



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Stephen Grubbs
Bay Medical Center Sacred Heart Health System
615 North Bonita Avenue
Panama City, Florida 32401-3623

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010006400**

Dear Mr. Grubbs:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,689,320 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010006400**

Facility Name (current) : **Bay Medical Center Sacred Heart Health System**

Annual Public DSH distribution to your facility	(A)	\$3,689,320
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,689,320
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,766,990
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$922,330

[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.



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
Third Regular Disproportionate Share Hospital 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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$10,131 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010156700**

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

Annual Public DSH distribution to your facility	(A)	\$10,131
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$10,131
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,598
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,533

[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.



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

June 5, 2019

Jared M Smith
Broward Health Coral Springs
3000 Coral Hill Drive
Coral Springs, Florida 33065

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 012040500**

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,797,225 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,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **012040500**

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

Annual Public DSH distribution to your facility	(A)	\$2,797,225
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,797,225
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,097,919
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$699,306

[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.



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

June 5, 2019

Susan Newton
Broward Health Imperial Point
6401 North Federal Highway
Fort Lauderdale, Florida 33308-1427

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010821900**

Dear Ms. Newton:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,268,258 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,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010821900**

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

Annual Public DSH distribution to your facility	(A)	\$1,268,258
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,268,258
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$951,194
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$317,064

[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.



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

June 5, 2019

Sandra Todd-Atkinson
Broward Health Medical Center
1600 South Andrews Avenue
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010012900**

Dear Ms. Todd-Atkinson:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$16,049,134 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010012900**

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

Annual Public DSH distribution to your facility	(A)	\$16,049,134
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$16,049,134
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$12,036,851
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$4,012,283

[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.



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

June 5, 2019

Alice Taylor
Broward Health North
201 East Sample Road
Deerfield, Florida 33064-3596

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010021800**

Dear Ms. Taylor:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,786,346 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

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State of Florida
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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010021800**

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

Annual Public DSH distribution to your facility	(A)	\$4,786,346
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,786,346
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,589,760
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,196,586

[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.



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

June 5, 2019

Vincent Sica
Desoto Memorial Hospital
900 North Robert Avenue
Arcadia, Florida 34266-8765

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010192300**

Dear Mr. Sica:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$187,498 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010192300**

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

Annual Public DSH distribution to your facility	(A)	\$187,498
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$187,498
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$140,624
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$46,874

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

JoAnn Baker
Doctor's Memorial Hospital / Holmes County Hospital
P.O. Box 188
Bonifay, Florida 32425

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010103600**

Dear Ms. Baker:

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

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010103600**

Facility Name (current) : **Doctor's Memorial Hospital / Holmes County Hospital**

Annual Public DSH distribution to your facility	(A)	\$187,498
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$187,498
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$140,624
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$46,874

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Michael Cooper
George E. Weems Memorial Hospital
P.O. Box 580
Apalachicola, Florida 32329-0580

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010080300**

Dear Mr. Cooper:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$187,498 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010080300**

Facility Name (current) : **George E. Weems Memorial Hospital**

Annual Public DSH distribution to your facility	(A)	\$187,498
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$187,498
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$140,624
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$46,874

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Jim Nathan
Gulf Coast Medical Center
13681 Doctors Way
Fort Myers, Florida 33912-4309

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 011134100**

Dear Mr. Nathan:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,781,885 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

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **011134100**

Facility Name (current) : **Gulf Coast Medical Center**

Annual Public DSH distribution to your facility	(A)	\$1,781,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,781,885
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,336,414
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$445,471

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Carlton Ulmer
Gulf Coast Regional Medical Center
449 West 23rd Street
Panama City, Florida 32405-4507

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 011761700**

Dear Mr. Ulmer:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,134 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **011761700**

Facility Name (current) : **Gulf Coast Regional Medical Center**

Annual Public DSH distribution to your facility	(A)	\$5,134
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,134
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,851
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,283

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
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
Third Regular Disproportionate Share Hospital 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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,995,891 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010184200**

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

Annual Public DSH distribution to your facility	(A)	\$2,995,891
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,995,891
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,246,918
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$748,973

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Greg Ohe
Health Central
10000 West Colonial Drive
Ocoee, Florida 34761-3499

