



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Kathryn Gillette
Bayfront Health - Saint Petersburg
701 6th Street South
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010156700**

Dear Ms. Gillette:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**010156700**

Hospital Name (current) : **Bayfront Health - Saint Petersburg**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Jeff Feasel
Halifax Health Medical Center
303 North Clyde Morris Boulevard
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2018-2019
Fourth 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 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**010184200**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Iris Berges
Larkin Community Hospital Palm Springs Campus
1475 West 49th Place
Hialeah, Florida 33012-3222

**RE: State Fiscal Year 2018-2019
Fourth 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 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**010053600**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Kris Hoce
Morton Plant Hospital
300 Pinellas Street, MS# 21
Clearwater, Florida 33756

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010158300**

Dear Mr. Hoce:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**010158300**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Brian Cook
North Florida Regional Medical Center
P.O. Box 147006
Gainesville, Florida 32605 – 7006

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010862600**

Dear Mr. Cook:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**010862600**

Hospital Name (current) : **North Florida Regional Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Mickey Smith
Oak Hill Hospital
11375 Cortez Boulevard
Brooksville, Florida 34613-5409

**RE: State Fiscal Year 2018-2019
Fourth 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 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**012007300**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Chad Christianson
Ocala Regional Medical Center
1431 Southwest 1st Avenue
Ocala, Florida 34474-4000

**RE: State Fiscal Year 2018-2019
Fourth 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 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**010988600**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Chad Patrick
Orange Park Medical Center
2001 Kingsley Avenue
Orange Park, Florida 32073-5418

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 011174100**

Dear Mr. Patrick:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**011174100**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Ana Mederos
Palmetto General Hospital
2001 West 68th Street
Hialeah, Florida 33016-1801

**RE: State Fiscal Year 2018-2019
Fourth 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 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**010460400**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Janice Balzano
Saint Petersburg General Hospital
6500 38th Avenue North
Saint Petersburg, Florida 33710-1629

**RE: State Fiscal Year 2018-2019
Fourth 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 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**012010300**

Hospital Name (current) : **Saint Petersburg General Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Tom Vanosdol
Saint Vincent's Medical Center Riverside
1800 Barrs Street
Jacksonville, Florida 32204

**RE: State Fiscal Year 2018-2019
Fourth Family Practice Teaching Disproportionate Share Payment
Medicaid Number: 010073100**

Dear Mr. Vanosdol:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**010073100**

Hospital Name (current) : **Saint Vincent's Medical Center Riverside**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$805,669
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$604,252
Fourth "Family Practice Teaching Hospital" provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Jay Finnegan
St. Lucie Medical Center
1800 Southeast Tiffany Avenue
Port Saint Lucie, Florida 34952-7521

**RE: State Fiscal Year 2018-2019
Fourth 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 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**011997100**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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

June 5, 2019

Mark O'Bryant
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, Florida 32308-4638

**RE: State Fiscal Year 2018-2019
Fourth 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 2018 - 2019. 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 100% of your annual amount for the 2018-2019 fiscal year, based upon an annual appropriation of \$10,473,697. 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 2018-2019 Fourth Payment

Medicaid Number :**010113300**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,473,697
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$805,669
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C – D) = (E)	\$805,669
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$604,252
Fourth “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$201,417

- [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.