



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Joseph Impicciche, JD, MHA
Ascension St. Vincents Medical Center Riverside
One Shircliff Way
Jacksonville, FL 32204

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010073100**

Dear Mr. Impicciche:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**010073100**

Hospital Name (current) : **Ascension St. Vincents Medical Center Riverside**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$885,654
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$221,414
Second "Family Practice Teaching Hospital" provider payment [1] [2]	(E x 0.50) - (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Sharon Hayes
Bayfront Health St. Petersburg
701 6th St. S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010156700**

Dear Ms. Hayes:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**010156700**

Hospital Name (current) : **Bayfront Health St. Petersburg**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$885,654
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$221,414
Second “Family Practice Teaching Hospital” provider payment [1] [2]	(E x 0.50) – (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Jeffrey Feasel
Halifax Health Medical Center
303 N Clyde Morris Blvd
Daytona Beach, FL 32114

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010184200**

Dear Mr. Feasel:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**010184200**

Hospital Name (current) : **Halifax Health Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$885,654
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$221,414
Second "Family Practice Teaching Hospital" provider payment [1] [2]	(E x 0.50) - (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Iris Berges
Larkin Community Hospital Palm Springs Campus
1475 W 49th Pl
Hialeah, FL 33012

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010053600**

Dear Ms. Berges:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**010053600**

Hospital Name (current) : **Larkin Community Hospital Palm Springs Campus**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$885,654
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$221,414
Second “Family Practice Teaching Hospital” provider payment [1] [2]	(E x 0.50) – (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Glenn Davenport Waters
Morton Plant Hospital
300 Pinellas St.
Clearwater, FL 33756

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010158300**

Dear Mr. Waters:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**010158300**

Hospital Name (current) : **Morton Plant Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$885,654
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$221,414
Second “Family Practice Teaching Hospital” provider payment [1] [2]	(E x 0.50) – (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Mickey Smith
Oak Hill Hospital
11375 Cortez Blvd
Brooksville, FL 34613

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 012007300**

Dear Mr. Smith:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**012007300**

Hospital Name (current) : **Oak Hill Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$885,654
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$221,414
Second "Family Practice Teaching Hospital" provider payment [1] [2]	(E x 0.50) - (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Chad P. Christianson
Ocala Regional Medical Center
1431 SW 1st Ave
Ocala, FL 34474

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010988600**

Dear Mr. Christianson:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**010988600**

Hospital Name (current) : **Ocala Regional Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$885,654
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$221,414
Second "Family Practice Teaching Hospital" provider payment [1] [2]	(E x 0.50) - (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Lisa Valentine
Orange Park Medical Center
2001 Kingsley Ave
Orange Park, FL 32073

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 011174100**

Dear Ms. Valentine:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**011174100**

Hospital Name (current) : **Orange Park Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$885,654
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$221,414
Second "Family Practice Teaching Hospital" provider payment [1] [2]	(E x 0.50) - (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Ana J. Mederos
Palmetto General Hospital
2001 W 68th St.
Hialeah, FL 33016

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010460400**

Dear Ms. Mederos:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**010460400**

Hospital Name (current) : **Palmetto General Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$885,654
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$221,414
Second "Family Practice Teaching Hospital" provider payment [1] [2]	(E x 0.50) - (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Jay Finnegan
St. Lucie Medical Center
1800 SE Tiffany Ave
Port Saint Lucie, FL 34952

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 011997100**

Dear Mr. Finnegan:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**011997100**

Hospital Name (current) : **St. Lucie Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$885,654
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$221,414
Second "Family Practice Teaching Hospital" provider payment [1] [2]	(E x 0.50) - (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

Janice Balzano
St. Petersburg General Hospital
6500 38th Ave N
Saint Petersburg, FL 33710

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 012010300**

Dear Ms. Balzano:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**012010300**

Hospital Name (current) : **St. Petersburg General Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$885,654
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$221,414
Second “Family Practice Teaching Hospital” provider payment [1] [2]	(E x 0.50) – (F) = (G)	\$221,413

- [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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 20, 2020

George Mark O'Bryant
Tallahassee Memorial Hospital
1300 Miccosukee Rd.
Tallahassee, FL 32308

**RE: State Fiscal Year 2019-2020
Second Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

Your hospital 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 hospitals 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 amount for the 2019-2020 fiscal year, based upon an annual appropriation of \$10,627,848. 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.

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
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Second Payment

Medicaid Number :**010113300**

Hospital Name (current) : **Tallahassee Memorial Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,627,848
Total number of Participating Family Practice Teaching Hospitals	(B)	12
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$885,654
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$885,654
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$221,414
Second “Family Practice Teaching Hospital” provider payment [1] [2]	(E x 0.50) – (F) = (G)	\$221,413

- [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.