



May 5, 2022

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

Dear Ms. Mayhew:

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." 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

Caring for Undocumented Immigrants Costing Florida Hospitals Millions, Kaiser Health News





SIMONE MARSTILLER SECRETARY

Home About Us Medicaid Licensure & Regulation

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:



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.

This 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.

Hospital Meme			
Internation Inte	Section 1: Hospital Information	Name of Hospital	Name of Affiliated Hospital within System
	Hospital Name		
Second level Authors			
Part			
The Content	Hospital Street Address (2)		
Section Press complete the below specifically of thegel allows tested at apparent. Section	City		
	Zip Code		
Included of Principal Congress (Principal Congress)			
Treat Presented Projected Design (Figure Allers (Fi	Inpatient Data	Name of Hospital	Name of Affiliated Hospital within System
Trail Proposition Charges (Paradone Robon/Including Engineerant Pryments)	Number of Patients Admitted		
February	Total Number of Patient Days		
State Funds	Total Inpatient Charges (Breakdown Below/Including Supplemental Payments)		
Isoal Funds The Cool Funds Actional Physiolate Michael Actional Physiolate Actional	Federal Funds		
Total Foreign Schools (Age September Schools September Septe	State Funds		
Actual Payment Recolored For Pay Actual Configuration 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens received as origination 19 Front American For Passe compiler the Above specifically for Rigal Aliens (Posse) For Passe compiler the Above specifically for Rigal Aliens (Posse) For Passe front American For Passe	Local Funds		
Self by Cheer insurance/coverge/fit: Actual Cost/Expanse to Provide Care (Revolution Below/Including Supplemental Payments) Actual Cost (Papers to Provide Care (Revolution Below/Including Supplemental Payments) Actual Cost (Paris) Actua	Total Funds		
Self by Cheer insurance/coverge/fit: Actual Cost/Expanse to Provide Care (Revolution Below/Including Supplemental Payments) Actual Cost (Papers to Provide Care (Revolution Below/Including Supplemental Payments) Actual Cost (Paris) Actua	Actual Payment Received		
Action Cost/Capamete or Provide Care (Residence Relow) (Including Supplemental Payments) Forcefor Funds Forc			
February Annah			
February Annah	Actual Cost/Expense to Provide Care (Breakdown Below/Including Supplemental Payments)		
State Funds			
Isoal Funds			
Stock Purise complete the below specifically for litegal aliens treated as outgatients. Outgatient Data Name of Mospital Manne of Affiliated Hospital within System Number of Encounters Admitted as lospitation. Name of Mospital Section 1. How of Affiliated Hospital within System Number of Encounters (Breadform Below/Including Supplemental Psyments) Stock Purise Local Funds Stock Purise			
Section 2. Fleats complete the below specifically for illegal Allens treated as outpatients. Name of Rospital Name of Affiliated Hospital within System of Rospital Name of Affiliated Hospital within System of Rospital Name of Affiliated Hospital within System of Rospital Name of Rospital Name of Rospital Name of Rospital Name of Affiliated Hospital within System of Rospital Name of Affiliated Hospital within System of Rospital Name of Affiliated Hospital within System of Rospital Name of Rospital Name of Rospital Name of Affiliated Hospital within System of Rospital Name of Rospital Name of Affiliated Hospital within System of Rospital Name of Affiliated Hospital within System of Rospital Name of Affiliated Hospital within System of Rospital Name o			
Outpatine Disp Number of Encounters Admitted a singulation Number of Encounters Admitted a singulation Number of Encounters (Encounters (Encounters)			
Number of fiscounters Admitted as inpatient Foat Outpatient Charges for Eccounters (Breakdown Below/Including Supplemental Payments) Federal Funds State Funds Local Funds Federal Fun		Name of Hospital	Name of Affiliated Hospital within System
Number of Incounters Admitted as Inpatient Total Cutypatient Chaptage for Encounters (Breaddown Below/Including Supplemental Psyments) Federal Funds Local Funds			
Total Outgastent Charges for Finantises (Breakdown Below/Including Supplemental Payments) Store Funds Local Funds Self Pay Deter Instance/Coverage/Etc. Self Pay Store Funds Self Pay Deter Instance/Coverage/Etc. Self Pay Deter Instance/Coverage/Etc. Self Pay Store Funds Self Pay Deter Instance/Coverage/Etc. Self Pay Deter Instance/Coverage/Etc. Self Pay Store Funds Self Pay Deter Instance/Coverage/Etc. Name of Hospital within System (Hospital Instance			
Federal Funds			
Store Funds St			
Local Funds			
Total Funds Self Pay Self Pay Actual Cauta Payment Received Self Pay Actual Cauta Payment Received Self Pay Actual Cauta Payment Provide Care (Breakdown Below/Including Supplemental Payments) Stote Funds Stote			
Actual Pyment Received Other Insurance/Roverage/Ex. Actual Cost/Expense to Provide Care (Breakdown Below/Including Supplemental Payments) Federal Funds Section 6.1 Section 6.1 Section 6.1 Section 6.2 Secti			
Self Poy			
Actual Cost Expense to Provide Care (Breakdown Below/Including Supplemental Payments) Federal Funds Section 4. Please Complete the below regarding the Hospital's Charity Care policy and uncollected debt process. Section 4. Please Complete the below regarding the Hospital's Charity Care policy and uncollected debt process. Section 4. Please Complete the below regarding the Hospital's Charity Care policy and uncollected debt process. Section 4. Please Complete the below regarding the Hospital's Charity Care policy and uncollected debt process. Section 5. Please and the Hospital's Charity Care expended on the care of Illegal Allens? (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 Local Funds			
Actual Cox/Expense to Provide Care (Breakdown Below/Including Supplemental Payments) Federal Funds			
Federal Funds State Funds Local 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 Hospital Name of Hospital Name of Affiliated Hospital within System State Funds Local Funds Federal Funds Fe			
