



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

Jonathan M. Ellen, MD
President/Vice Dean
All Children's Hospital
501 6th Ave South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015 - 2016
Fourth Children's Hospital Disproportionate Share Payment
Medicaid Number: 101516 HCCCB Number: 103300**

Dear Mr. Ellen:

Your hospital has been determined eligible to receive the enclosed payment under the Medicaid Children's Hospital disproportionate share (DSH) program. This determination is made based on the formula found in section 409.9119, Florida Statutes, as enacted by the 2000 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are made from a fixed sum of money, distributed equally among all eligible hospitals.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$753,926. The procedure 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.



Jonathan M. Ellen

May 24, 2016

Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Childrens' Hospitals

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **010151600** HCCCB Number : **103300**

Hospital Name (current) : **ALL CHILDREN'S HOSPITAL**

Total annual appropriation for all Qualified Childrens' Hospitals	(A)	\$753,926
Total number of Participating Childrens' Hospitals	(B)	2
Annual payment to you as a participating qualified Childrens' Hospital [3]	(A / B) = (C)	\$376,963
Amount being withheld from distribution in anticipation of funding reductions	(D)	\$2,760
Projected total of annual "Childrens' Hospital" payments	(C - D) = (E)	\$374,203
Total of "Childrens' Hospital" payments previously paid this fiscal year	(F)	\$280,652
Fourth "Childrens' Hospital" provider payment [1] [2]	(E - F) = (G)	\$93,551

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.

[3] This amount may be rounded down to the next lower whole dollar.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 24, 2016

Mr. Timothy Birkenstock
Senior Vice President / CFO
Nicklaus Children's Hospital
3100 S.W. 62nd Avenue
Miami, Florida 33155-3009

**RE: State Fiscal Year 2015 - 2016
Fourth Children's Hospital Disproportionate Share Payment
Medicaid Number: 100609 HCCCB Number: 103301**

Dear Mr. Birkenstock:

Your hospital has been determined eligible to receive the enclosed payment under the Medicaid Children's Hospital disproportionate share (DSH) program. This determination is made based on the formula found in section 409.9119, Florida Statutes, as enacted by the 2000 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are made from a fixed sum of money, distributed equally among all eligible hospitals.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$753,926. The procedure 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.



Mr. Timothy Birkenstock

May 24, 2016

Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Childrens' Hospitals

State Fiscal Year 2015 - 2016 Fourth Payment

Medicaid Number : **010060900** HCCCB Number : **103301**

Hospital Name (current) : **NICKLAUS CHILDREN'S HOSPITAL**

Total annual appropriation for all Qualified Childrens' Hospitals	(A)	\$753,926
Total number of Participating Childrens' Hospitals	(B)	2
Annual payment to you as a participating qualified Childrens' Hospital [3]	(A / B) = (C)	\$376,963
Amount being withheld from distribution in anticipation of funding reductions	(D)	\$2,760
Projected total of annual "Childrens' Hospital" payments	(C - D) = (E)	\$374,203
Total of "Childrens' Hospital" payments previously paid this fiscal year	(F)	\$280,652
Fourth "Childrens' Hospital" provider payment [1] [2]	(E - F) = (G)	\$93,551

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.

[3] This amount may be rounded down to the next lower whole dollar.