



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Kathryn Gillette
Bayfront Health - Saint Petersburg
701 6th Street South
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010156700**

Dear Ms. Gillette:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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
Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**010156700**

Hospital Name (current) : **Bayfront Health - Saint Petersburg**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

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

June 5, 2019

Jeff Feasel
Halifax Health Medical Center
303 North Clyde Morris Boulevard
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010184200**

Dear Mr. Feasel:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance
Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**010184200**

Hospital Name (current) : **Halifax Health Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
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June 5, 2019

Iris Berges
Larkin Community Hospital Palm Springs Campus
1475 West 49th Place
Hialeah, Florida 33012-3222

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010053600**

Dear Ms. Berges:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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State of Florida
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Medicaid Program Finance
Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**010053600**

Hospital Name (current) : **Larkin Community Hospital Palm Springs Campus**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
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June 5, 2019

Kris Hoce
Morton Plant Hospital
300 Pinellas Street, MS# 21
Clearwater, Florida 33756

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010158300**

Dear Mr. Hoce:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance
Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**010158300**

Hospital Name (current) : **Morton Plant Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
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June 5, 2019

Brian Cook
North Florida Regional Medical Center
P.O. Box 147006
Gainesville, Florida 32605 – 7006

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010862600**

Dear Mr. Cook:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance
Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**010862600**

Hospital Name (current) : **North Florida Regional Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
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June 5, 2019

Mickey Smith
Oak Hill Hospital
11375 Cortez Boulevard
Brooksville, Florida 34613-5409

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 012007300**

Dear Mr. Smith:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance
Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**012007300**

Hospital Name (current) : **Oak Hill Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
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June 5, 2019

Chad Christianson
Ocala Regional Medical Center
1431 Southwest 1st Avenue
Ocala, Florida 34474-4000

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010988600**

Dear Mr. Christianson:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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Enclosure:



State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**010988600**

Hospital Name (current) : **Ocala Regional Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
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SECRETARY

June 5, 2019

Chad Patrick
Orange Park Medical Center
2001 Kingsley Avenue
Orange Park, Florida 32073-5418

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 011174100**

Dear Mr. Patrick:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance
Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**011174100**

Hospital Name (current) : **Orange Park Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
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MARY C. MAYHEW
SECRETARY

June 5, 2019

Ana Mederos
Palmetto General Hospital
2001 West 68th Street
Hialeah, Florida 33016-1801

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010460400**

Dear Ms. Mederos:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance
Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**010460400**

Hospital Name (current) : **Palmetto General Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
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MARY C. MAYHEW
SECRETARY

June 5, 2019

Janice Balzano
Saint Petersburg General Hospital
6500 38th Avenue North
Saint Petersburg, Florida 33710-1629

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 012010300**

Dear Ms. Balzano:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance
Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**012010300**

Hospital Name (current) : **Saint Petersburg General Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
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June 5, 2019

Tom Vanosdol
Saint Vincent's Medical Center Riverside
1800 Barrs Street
Jacksonville, Florida 32204

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010073100**

Dear Mr. Vanosdol:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**010073100**

Hospital Name (current) : **Saint Vincent's Medical Center Riverside**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
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June 5, 2019

Jay Finnegan
St. Lucie Medical Center
1800 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7521

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 011997100**

Dear Mr. Finnegan:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**011997100**

Hospital Name (current) : **St. Lucie Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
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June 5, 2019

Mark O'Bryant
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, Florida 32308-4638

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

Your hospital 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 hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Disproportionate Share Payments to Family Practice Teaching Hospitals
State Fiscal Year 2018-2019 Fourth Payment

Medicaid Number :**010113300**

Hospital Name (current) : **Tallahassee Memorial Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
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Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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.