



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101516-00**

Dear Mr. 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 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$11,652,174 for state fiscal year 2016 - 2017. 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.

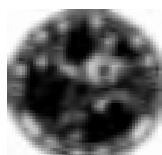
If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : 0101516-00

Facility Name (current) : All Children's Hospital

|   |                      |                     |
|---|----------------------|---------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$11,652,174        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$11,652,174</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$11,652,174</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Ms. Kathryn Gillette  
President & CEO  
Bayfront Health - St. Petersburg  
701 6th Street South  
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101567-00**

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 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$5,159,521 for state fiscal year 2016 - 2017. 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.

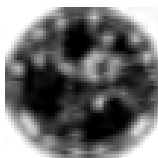
If you have any questions regarding the above, please call T. K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0101567-00**

Facility Name (current) : **Bayfront Health - St. Petersburg**

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$5,159,521        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$5,159,521</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$5,159,521</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Alex Fernandez  
CEO  
Broward Health Medical Center  
1608 South Andrews Ave.  
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100129-00**

Dear Mr. Fernandez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$14,041,312 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, 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 2016 - 2017 Annual Payment

Medicaid Number : **0100129-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$14,041,312        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$14,041,312</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$14,041,312</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Benjamin A. Spence  
CFO  
Cape Coral Hospital  
636 Del Prado Blvd  
Cape Coral, Florida 33990

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0119717-00**

Dear Mr. Spence:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,557,463 for state fiscal year 2016 - 2017. 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 T. K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : 0119717-00

Facility Name (current) : **Cape Coral Hospital**

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$1,557,463        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$1,557,463</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$1,557,463</b> |

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Ms. Sharon Vereen Jones  
Reimbursement Manager  
University of Miami Hospital  
1475 NW 12th Ave  
Hope Lodge #205  
Miami, Florida 33136

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100366-00**

Dear Ms. Jones:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$5,361,020 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100366-00**

Facility Name (current) : **University of Miami Hospital**

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$5,361,020        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$5,361,020</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$5,361,020</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Daryl Tol  
CEO  
Florida Hospital  
550 East Rollins Street  
Orlando, Florida 32803

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101290-00**

Dear Mr. Tol:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$5,513,911 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0101290-00**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$5,513,911        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$5,513,911</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$5,513,911</b> |

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

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Ms. Sandy Sosa-Guerrero  
CEO  
Larkin Community Hospital  
7031 SW 62nd Avenue  
P.O. Box 43-1810  
Miami, Florida 33243

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0120057-00**

Dear Ms. Sosa-Guerrero:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,544,987 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, 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 2016 - 2017 Annual Payment

Medicaid Number : **0120057-00**

Facility Name (current) : **Larkin Community Hospital**

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$1,544,987        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$1,544,987</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$1,544,987</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Ms. Alice Taylor  
CEO  
Broward Health Imperial Point  
6401 North Federal Hwy.  
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0108219-00**

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 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$498,594 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0108219-00**

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

|   |                      |                  |
|---|----------------------|------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$498,594        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0             |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$498,594</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0             |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$498,594</b> |

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

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Carlos Migoya  
President / CEO  
Jackson Memorial Hospital  
1611 N.W. 12th Avenue  
West Wing, Suite 117  
Miami, Florida 33136

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100421-00**

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 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$57,081,440 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100421-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$57,081,440        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$57,081,440</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$57,081,440</b> |

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Ms. Robin Gaffney  
Director of Reimbursement  
Largo Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0119741-00**

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,993,127 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0119741-00**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$1,993,127        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$1,993,127</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$1,993,127</b> |

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Benjamin A. Spence  
CFO  
Lee Memorial Hospital  
2776 Cleveland Ave  
Ft Myers, Florida 33901

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101109-00**

Dear Mr. Spence:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$22,661,608 for state fiscal year 2016 - 2017. 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.

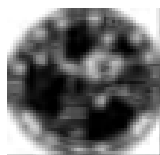
If you have any questions regarding the above, please call T. K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

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Tom Wallace, 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 2016 - 2017 Annual Payment

Medicaid Number : **0101109-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$22,661,608        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$22,661,608</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$22,661,608</b> |

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. David Verinder  
CEO  
Sarasota Memorial Hospital  
1700 S. Tamiami Trail  
Sarasota, Florida 34239

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101761-00**

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 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$6,246,740 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, 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 2016 - 2017 Annual Payment

Medicaid Number : **0101761-00**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$6,246,740        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$6,246,740</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$6,246,740</b> |

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

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

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100609-00**

Dear Mr. Birkenstock:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$4,893,174 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : 0100609-00

