



RON DESANTIS  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$7,711,616 for state fiscal year 2020-2021. 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 2020 - 2021 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)	\$7,249,962
Annual State Only Children's Hospital Disproportionate Share payment distribution to your facility	(B)	\$461,654
Amount being withheld from distribution in anticipation of funding reductions	(C)	\$0
Total of your facility's annual Children's Hospital Disproportionate Share Payments	$(A + B) - (C) = (D)$	\$7,711,616
Your Previously Paid Children's Hospital Disproportionate Share Payment	(E)	\$3,624,981
Your Previously Paid State Only Children's Hospital Disproportionate Share Payment	(F)	\$118,453
Your Scheduled Children's Hospital Disproportionate Share Payment	$(A - E) = (G)$	\$3,624,981
Your Scheduled State Only Children's Hospital Disproportionate Share Payment	$(B - F) = (H)$	\$343,201
<b>Your Scheduled Total Children's Hospital Disproportionate Share Payments [1]</b>	$(G + H) = (I)$	<b>\$3,968,182</b>

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



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SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$3,479,923 for state fiscal year 2020-2021. 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 2020 - 2021 Second Payment

Medicaid Number : **004087600**

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

Annual Children's Hospital Disproportionate Share payment distribution to your facility	(A)	\$3,271,597
Annual State Only Children's Hospital Disproportionate Share payment distribution to your facility	(B)	\$208,326
Amount being withheld from distribution in anticipation of funding reductions	(C)	\$0
Total of your facility's annual Children's Hospital Disproportionate Share Payments	$(A + B) - (C) = (D)$	\$3,479,923
Your Previously Paid Children's Hospital Disproportionate Share Payment	(E)	\$1,635,799
Your Previously Paid State Only Children's Hospital Disproportionate Share Payment	(F)	\$53,453
Your Scheduled Children's Hospital Disproportionate Share Payment	$(A - E) = (G)$	\$1,635,798
Your Scheduled State Only Children's Hospital Disproportionate Share Payment	$(B - F) = (H)$	\$154,873
<b>Your Scheduled Total Children's Hospital Disproportionate Share Payments [1]</b>	$(G + H) = (I)$	<b>\$1,790,671</b>

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



RON DESANTIS  
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SIMONE MARSTILLER  
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June 8, 2021

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$7,030,285 for state fiscal year 2020-2021. 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 2020 - 2021 Second Payment

Medicaid Number : **010060900**

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

Annual Children's Hospital Disproportionate Share payment distribution to your facility	(A)	\$6,609,417
Annual State Only Children's Hospital Disproportionate Share payment distribution to your facility	(B)	\$420,868
Amount being withheld from distribution in anticipation of funding reductions	(C)	\$0
Total of your facility's annual Children's Hospital Disproportionate Share Payments	$(A + B) - (C) = (D)$	\$7,030,285
Your Previously Paid Children's Hospital Disproportionate Share Payment	(E)	\$3,304,709
Your Previously Paid State Only Children's Hospital Disproportionate Share Payment	(F)	\$107,988
Your Scheduled Children's Hospital Disproportionate Share Payment	$(A - E) = (G)$	\$3,304,708
Your Scheduled State Only Children's Hospital Disproportionate Share Payment	$(B - F) = (H)$	\$312,880
<b>Your Scheduled Total Children's Hospital Disproportionate Share Payments [1]</b>	$(G + H) = (I)$	<b>\$3,617,588</b>

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