



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 12, 2019

Jonathan Ellen  
John Hopkins All Children's Hospital  
601 5th Street South, Suite 509  
Saint Petersburg, Florida 33701-4816

**RE: State Fiscal Year 2018 - 2019  
Second Scheduled Childrens' Hospital Disproportionate Share Payment  
Medicaid Number: 010151600**

Dear Dr. Ellen:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$10,620,062 for state fiscal year 2018 - 2019. The formula 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Children's Hospital Disproportionate Share Hospital Program

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010151600**

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

Annual Children's Hospital Disproportionate Share payment distribution to your facility	(A)	\$10,620,062
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Children's Hospital Disproportionate Share Payments</b>	$(A - B) = (C)$	\$10,620,062
Total of your Children's Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$5,310,031
<b>Second Scheduled Children's Hospital Disproportionate Share Payment [1]</b>	$((C \times .75) - D) = (E)$	<b>\$2,655,031</b>

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



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MARY C. MAYHEW  
SECRETARY

March 12, 2019

Dana Bledsoe  
Nemours Children's Hospital  
13535 Nemours Parkway  
Orlando, Florida 32827

**RE: State Fiscal Year 2018 - 2019  
Second Scheduled Childrens' Hospital Disproportionate Share Payment  
Medicaid Number: 004087600**

Dear Ms. Bledsoe:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$1,647,379 for state fiscal year 2018 - 2019. The formula 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith", is positioned above the typed name.

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Children's Hospital Disproportionate Share Hospital Program

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **004087600**

Facility Name (current) : **Nemours Children's Hospital**

Annual Children's Hospital Disproportionate Share payment distribution to your facility	(A)	\$1,647,379
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Children's Hospital Disproportionate Share Payments</b>	$(A - B) = (C)$	\$1,647,379
Total of your Children's Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$823,690
<b>Second Scheduled Children's Hospital Disproportionate Share Payment [1]</b>	$((C \times .75) - D) = (E)$	<b>\$411,858</b>

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



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GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 12, 2019

M. Narendra Kini  
Nicklaus Children's Hospital  
3100 Southwest 62nd Avenue  
Miami, Florida 33155-3073

**RE: State Fiscal Year 2018 - 2019  
Second Scheduled Childrens' Hospital Disproportionate Share Payment  
Medicaid Number: 010060900**

Dear Dr. Kini:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 75% of your annual appropriation of \$4,459,753 for state fiscal year 2018 - 2019. The formula 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 Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith", is positioned above the typed name.

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Children's Hospital Disproportionate Share Hospital Program

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010060900**

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

Annual Children's Hospital Disproportionate Share payment distribution to your facility	(A)	\$4,459,753
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Children's Hospital Disproportionate Share Payments</b>	$(A - B) = (C)$	\$4,459,753
Total of your Children's Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$2,229,877
<b>Second Scheduled Children's Hospital Disproportionate Share Payment [1]</b>	$((C \times .75) - D) = (E)$	<b>\$1,114,953</b>

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