State Funds			
Local Funds Section 4: Please complete the below regarding the Hospital's Charity Care policy and uncollected debt process. ***Additional Questions** ***Additional Questions** ***Additional Questions** ***Boase include expenditures for illegal Aliens? (Choose Yes or No) 16 so, please include the total amount of charity care expended on the care of illegal aliens. (Breakdown Below/Including Supplemental Payments) ***Federal Funds** ***Include In the hospital's uncollected debt process? (Choose Yes or No) ***In the Indian Amount of uncollected debt written off during the fiscal year related to the care of illegal aliens. (Breakdown Below/including Supplemental Payments) **Federal Funds** **Federal Fund			
Total Funds Section 4: Please complete the below regarding the Hospital's Charity Care policy and uncollected debt process. Additional Questions Does the hospital's charity care policy include expenditures for illegal Aliens? (Choose Yes or No) For Speaker of Hospital Speaker of Speaker of Hospital amount of charity care expended on the care of illegal aliens. (Breakdown Below/Including Supplemental Payments) For Journal Speaker of Hospital Speaker of Hospita			
Section 4: Please complete the below regarding the Hospital's Charity Care policy and uncollected debt process. Additional Questions Name of Hospital Name of Hospital Name of Affiliated Hospital within System Does the hospital's sharity 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 Local Funds Total Funds If so, please provide the total amount of 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 Local Funds Local Funds Local Funds Local Funds Local Funds Local Funds Name of Hospital Name of Hospital Name of Hospital Name of Hospital Name of Affiliated Hospital within System Name Federal Funds Name of Hospital Name of Affiliated Hospital within System Name Title Femail Address Incited Number			
Additional Questions Name of Hospital Operators (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 Local 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 Are these charges included in the hospital's uncollected debt written off during the fiscal year related to the care of illegal aliens. (Breakdown Below/Including Supplemental Payments) Federal Funds Federal Funds Local			
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 Total Funds Total Funds Total Funds Federal Funds Federal Funds Total Funds Total Funds Federal Funds State expens 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 Local Funds State Funds State Funds State Funds Section S: Please add a contact person below in the event the Agency has any follow-up questions about the submission. Contact Information Name Name of Hospital Name of Hospital Name of Affiliated Hospital within System Name Femail Address Title Femail Address Title Final Contact Number		Name of Hospital	Name of Affiliated Hospital within System
If so, please include the total amount of charity care expended on the care of illegal aliens. (Breakdown Below/including Supplemental Payments) Federal Funds Local Funds Total Funds Total Funds Total Funds Federal Funds If so, please provide the total amount of 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 Local Funds State Funds Local Funds Section S: 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 Hospital Name of Affiliated Hospital within System Title Fedial Address Finite Contact Number Finite Contact Number			, , , , , , , , , , , , , , , , , , , ,
Federal Funds			
State Funds Local 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 Stote Funds Total 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 Title Email Address Direct Contact Number			
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 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 Title Email Address Direct Contact Number Find Funds Section 5: Please and Section 5: Pl			
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. Section 5: Please add a contact person below in the event the Agency has any follow-up questions about the submission. Name Name Fitle Email Address Direct Contact Number		<u> </u>	
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 Stote 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 Name of Hospital Name of Affillated Hospital within System Title Email Address Direct Contact Number		<u> </u>	
Federal Funds State Funds			
Federal Funds State Funds Local Funds Local Funds Total Funds Tota			<u></u>
State Funds Local Funds Local 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 Hospital Name of Affiliated Hospital within System Name Title Email Address Direct Contact Number	in so, presse provide the total amount of unconected debt written on during the risear year related to the care of inegal affens, (preakdown below/including Supplemental Payments)		
State Funds Local Funds Local 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 Hospital Name of Affiliated Hospital within System Name Title Email Address Direct Contact Number	Foderal Funds		
Local Funds Total Funds Title		+	+
Total Funds Section 5: Please add a contact person below in the event the Agency has any follow-up questions about the submission. Name of Hospital Name of Affiliated Hospital within System Order State of the State of Hospital Name of Affiliated Hospital within System Order State of Hospital Name of Affiliated Hospital within System Order State of Hospital Name of Hospital Nam		+	+
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 Hospital Name of Affiliated Hospital within System Name Title Email Address Direct Contact Number		+	-
Contact Information Name of Hospital Name of Hospital Name of Affiliated Hospital within System Name Title Email Address Direct Contact Number		<u> </u>	L
Name Title Finail Address Direct Contact Number		No. of House Sol	Name of Affiliated Hamiltonian
Title Email Address Direct Contact Number		Name of Hospital	Name of Affiliated Hospital Within System
Email Address Direct Contact Number		+	-
Direct Contact Number		+	ļ
		+	
Direct Cell Number		+	
	Direct Cell Number		<u> </u>