



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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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 Third Payment

Medicaid Number :**010073100**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual “Family Practice Teaching Hospital” payments	(C - D) = (E)	\$795,852
Total of “Family Practice Teaching Hospital” payments previously paid this fiscal year	(F)	\$442,827
Third “Family Practice Teaching Hospital” provider payment [1] [2]	(E - F) = (G)	\$353,025

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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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

Medicaid Number :**010156700**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
Amount being withheld from distribution in anticipation of funding reductions	(D)	
Total of annual "Family Practice Teaching Hospital" payments	(C - D) = (E)	\$795,852
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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 Medicaid Program Finance
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Third Payment

Medicaid Number :**010184200**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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

Medicaid Number :**010053600**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
Amount being withheld from distribution in anticipation of funding reductions	(D)	
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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 Medicaid Program Finance
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Third Payment

Medicaid Number :**010158300**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
Amount being withheld from distribution in anticipation of funding reductions	(D)	
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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 Medicaid Program Finance
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Third Payment

Medicaid Number :**012007300**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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 Medicaid Program Finance
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Third Payment

Medicaid Number :**010988600**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
Total number of Participating Family Practice Teaching Hospitals	(B)	12
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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State of Florida
 Agency for Health Care Administration
 Medicaid Program Finance
 Disproportionate Share Payments to Family Practice Teaching Hospitals
 State Fiscal Year 2019-2020 Third Payment

Medicaid Number :**011174100**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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

Medicaid Number :**010460400**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
Total number of Participating Family Practice Teaching Hospitals	(B)	12
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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

Medicaid Number :**011997100**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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

Medicaid Number :**012010300**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third 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.

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

Medicaid Number :**010113300**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$9,550,224
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)	\$795,852
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