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010135400**

Dear Mr. Ohe:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,490,516 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010135400**

Facility Name (current) : **Health Central**

Annual Public DSH distribution to your facility	(A)	\$2,490,516
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,490,516
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,867,887
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$622,629

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Raymond Williams
Hendry Regional Medical Center
524 West Sagamore Avenue
Clewiston, Florida 33440-3021

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010086200**

Dear Mr. Williams:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$187,498 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010086200**

Facility Name (current) : **Hendry Regional Medical Center**

Annual Public DSH distribution to your facility	(A)	\$187,498
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$187,498
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$140,624
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$46,874

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, Florida 33033

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010226100**

Dear Mr. Duquette:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,388 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010226100**

Facility Name (current) : **Homestead Hospital**

Annual Public DSH distribution to your facility	(A)	\$5,388
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,388
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,041
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,347

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Larry Meese
Jackson Hospital
4250 Hospital Drive
Marianna, Florida 32446-1917

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010106100**

Dear Mr. Meese:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$469,245 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010106100**

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

Annual Public DSH distribution to your facility	(A)	\$469,245
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$469,245
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$351,934
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$117,311

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Carlos Migoya
Jackson Memorial Hospital
1611 Northwest 12th Avenue
Miami, Florida 33136-1096

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010042100**

Dear Mr. Migoya:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$38,535,159 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010042100**

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

Annual Public DSH distribution to your facility	(A)	\$38,535,159
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$38,535,159
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$28,901,369
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$9,633,790

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

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

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010151600**

Dear Dr. Ellen:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$19,382 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010151600**

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

Annual Public DSH distribution to your facility	(A)	\$19,382
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$19,382
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$14,537
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$4,845

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Darcy Davis
Lakeside Medical Center
39200 Hooker Highway
Belle Glade, Florida 33430

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010144300**

Dear Ms. Davis:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$353,829 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010144300**

Facility Name (current) : **Lakeside Medical Center**

Annual Public DSH distribution to your facility	(A)	\$353,829
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$353,829
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$265,372
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$88,457

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

James Nathan
Lee Memorial Hospital
2776 Cleveland Avenue
Fort Myers, Florida 33901-5855

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010110900**

Dear Mr. Nathan:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$6,876,075 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010110900**

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

Annual Public DSH distribution to your facility	(A)	\$6,876,075
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,876,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,157,056
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,719,019

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 Southwest 172nd Avenue
Miramar, Florida 33029

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010345400**

Dear Mr. Fernandez-Bravo:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,938,875 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010345400**

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

Annual Public DSH distribution to your facility	(A)	\$1,938,875
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,938,875
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,454,156
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$484,719

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Mark Doyle
Memorial Hospital Pembroke
7800 Sheridan Street
Pembroke Pines, Florida 33024-2536

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010222900**

Dear Mr. Doyle:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,600,868 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010222900**

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

Annual Public DSH distribution to your facility	(A)	\$4,600,868
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,600,868
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,450,651
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,150,217

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Leah Carpenter
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010252100**

Dear Ms. Carpenter:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$6,240,077 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010252100**

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

Annual Public DSH distribution to your facility	(A)	\$6,240,077
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,240,077
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,680,058
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,560,019

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Zeff Ross
Memorial Regional Hospital
3501 Johnson Street
Hollywood, Florida 33021-5487

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010020000**

Dear Mr. Ross:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$20,722,723 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010020000**

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

Annual Public DSH distribution to your facility	(A)	\$20,722,723
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$20,722,723
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$15,542,042
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,180,681

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

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

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010060900**

Dear Dr. Kini:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$15,759 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010060900**

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

Annual Public DSH distribution to your facility	(A)	\$15,759
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$15,759
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$11,819
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,940

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Manny Linares
North Shore Medical Center
1100 Northwest 95th Street
Miami, Florida 33150-2098

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010049800**

Dear Mr. Linares:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$12,574 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010049800**

Facility Name (current) : **North Shore Medical Center**

Annual Public DSH distribution to your facility	(A)	\$12,574
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$12,574
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,431
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,143

[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.



