



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 1, 2020

Jared M. Smith
Broward Health Coral Springs
3000 Coral Hills Dr.
Coral Springs, FL 33065

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 012040500**

Dear Mr. Smith:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$120,402 for state fiscal year 2019-2020. 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **012040500**

Facility Name (current) : **Broward Health Coral Springs**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$120,402
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$120,402
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$66,994
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$53,408

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



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May 1, 2020

Randy Gross
Broward Health Imperial Point
6401 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010821900**

Dear Mr. Gross:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$229,710 for state fiscal year 2019-2020. 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.

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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010821900**

Facility Name (current) : **Broward Health Imperial Point**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$229,710
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$229,710
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$127,815
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$101,895

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



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May 1, 2020

Heather Havericak
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010012900**

Dear Ms. Havericak:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$1,737,951 for state fiscal year 2019-2020. 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.

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Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010012900**

Facility Name (current) : **Broward Health Medical Center**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,737,951
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$1,737,951
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$967,029
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$770,922

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



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May 1, 2020

Alice Taylor
Broward Health North
201 E Sample Rd.
Pompano Beach, FL 33064

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010021800**

Dear Ms. Taylor:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$195,039 for state fiscal year 2019-2020. 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.

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Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010021800**

Facility Name (current) : **Broward Health North**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$195,039
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$195,039
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$108,524
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$86,515

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



RON DESANTIS
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MARY C. MAYHEW
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May 1, 2020

Carlos A. Migoya
Jackson Memorial Hospital
1611 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010042100**

Dear Mr. Migoya:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$1,949,632 for state fiscal year 2019-2020. 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.

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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010042100**

Facility Name (current) : **Jackson Memorial Hospital**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,949,632
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$1,949,632
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$1,084,812
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$864,820

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



RON DESANTIS
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MARY C. MAYHEW
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May 1, 2020

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 SW 172nd Ave
Miramar, FL 33029

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$39,210 for state fiscal year 2019-2020. 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.

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Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010345400**

Facility Name (current) : **Memorial Hospital Miramar**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$39,210
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$39,210
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$21,817
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$17,393

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



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May 1, 2020

Mark E. Doyle
Memorial Hospital Pembroke
7800 Sheridan St.
Pembroke Pines, FL 33024

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010222900**

Dear Mr. Doyle:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$78,419 for state fiscal year 2019-2020. 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010222900**

Facility Name (current) : **Memorial Hospital Pembroke**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$78,419
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$78,419
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$43,634
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$34,785

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



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May 1, 2020

Leah Carpenter
Memorial Hospital West
703 N Flamingo Rd.
Pembroke Pines, FL 33028

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$180,792 for state fiscal year 2019-2020. 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.

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State of Florida
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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010252100**

Facility Name (current) : **Memorial Hospital West**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$180,792
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$180,792
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$100,596
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$80,196

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 1, 2020

Zeff Ross
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010020000**

Dear Mr. Ross:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$1,220,411 for state fiscal year 2019-2020. 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.

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State of Florida
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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010020000**

Facility Name (current) : **Memorial Regional Hospital**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,220,411
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$1,220,411
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$679,060
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$541,351

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 1, 2020

Leon L. Haley Jr., MD
UF Health Jacksonville
655 W 8th St.
Jacksonville, FL 32209

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010067600**

Dear Dr. Haley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$1,667,601 for state fiscal year 2019-2020. 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.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010067600**

Facility Name (current) : **UF Health Jacksonville**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,667,601
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$1,667,601
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$927,885
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$739,716

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 1, 2020

Edward Jimenez
UF Health Shands Hospital
1600 SW Archer Rd.
Gainesville, FL 32608

**RE: State Fiscal Year 2019-2020
Third Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. 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 \$199,326 for state fiscal year 2019-2020. 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.

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Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010003000**

Facility Name (current) : **UF Health Shands Hospital**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$199,326
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A – B) = (C)	\$199,326
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$110,909
Your Scheduled Provider Service Network payment [1]	(C – D) = (E)	\$88,417

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