



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 20, 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
Third 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 100% 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 Third 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
Total of your facility's annual Children's Hospital Disproportionate Share Payments	(A – B) = (C)	\$10,620,062
Total of your Children's Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$7,965,047
Third Scheduled Children's Hospital Disproportionate Share Payment [1]	(C – D) = (E)	\$2,655,015

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



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GOVERNOR

MARY C. MAYHEW
SECRETARY

May 20, 2019

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

**RE: State Fiscal Year 2018 - 2019
Third 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 100% 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 Third 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
Total of your facility's annual Children's Hospital Disproportionate Share Payments	$(A - B) = (C)$	\$1,647,379
Total of your Children's Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$1,235,534
Third Scheduled Children's Hospital Disproportionate Share Payment [1]	$(C - D) = (E)$	\$411,845

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 20, 2019

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

**RE: State Fiscal Year 2018 - 2019
Third 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 100% 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,

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 Third 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
Total of your facility's annual Children's Hospital Disproportionate Share Payments	(A – B) = (C)	\$4,459,753
Total of your Children's Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$3,344,815
Third Scheduled Children's Hospital Disproportionate Share Payment [1]	(C – D) = (E)	\$1,114,938

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