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$4,893,174        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$4,893,174</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$4,893,174</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Steven Sonenreich  
CEO  
Mt. Sinai Medical Center  
4300 Alton Rd  
Miami Beach, Florida 33140

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100463-00**

Dear Mr. Sonenreich:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$11,824,969 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100463-00**

Facility Name (current) : **Mt. Sinai Medical Center**

|   |                      |                     |
|---|----------------------|---------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$11,824,969        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$11,824,969</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$11,824,969</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Joseph A Infantino  
Hospital Administrator  
Northeast Florida State Hospital  
7487 South State Road 121  
Macclenny, Florida 32063

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0260029-00**

Dear Mr. Infantino:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,205,396 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0260029-00**

Facility Name (current) : **Northeast Florida State Hospital**

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$1,205,396        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$1,205,396</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$1,205,396</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. John Gaspelin  
Director of Finance  
Orlando Health  
1414 Kuhl Avenue  
Orlando, Florida 32806

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101338-00**

Dear Mr. Gaspelin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$3,898,084 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0101338-00**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$3,898,084        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$3,898,084</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$3,898,084</b> |

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Michael B. Sitowitz  
Controller  
Parrish Medical Center  
951 North Washington Avenue  
Titusville, Florida 32796

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100102-00**

Dear Mr. Sitowitz:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$4,410,212 for state fiscal year 2016 - 2017. 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 T. K. Fehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100102-00**

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$4,410,212        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$4,410,212</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$4,410,212</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Henry Stovall  
President  
Sacred Heart Hospital  
5151 N 9th Avenue  
Pensacola, Florida 32504

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100765-00**

Dear Mr. Stovall:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$10,154,915 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100765-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$10,154,915        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$10,154,915</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$10,154,915</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Robert Howey, CPA  
Manager  
Mayo Clinic  
4500 San Pablo Rd  
Jacksonville, Florida 32224

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100722-00**

Dear Mr. Howey:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,672,296 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100722-00**

Facility Name (current) : **Mayo Clinic**

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$1,672,296        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$1,672,296</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$1,672,296</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Russell Armistead  
CEO  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100676-00**

Dear Mr. Armistead:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$15,228,210 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0100676-00**

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

|   |                      |                     |
|---|----------------------|---------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$15,228,210        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$15,228,210</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$15,228,210</b> |

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Ms. Lee Packer  
Hospital Administrator  
South Florida State Hospital  
800 East Cypress Drive  
Pembroke Pines, Florida 33025

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0260045-00**

Dear Ms. Packer:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$778,011 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : **0260045-00**

Facility Name (current) : **South Florida State Hospital**

|   |                      |                  |
|---|----------------------|------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$778,011        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0             |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$778,011</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0             |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$778,011</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Benjamin A. Spence  
CFO  
Gulf Coast Medical Center Lee Memorial  
13681 Doctors Way  
Ft Myers, Florida 33912

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0111341-00**

Dear Mr. Spence:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$1,901,364 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : 0111341-00

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$1,901,364        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$1,901,364</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$1,901,364</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Tom Schlemmer  
CFO  
St. Mary's Medical Center  
901 45th St.  
West Palm Beach, Florida 33407

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101486-00**

Dear Mr. Schlemmer:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$11,832,202 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : 0101486-00

Facility Name (current) : St. Mary's Medical Center

|   |                      |                     |
|---|----------------------|---------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$11,832,202        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0                |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$11,832,202</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0                |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$11,832,202</b> |

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

April 13, 2017

Mr. Steve L. Short  
Senior Vice President / CFO  
Tampa General Hospital  
P.O. Box 1289  
Tampa, Florida 33601

**RE: State Fiscal Year 2016 - 2017  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100994-00**

Dear Mr. Short:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2016 - 2017. 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.

Your scheduled payment represents 100% (rounded) of your specified annual amount \$5,604,597 for state fiscal year 2016 - 2017. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2016 - 2017 Annual Payment

Medicaid Number : 0100994-00

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

|   |                      |                    |
|---|----------------------|--------------------|
| Annual Public DSH distribution to your facility                               | (A)                  | \$5,604,597        |
| Amount being withheld from distribution in anticipation of funding reductions | (B)                  | \$ 0               |
| <b>Projected total of your facility's annual Public DSH Payments</b>          | <b>(A - B) = (C)</b> | <b>\$5,604,597</b> |
| Total of your "Public DSH" Payments previously paid in this fiscal year       | (D)                  | \$ 0               |
| <b>Your Scheduled Public DSH Payment [1] [2]</b>                              | <b>(C - D) = (E)</b> | <b>\$5,604,597</b> |

[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.