



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

May 5, 2022

Mary Mayhew
President & CEO
Florida Hospital Association
306 East College Avenue
Tallahassee, FL 32301

Dear Ms. Mayhew: *Mary*

Last September, Governor DeSantis issued Executive Order 21-223 related to the ongoing crisis at the southern U.S. border. Section 7 of the order directs the Agency for Health Care Administration (Agency) to determine the amount of taxpayer dollars expended on the health care, including emergency care, of illegal aliens in the State of Florida. As illegal aliens continue to cross the southern border unchecked in record numbers, hardworking Floridians pay the price, footing the bill for their medical care.

Earlier this week, the Agency formally requested data from licensed hospitals, to comply with EO 21-223, that delineates all costs and expenditures for State Fiscal Year 2020-21. As part of the data request, hospitals must distinguish the source of all costs and expenditures and report any uncollected debt calculations related to the health care of illegal aliens. Hospitals must submit their responses by May 23, 2022. I've attached a copy of the Executive Order and the data request for your awareness.

As you may be aware, the Florida Hospital Association (FHA) produced a report in January 2009 which examined the expenditures of 57 FHA member hospitals over one calendar year and found that these hospitals had more than \$40 million in unpaid bills related to the treatment and care of "undocumented immigrants."¹ Given that FHA has performed similar calculations in the past, I would ask that you ensure your member hospitals are aware of these requirements and provide technical assistance in completing the data request.

Once compiled, the Agency will make this information publicly available on our website, providing Floridians with a clear understanding of the financial impacts of paying for government services for illegal aliens. Given the significant impact of health care on the overall state budget, it is imperative that this request is completed timely and accurately, as I am sure you will emphasize to your members.

Sincerely,

Simone Marstiller

Enclosure

cc: Larry Keefe, Senior Advisor for Public Safety, Executive Office of the Governor

¹ [Caring for Undocumented Immigrants Costing Florida Hospitals Millions, Kaiser Health News](#)





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AHCA Data Request - EO 21-223

Good Afternoon-

Pursuant to [Section 7 of Executive Order 21-223](#) issued by Governor Ron DeSantis, the Florida Agency for Health Care Administration (Agency) is collecting the necessary data to determine the amount of taxpayer dollars that are expended on the health care, including emergency care, of illegal aliens in the State of Florida. As directed by the Order, the Agency requests that all Florida Hospitals complete the below questionnaire for State Fiscal Year 2020-21 no later than May 23, 2022. This report should include all costs and expenditures, including those that are written off as uncollected debt. Hospitals should also distinguish the source of all costs and expenditures including federal, state, and local funds.

Upon completion, the Agency may follow up with Hospitals directly. Once compiled, the Agency will make this information available to the public on our website. Additional questions should be directed to hospitalfinance@ahca.myflorida.com.

The attached questionnaire should be completed for each individual Hospital by Provider Number. Hospital Systems are encouraged to submit one report by adding additional columns for each licensed Hospital within a Hospital System. Please do not combine individual hospital locations into one column.

The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health plans, and publishes health care data and statistics at www.FloridaHealthFinder.gov.

*Additional information about Agency initiatives is
available via:*



Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | <http://ahca.myflorida.com>

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Section 1: Hospital Information	Name of Hospital	Name of Affiliated Hospital within System
Hospital Name		
Hospital License Number		
Hospital Medicaid Number		
Hospital File Number		
Hospital Street Address		
Hospital Street Address (2)		
City		
Zip Code		
Section 2: Please complete the below specifically for Illegal Aliens treated as inpatients.		
Inpatient Data	Name of Hospital	Name of Affiliated Hospital within System
Number of Patients Admitted		
Total Number of Patient Days		
Total Inpatient Charges (Breakdown Below/Including Supplemental Payments)		
Federal Funds		
State Funds		
Local Funds		
Total Funds		
Actual Payment Received		
Self Pay		
Other Insurance/Coverage/Etc.		
Actual Cost/Expense to Provide Care (Breakdown Below/Including Supplemental Payments)		
Federal Funds		
State Funds		
Local Funds		
Total Funds		
Section 3: Please complete the below specifically for Illegal Aliens treated as outpatients.		
Outpatient Data	Name of Hospital	Name of Affiliated Hospital within System
Number of Encounters		
Number of Encounters Admitted as Inpatient		
Total Outpatient Charges for Encounters (Breakdown Below/Including Supplemental Payments)		
Federal Funds		
State Funds		
Local Funds		
Total Funds		
Actual Payment Received		
Self Pay		
Other Insurance/Coverage/Etc.		
Actual Cost/Expense to Provide Care (Breakdown Below/Including Supplemental Payments)		
Federal Funds		
State Funds		
Local Funds		
Total Funds		
Section 4: Please complete the below regarding the Hospital's Charity Care policy and uncollected debt process.		
Additional Questions	Name of Hospital	Name of Affiliated Hospital within System
Does the hospital's charity care policy include expenditures for Illegal Aliens? (Choose Yes or No)		
If so, please include the total amount of charity care expended on the care of Illegal aliens. (Breakdown Below/Including Supplemental Payments)		
Federal Funds		
State Funds		
Local Funds		
Total Funds		
Are these charges included in the hospital's uncollected debt process? (Choose Yes or No)		
If so, please provide the total amount of uncollected debt written off during the fiscal year related to the care of illegal aliens. (Breakdown Below/Including Supplemental Payments)		
Federal Funds		
State Funds		
Local Funds		
Total Funds		
Section 5: Please add a contact person below in the event the Agency has any follow-up questions about the submission.		
Contact Information	Name of Hospital	Name of Affiliated Hospital within System
Name		
Title		
Email Address		
Direct Contact Number		
Direct Cell Number		