



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 7, 2021

Jared M. Smith
Broward Health Coral Springs
3000 Coral Hills Dr.
Coral Springs, FL 33065

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 012040500**

Dear Mr. Smith:

Your facility 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 facilities 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 appropriation of \$121,396 for state fiscal year 2020 - 2021. 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **012040500**

Facility Name (current) : **Broward Health Coral Springs**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$121,396
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$121,396
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$63,965
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$57,431

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



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June 7, 2021

Randy Gross
Broward Health Imperial Point
6401 N Federal Hwy
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010821900**

Dear Mr. Gross:

Your facility 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 facilities 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 appropriation of \$231,606 for state fiscal year 2020 - 2021. 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,

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Medicaid Program Finance

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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010821900**

Facility Name (current) : **Broward Health Imperial Point**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$231,606
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$231,606
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$122,036
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$109,570

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



RON DESANTIS
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June 7, 2021

Heather Havericak
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010012900**

Dear Ms. Havericak:

Your facility 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 facilities 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 appropriation of \$1,752,298 for state fiscal year 2020 - 2021. 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.

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Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010012900**

Facility Name (current) : **Broward Health Medical Center**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,752,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$1,752,298
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$923,309
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$828,989

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



RON DESANTIS
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June 7, 2021

Alice Taylor
Broward Health North
201 E Sample Rd.
Pompano Beach, FL 33064

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010021800**

Dear Ms. Taylor:

Your facility 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 facilities 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 appropriation of \$196,649 for state fiscal year 2020 - 2021. 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.

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Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010021800**

Facility Name (current) : **Broward Health North**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$196,649
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$196,649
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$103,617
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$93,032

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



RON DESANTIS
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June 7, 2021

Carlos A. Migoya
Jackson Memorial Hospital
1611 NW 12th Ave
Miami, FL 33136

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010042100**

Dear Mr. Migoya:

Your facility 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 facilities 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 appropriation of \$1,965,725 for state fiscal year 2020 - 2021. 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

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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010042100**

Facility Name (current) : **Jackson Memorial Hospital**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,965,725
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$1,965,725
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$1,035,766
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$929,959

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



RON DESANTIS
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June 7, 2021

Grisel Fernandez-Bravo
Memorial Hospital Miramar
1901 SW 172nd Ave
Miramar, FL 33029

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

Your facility 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 facilities 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 appropriation of \$39,534 for state fiscal year 2020 - 2021. 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010345400**

Facility Name (current) : **Memorial Hospital Miramar**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$39,534
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$39,534
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$20,831
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$18,703

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



RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

June 7, 2021

Mark E. Doyle
Memorial Hospital Pembroke
7800 Sheridan St.
Pembroke Pines, FL 33024

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010222900**

Dear Mr. Doyle:

Your facility 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 facilities 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 appropriation of \$79,066 for state fiscal year 2020 - 2021. 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010222900**

Facility Name (current) : **Memorial Hospital Pembroke**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$79,066
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$79,066
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$41,661
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$37,405

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



RON DESANTIS
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SIMONE MARSTILLER
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June 7, 2021

Leah Carpenter
Memorial Hospital West
703 N Flamingo Rd.
Pembroke Pines, FL 33028

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Your facility 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 facilities 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 appropriation of \$182,285 for state fiscal year 2020 - 2021. 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010252100**

Facility Name (current) : **Memorial Hospital West**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$182,285
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$182,285
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$96,049
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$86,236

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 7, 2021

Zeff Ross
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010020000**

Dear Mr. