



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Jonathan M. Ellen, MD
President/Vice Dean
John Hopkins All Children's Hospital
501 6th Ave South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2017 - 2018
First Children's Hospital Disproportionate Share Payment
Medicaid Number: 010151600**

Dear Mr. Ellen:

Your hospital has been determined eligible to receive the enclosed payment under the Medicaid Children's Hospital disproportionate share (DSH) program. This determination is made based on the formula found in section 409.9119, Florida Statutes, as enacted by the 2000 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The total of your first scheduled payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for the 2017 - 2018 fiscal year, based upon an annual appropriation of \$17,081,945. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Childrens' Hospitals

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **010151600**

Hospital Name (current) : **John Hopkins All Children's Hospital**

Total annual appropriation for all Qualified Childrens' Hospitals	(A)	\$17,081,945
Total number of Participating Childrens' Hospitals	(B)	3
Annual payment to you as a participating qualified Childrens' Hospital [3]	$(A \times .6418) = (C)$	\$10,962,604
Amount being withheld from distribution in anticipation of funding reductions	(D)	\$ 0
Projected total of annual "Childrens' Hospital" payments	$(C - D) = (E)$	\$10,962,604
Total of "Childrens' Hospital" payments previously paid this fiscal year	(F)	\$ 0
First "Childrens' Hospital" provider payment [1] [2]	$((E \times .50) - F) = (G)$	\$5,481,302

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.

[3] This amount may be rounded down to the next lower whole dollar.



RICK SCOTT
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December 22, 2017

Mr. Timothy Birkenstock
Senior Vice President / CFO
Nicklaus Children's Hospital
3100 S.W. 62nd Avenue
Miami, Florida 33155-3009

**RE: State Fiscal Year 2017 - 2018
First Children's Hospital Disproportionate Share Payment
Medicaid Number: 010060900**

Dear Mr. Birkenstock:

Your hospital has been determined eligible to receive the enclosed payment under the Medicaid Children's Hospital disproportionate share (DSH) program. This determination is made based on the formula found in section 409.9119, Florida Statutes, as enacted by the 2000 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The total of your first scheduled payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for the 2017 - 2018 fiscal year, based upon an annual appropriation of \$17,081,945. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Childrens' Hospitals

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **010060900**

Hospital Name (current) : **Nicklaus Children's Hospital**

Total annual appropriation for all Qualified Childrens' Hospitals	(A)	\$17,081,945
Total number of Participating Childrens' Hospitals	(B)	3
Annual payment to you as a participating qualified Childrens' Hospital [3]	$(A \times .2695) = (C)$	\$4,603,599
Amount being withheld from distribution in anticipation of funding reductions	(D)	\$ 0
Projected total of annual "Childrens' Hospital" payments	$(C - D) = (E)$	\$4,603,599
Total of "Childrens' Hospital" payments previously paid this fiscal year	(F)	\$ 0
First "Childrens' Hospital" provider payment [1] [2]	$((E \times .50) - F) = (G)$	\$2,301,800

[1] This payment may be made by check or transferred electronically.

[2] This amount may be explicit instead of being based on quarterly distribution calculations.

[3] This amount may be rounded down to the next lower whole dollar.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Ms. Kelly O. Register
Director of Reimbursement
Nemours Children Hospital
13535 Nemours Parkway
Orlando, Florida 32827-7402

**RE: State Fiscal Year 2017 - 2018
First Children's Hospital Disproportionate Share Payment
Medicaid Number: 004087600**

Dear Ms. Register:

Your hospital has been determined eligible to receive the enclosed payment under the Medicaid Children's Hospital disproportionate share (DSH) program. This determination is made based on the formula found in section 409.9119, Florida Statutes, as enacted by the 2000 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

The total of your first scheduled payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% of your projected annual amount for the 2017 - 2018 fiscal year, based upon an annual appropriation of \$17,081,945. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Childrens' Hospitals

State Fiscal Year 2017 - 2018 Second Payment

Medicaid Number : **004087600**

Hospital Name (current) : **Nemours Children Hospital**

Total annual appropriation for all Qualified Childrens' Hospitals	(A)	\$17,081,945
Total number of Participating Childrens' Hospitals	(B)	3
Annual payment to you as a participating qualified Childrens' Hospital [3]	$(A \times .0887) = (C)$	\$1,515,742
Amount being withheld from distribution in anticipation of funding reductions	(D)	\$ 0
Projected total of annual "Childrens' Hospital" payments	$(C - D) = (E)$	\$1,515,742
Total of "Childrens' Hospital" payments previously paid this fiscal year	(F)	\$ 0
First "Childrens' Hospital" provider payment [1] [2]	$((E \times .50) - F) = (G)$	\$757,871

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[3] This amount may be rounded down to the next lower whole dollar.