



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 2, 2020

Thomas Kmetz  
Johns Hopkins All Children's Hospital  
501 Sixth Ave S  
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2019-2020  
Second Scheduled Childrens' Hospital Disproportionate Share Payment  
Medicaid Number: 010151600**

Dear Mr. Kmetz:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$10,286,159 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance

Children’s Hospital Disproportionate Share Hospital Program

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010151600**

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

Annual Children’s Hospital Disproportionate Share payment distribution to your facility	(A)	\$10,286,159
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility’s annual Children’s Hospital Disproportionate Share Payments</b>	(A – B) = (C)	\$10,286,159
Total of your Children’s Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$2,571,540
<b>Your Scheduled Children’s Hospital Disproportionate Share Payment [1]</b>	(C x 0.50) – (D) = (E)	<b>\$2,571,540</b>

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



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SECRETARY

March 2, 2020

R Lawrence Moss, MD, FACS, FAAP  
Nemours Children's Hospital  
13535 Nemours Pkwy  
Orlando, FL 32827

**RE: State Fiscal Year 2019-2020  
Second Scheduled Childrens' Hospital Disproportionate Share Payment  
Medicaid Number: 004087600**

Dear Dr. Moss:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,090,637 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Children's Hospital Disproportionate Share Hospital Program

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **004087600**

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

Annual Children's Hospital Disproportionate Share payment distribution to your facility	(A)	\$2,090,637
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Children's Hospital Disproportionate Share Payments</b>	(A - B) = (C)	\$2,090,637
Total of your Children's Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$522,659
<b>Your Scheduled Children's Hospital Disproportionate Share Payment [1]</b>	(C x 0.50) - (D) = (E)	<b>\$522,660</b>

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



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GOVERNOR

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SECRETARY

March 2, 2020

Mathew Love  
Nicklaus Children's Hospital  
3100 SW 62nd Ave  
Miami, FL 33155

**RE: State Fiscal Year 2019-2020  
Second Scheduled Childrens' Hospital Disproportionate Share Payment  
Medicaid Number: 010060900**

Dear Mr. Love:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$4,610,879 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Children's Hospital Disproportionate Share Hospital Program

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **010060900**

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

Annual Children's Hospital Disproportionate Share payment distribution to your facility	(A)	\$4,610,879
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Children's Hospital Disproportionate Share Payments</b>	(A - B) = (C)	\$4,610,879
Total of your Children's Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$1,152,720
<b>Your Scheduled Children's Hospital Disproportionate Share Payment [1]</b>	(C x 0.50) - (D) = (E)	<b>\$1,152,720</b>

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