

LFIR # 1978

1. Project Title	Disproportionate	Share Hospital	Fund	ing for Sacred Hea	rt Hospital		
2. Senate Sponsor	Doug Broxson						
3. Date of Request	02/17/2021						
4. Project/Program D	escription						
because of its high	Medicaid and charity d in the state and its	y care volumes. charity care cos	The o	only safety net in N\ uble that of other co	V Florida, Sacred F ommunity hospital i	ceived DSH funding leart is the 10th largest n the community. These ded by the local	
5. State Agency to receive requested funds Agency for Health Care Administration							
State Agency conta	acted? Yes						
6. Amount of the Non	recurring Request	for Fiscal Year	2021	-2022			
Type of Funding				Amo	unt		
Operations					5,400,000		
Fixed Capital Outla	у				0		
<b>Total State Funds</b>	Requested				5,400,000		
7. Total Project Cost	for Fiscal Year 202	1-2022 (includi	ng m	atching funds ava	lable for this proje	ect)	
Type of Funding				Amount	Percentage		
Total State Funds F	Requested (from que	estion #6)		5,400,000	100%		
Matching Funds							
Federal				0	0%		
	amount of this requ	uest)		0	0%		
Local				0	0%		
Other				0	0%		
<b>Total Project Cost</b>	s for Fiscal Year 20	)21-2022		5,400,000	100%		
8. Has this project pr	eviously received	state funding?	_	⁄es			
Fiscal Year	Amo	ount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurrin	g	Appropriation #			
2020-21	0	4,000,	000	208	No		
9. Is future funding li	kely to be requeste	ed?	Υ	'es			
a. If yes, indicate nonrecurring amount per year.			5	5,400,000			
b. Describe the so	urce of funding tha	at can be used	in lie	u of state funding.			
Local IGTs							
		-4 wasalisa d	fa -l -	wal application as well-	40 d 40 4bc 00\10	10 mandami-0	
10. Has the entity rec	questing this projec	ct received any	rede	rai assistance rela	tea to the COVID-	19 pandemic?	
Yes							



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### If yes, indicate the amount of funds received and what the funds were used for.

Total = \$13,998,775 (Pandemic support - \$12,784,136; C19 Vaccine Admin support - \$553,949; Hospital Based Screening - \$511,683; Infusion Services related to C19 - \$75,517; Pre-Procedure Pandemic Testing - \$73,487)

### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other	Programs that serve the poor, care for the under and uninsured in all facilities	5,400,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

### 12. Program Performance

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

The purpose of disproportionate share funds are to offset the high volumes of under and uninsured patients treated at safety net hospitals. Sacred Heart is the 10th largest Medicaid provider in the state and provides more than twice the amount of charity care in the region than any other hospital. These funds will enable Sacred Heart to continue its mission to serve the poor and vulnerable.

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

Sacred Heart will continue to treat uninsured patients and Medicaid patients through all sites of care as well as through population health programs, health fairs and in schools and businesses.

c. What direct services will be provided to citizens by the appropriation project?

Health care services will be provided.

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

Uninsured and Medicaid patients.

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

In a local ED Diversion program, Sacred Heart partners with another hospital and the FQHC to address the social determinants of health that cause residents to frequent the emergency room for care. Through relationship building and population health strategies, the program has resulted in lower visits to the emergency rooms and an improved quality of health.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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for failing to meet deliverables or performance measures provided for the contract?			
Repayment of funds.			

The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.				
N/A				



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14.	14. Requestor Contact Information							
	a. First Name	Jules		Last Name	Kariher			
	b. Organization	Sacred Heart Hospital						
	c. E-mail Address	jules.kariher@ascension.org						
	d. Phone Number	(850)206-9495 <b>Ext.</b>						
15.	15. Recipient Contact Information							
	a. Organization	Sacred Heart						
	b. Municipality and	l County	Escambia					
	c. Organization Type							
	□For Profit Entity	ntity						
	☑Non Profit 501(c	1(c)(3)						
	□Non Profit 501(d	c)(4)						
	□Local Entity							
	□University or College							
	□Other (please sp	ecify)						
	d. First Name	Jules		Last Name	Kariher			
	e. E-mail Address	jules.kariher@ascension.org						
	f. Phone Number	(850)206-9495						
16.	16. Lobbyist Contact Information							
	a. Name	Nick larossi						
	b. Firm Name	Capital City Consulting						
	c. E-mail Address	nick@cccfla.com						
	d. Phone Number	(850)445-7255						