



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 3, 2020

James Warren
Northeast Florida State Hospital
7487 South State Road 121
MacClenny, Florida 32063

**RE: State Fiscal Year 2019-2020
First Mental Health Disproportionate Share Hospital Payment
Medicaid Number: 026002900**

Dear Mr. Warren:

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 25% (rounded) of your annual appropriation of \$52,942,772 for state fiscal year 2019-2020. The formula 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

Mental Health Disproportionate Share Distribution

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **026002900**

Facility Name (current) : **Northeast Florida State Hospital**

Annual Mental Health DSH distribution to your facility	(A)	\$52,942,772
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Mental Health DSH Distribution	(C)	\$52,942,772
Total of your "Mental Health DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Mental Health DSH Payment [1] [2]	(C x 0.25) = (E)	\$13,235,693

[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.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

January 3, 2020

Joy Neves
South Florida State Hospital
800 East Cypress Drive
Pembroke Pines, Florida 33025

**RE: State Fiscal Year 2019-2020
First Mental Health Disproportionate Share Hospital Payment
Medicaid Number: 026004500**

Dear Ms. Neves:

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 25% (rounded) of your annual appropriation of \$23,020,935 for state fiscal year 2019-2020. The formula 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

Mental Health Disproportionate Share Distribution

State Fiscal Year 2019 - 2020 First Payment

Medicaid Number : **026004500**

Facility Name (current) : **South Florida State Hospital**

Annual Mental Health DSH distribution to your facility	(A)	\$23,020,935
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Mental Health DSH Distribution	(C)	\$23,020,935
Total of your "Mental Health DSH" Payments previously paid in this fiscal year	(D)	
Your Scheduled Mental Health DSH Payment [1] [2]	(C x 0.25) = (E)	\$5,755,234

[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.