

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

RE: State Fiscal Year 2020 - 2021

First 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 2020 - 2021. 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 2020 - 2021 fiscal year, based upon an annual appropriation of \$845,612. 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



### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 010156700

Hospital Name (current): Bayfront Health St. Petersburg

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C-D)=(E)	\$845,612
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
First "Family Practice Teaching Hospital" provider payment [1] [2]	$(E \times .50) = (G)$	\$422,806

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



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

RE: State Fiscal Year 2020 - 2021

First 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 2020 - 2021. 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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 010184200

Hospital Name (current): Halifax Health Medical Center

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C-D)=(E)	\$845,612
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
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Iris Berges Larkin Community Hospital Palm Springs Campus 1475 W 49th Pl Hialeah, FL 33012

RE: State Fiscal Year 2020 - 2021

**First 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 2020 - 2021. 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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

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#### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 010053600

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C-D)=(E)	\$845,612
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	
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Glenn Davenport Waters Morton Plant Hospital 300 Pinellas St. Clearwater, FL 33756

RE: State Fiscal Year 2020 - 2021

**First 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 2020 - 2021. 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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

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### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 010158300

Hospital Name (current): Morton Plant Hospital

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C-D)=(E)	\$845,612
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Mickey Smith Oak Hill Hospital 11375 Cortez Blvd Brooksville, FL 34613

RE: State Fiscal Year 2020 - 2021

First 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 2020 - 2021. 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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

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### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 012007300

Hospital Name (current): Oak Hill Hospital

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
Amount being withheld from distribution in anticipation of funding reductions	(D)	
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Chad P. Christianson Ocala Regional Medical Center 1431 SW 1st Ave Ocala, FL 34474

RE: State Fiscal Year 2020 - 2021

**First 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 2020 - 2021. 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.

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Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 010988600

Hospital Name (current): Ocala Regional Medical Center

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
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Lisa Valentine Orange Park Medical Center 2001 Kingsley Ave Orange Park, FL 32073

RE: State Fiscal Year 2020 - 2021

First 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 2020 - 2021. 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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number:011174100

Hospital Name (current): Orange Park Medical Center

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
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Ana J. Mederos Palmetto General Hospital 2001 W 68th St. Hialeah, FL 33016

RE: State Fiscal Year 2020 - 2021

**First 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 2020 - 2021. 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.

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Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 010460400

Hospital Name (current): Palmetto General Hospital

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
Total number of Participating Family Practice Teaching Hospitals	(B)	12
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Jay Finnegan St. Lucie Medical Center 1800 SE Tiffany Ave Port Saint Lucie, FL 34952

RE: State Fiscal Year 2020 - 2021

**First 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 2020 - 2021. 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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 011997100

Hospital Name (current): St. Lucie Medical Center

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
Total number of Participating Family Practice Teaching Hospitals	(B)	12
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Janice Balzano St. Petersburg General Hospital 6500 38th Ave N Saint Petersburg, FL 33710

RE: State Fiscal Year 2020 - 2021

**First 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 2020 - 2021. 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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 012010300

Hospital Name (current): St. Petersburg General Hospital

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
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Joseph Impicciche, JD, MHA St. Vincent's Medical Center Riverside One Shircliff Way Jacksonville, FL 32204

RE: State Fiscal Year 2020 - 2021

First 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 2020 - 2021. 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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number: 010073100

Hospital Name (current): St. Vincent's Medical Center Riverside

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
Amount being withheld from distribution in anticipation of funding reductions	(D)	
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George Mark O'Bryant Tallahassee Memorial Hospital 1300 Miccosukee Rd. Tallahassee, FL 32308

RE: State Fiscal Year 2020 - 2021

**First 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 2020 - 2021. 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.

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Lisa Smith, Bureau Chief, Medicaid Program Finance

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### State Fiscal Year 2020 - 2021 First Payment

Medicaid Number:010113300

Hospital Name (current): Tallahassee Memorial Hospital

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,147,344
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)	\$845,612
Amount being withheld from distribution in anticipation of funding reductions	(D)	
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