RON DESANTIS
GOVERNOR

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
Third Regular Disproportionate Share Hospital 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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$10,261 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010460400**

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

Annual Public DSH distribution to your facility	(A)	\$10,261
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$10,261
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,696
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,565

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Eric Goldman
Palms West Hospital
13001 Southern Boulevard
Loxahatchee, Florida 33470-9203

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 012026000**

Dear Mr. Goldman:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,831 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **012026000**

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

Annual Public DSH distribution to your facility	(A)	\$5,831
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,831
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,373
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,458

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

George Mikitarian
Parrish Medical Center
951 North Washington Avenue
Titusville, Florida 32796-2194

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,417,291 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010010200**

Facility Name (current) : **Parrish Medical Center**

Annual Public DSH distribution to your facility	(A)	\$1,417,291
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,417,291
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,062,968
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$354,323

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Madeline Nava
Plantation General Hospital
401 Northwest 42nd Avenue
Plantation, Florida 33317-2835

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 012000600**

Dear Ms. Nava:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$14,024 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **012000600**

Facility Name (current) : **Plantation General Hospital**

Annual Public DSH distribution to your facility	(A)	\$14,024
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$14,024
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$10,518
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,506

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Susan Davis
Sacred Heart Hospital
5151 North 9th Avenue
Pensacola, Florida 32504-8721

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010076500**

Dear Ms. Davis:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,462,899 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010076500**

Facility Name (current) : **Sacred Heart Hospital**

Annual Public DSH distribution to your facility	(A)	\$5,462,899
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,462,899
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,097,174
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,365,725

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Joey Bulfin
Saint Mary's Medical Center
901 45th Street
West Palm Beach, Florida 33407-4119

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010148600**

Dear Ms. Bulfin:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$19,728 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010148600**

Facility Name (current) : **Saint Mary's Medical Center**

Annual Public DSH distribution to your facility	(A)	\$19,728
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$19,728
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$14,796
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$4,932

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

David Verinder
Sarasota Memorial Hospital
1700 South Tamiami Trail
Sarasota, Florida 34239-3555

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010176100**

Dear Mr. Verinder:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,774,147 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010176100**

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

Annual Public DSH distribution to your facility	(A)	\$3,774,147
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,774,147
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,830,610
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$943,537

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Rhonda Sherrod
Shands Lake Shore Regional Medical Center
368 Northeast Franklin Street
Lake City, 32055

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010033100**

Dear Ms. Sherrod:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,209 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010033100**

Facility Name (current) : **Shands Lake Shore Regional Medical Center**

Annual Public DSH distribution to your facility	(A)	\$2,209
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,209
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,657
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$ 552

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

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

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital 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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$12,366 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010113300**

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

Annual Public DSH distribution to your facility	(A)	\$12,366
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$12,366
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,275
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,091

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

John Couris
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601-1289

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010099400**

Dear Mr. Couris:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$30,057 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010099400**

Facility Name (current) : **Tampa General Hospital**

Annual Public DSH distribution to your facility	(A)	\$30,057
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$30,057
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$22,543
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,514

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Ed Jimenez
UF Health Shands Hospital
1600 Southwest Archer Road
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2018 - 2019
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010003000**

Dear Mr. Jimenez:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$30,475 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Third Payment

Medicaid Number : **010003000**

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

Annual Public DSH distribution to your facility	(A)	\$30,475
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$30,475
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$22,856
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,619

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 14, 2019

Leon Haley
UF Health Jacksonville
655 West 8th Street
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2018 - 2019
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010067600**

Dear Mr. Haley:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$28,228 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 Second Payment

Medicaid Number : **010067600**

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

Annual Public DSH distribution to your facility	(A)	\$28,228
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$28,228
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$14,114
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$14,114

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

July 8, 2019

David Strong
Orlando Health
1414 Kuhl Avenue
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2018 - 2019
First Regular Disproportionate Share Hospital Payment
Medicaid Number: 010133800**

Dear Mr. Strong:

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.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$53,713 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

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010133800**

Facility Name (current) : **Orlando Health**

Annual Public DSH distribution to your facility	(A)	\$53,713
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's scheduled Public DSH Distribution	(C)	\$53,713
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Public DSH Payment [1] [2]	(E)	\$53,713

[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.