



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.

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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 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

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- This amount may be rounded down to the next lower whole dollar.





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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

LS:rp



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
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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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

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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
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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.

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Lisa Smith, Bureau Chief, Medicaid Program Finance

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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
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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.

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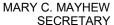
State Fiscal Year 2018-2019 Fourth Payment

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
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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.

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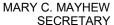
State Fiscal Year 2018-2019 Fourth Payment

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
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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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

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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
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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.

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Lisa Smith, Bureau Chief, Medicaid Program Finance

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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
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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.

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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
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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.

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Lisa Smith, Bureau Chief, Medicaid Program Finance

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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
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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.

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Sincerely.

Lisa Smith, Bureau Chief, Medicaid Program Finance

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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
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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.

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Lisa Smith, Bureau Chief, Medicaid Program Finance

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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
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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.

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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
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