

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2044

1. Project Title	Disproportionate	Share Hospital	Payments for Sacred F	leart Hospital							
2. Senate Sponsor	Doug Broxson										
3. Date of Request	01/04/2022										
4. Project/Program D	escription										
because of its high provider of Medicaid	Medicaid and charity d in the state and its	y care volumes. charity care cos	ts double that of other	IW Florida, Sacred H community hospitals	leart is the 10th largest						
5. State Agency to re	State Agency to receive requested funds Agency for Health Care Administration										
State Agency cont	acted? Yes										
6. Amount of the Non	recurring Request	for Fiscal Year	2022-2023								
Type of Funding			Am	Amount							
Operations				5,400,000							
Fixed Capital Outla	у			0							
Total State Funds	Requested			5,400,000							
7. Total Project Cost	for Fiscal Year 202	2-2023 (includir	ng matching funds av	ailable for this proje	ect)						
Type of Funding			Amount	Percentage							
	Total State Funds Requested (from question #6)			100%							
Matching Funds			_								
Federal			0								
	e amount of this requ	ıest)	0								
Local			0								
Other			0								
Total Project Cost	s for Fiscal Year 20)22-2023	5,400,000	100%							
8. Has this project pr	eviously received	state funding?	Yes								
Fiscal Year	Amo	ount	Specific	Vetoed							
(уууу-уу)	Recurring	Nonrecurring	Appropriation #								
2020-21	0	4,000,0	208	No							
9. Is future funding li	kely to be requeste	ed?	Yes								
a. If yes, indicate r	nonrecurring amou	nt per year.	5,400,000								
b. Describe the so	urce of funding tha	nt can be used i	n lieu of state funding	J.							
local IGTs											
40 Hao the authorize	vuostina this	at reaching laws	fodovol coninteres :::	oted to the COVID	10 nandemie 2						
	questing this projec	t received any	federal assistance rel	ated 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 net funds received total \$18m and were used for COVID related expenses to care for patients with COVID

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/Majo	r 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 for failing to meet deliverables or performance measures provided for the contract?



Repayment of funds.

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13.	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

NA



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14.	. Requestor Contact	Informat	ion					
	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 Ext.						
15. Recipient Contact Information								
	a. Organization	Sacred Heart						
b. Municipality and County Escambia								
	c. Organization Type							
	□For Profit Entity	ity						
	☑Non Profit 501(c	01(c)(3)						
	□Non Profit 501(c)1(c)(4)						
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Jules		Last Name	Kariher			
	e. E-mail Address	jules.kariher@ascension.org						
	f. Phone Number							
16.	16. Lobbyist Contact Information							
	a. Name	Nicholas V. Iarossi						
	b. Firm Name	Capital City Consulting LLC						
	c. E-mail Address	nick@cccfla.com						
	d. Phone Number	(850)222-9075						