. Date of Submission: 02/19/2019

4. Project/Program Description:

To provide Disproportionate Share Hospital (DSH) funds for Baptist Health Care Pensacola. Baptist Health Care Pensacola provides a high volume of Medicaid and uncompensated charity care. These funds will assist the hospital in caring for our most vulnerable patients.

5. State Agency to receive requested funds : Agency for Health Care Administration

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	3,853,571
Fixed Capital Outlay	
Total State Funds Requested	3,853,571

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	3,853,571	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	3,853,571	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	DSH funds will be used to provide charity and uncompensated care to residents in NW Florida.	3,853,571
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		3,853,571

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
To provide for health care services, including within the hospital, clinics, and affiliated entities.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
Health care services related to charity and uncompensated care.
- c. **What are the direct services to be provided to citizens by the appropriations project?**
Health care services related to charity and uncompensated care.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**
The majority of funds will serve the general population.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
Overall improved health to the community measured via the impact to ED visits, readmission data, and outpatient visits.
- f. **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?**
N/A

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:** Liz Callahan
- b. **Organization:** Baptist Hospital, Inc. d/b/a Baptist Hospital
- c. **E-mail Address:** liz.callahan@bhcpns.org
- d. **Phone Number:** (850)469-2345



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14. Recipient Contact Information:

- a. **Organization:** Baptist Hospital, Inc. d/b/a Baptist Hospital
- b. **County:** Escambia
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Liz Callahan
- e. **E-mail Address:** liz.callahan@bhcpns.org
- f. **Phone Number:** (850)469-2345

15. Lobbyist Contact Information

- a. **Name:** Teye Reeves
- b. **Firm Name:** Smith, Bryan and Myers
- c. **E-mail Address:** treeves@smithbryanandmyers.com
- d. **Phone Number:** (850)224-5081