



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 24, 2019

Phil Street
Florida Department of Health
4052 Bald Cypress Way
Tallahassee, FL 32399

**RE: State Fiscal Year 2018 - 2019
First Specialty Care Hospital Disproportionate Share Hospital Payment
Medicaid Number: 007201401**

Dear Mr. Street:

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 88% (rounded) of your annual appropriation of \$1,443,885 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,

A handwritten signature in cursive script, reading "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

Specialty Care Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **007201401**

Facility Name (current) : **Florida Department of Health**

Annual Specialty DSH distribution to your facility	(A)	\$1,443,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Specialty DSH Distribution	(C)	\$1,443,885
Total of your "Specialty DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Specialty DSH Payment [1] [2]	(C x .8864729) = (E)	\$1,279,965

[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.