



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020  
Third 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 100% of your annual appropriation of \$10,923,901 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 Third 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)	\$10,923,901
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)	\$10,923,901
Total of your Children’s Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$5,143,080
Remaining Children’s Hospital Disproportionate Share Funds	(E)	\$5,143,078
Total of your Children’s Hospital Disproportionate Share State Appropriated Funds	(F)	\$637,743
<b>Your Scheduled Total Children’s Hospital Disproportionate Share Payments [1]</b>	(E + F) = (G)	<b>\$5,780,821</b>

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



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MARY C. MAYHEW  
SECRETARY

April 30, 2020

R Lawrence Moss, MD, FACS, FAAP  
Nemours Children's Hospital  
6535 Nemours Pkwy  
Orlando, FL 32827

**RE: State Fiscal Year 2019-2020  
Third 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 100% of your annual appropriation of \$2,220,256 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 Third Payment

Medicaid Number : **004087600**

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

Annual Children’s Hospital Disproportionate Share payment distribution to your facility	(A)	\$2,220,256
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)	\$2,220,256
Total of your Children’s Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$1,045,319
Remaining Children’s Hospital Disproportionate Share Funds	(E)	\$1,045,318
Total of your Children’s Hospital Disproportionate Share State Appropriated Funds	(F)	\$129,619
<b>Your Scheduled Total Children’s Hospital Disproportionate Share Payments [1]</b>	(E + F) = (G)	<b>\$1,174,937</b>

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



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020  
Third 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 100% of your annual appropriation of \$4,896,753 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 Third Payment

Medicaid Number : **010060900**

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

Annual Children’s Hospital Disproportionate Share payment distribution to your facility	(A)	\$4,896,753
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)	\$4,896,753
Total of your Children’s Hospital Disproportionate Share Payments previously paid in this fiscal year	(D)	\$2,305,440
Remaining Children’s Hospital Disproportionate Share Funds	(E)	\$2,305,439
Total of your Children’s Hospital Disproportionate Share State Appropriated Funds	(F)	\$285,874
<b>Your Scheduled Total Children’s Hospital Disproportionate Share Payments [1]</b>	(E + F) = (G)	<b>\$2,591,313</b>

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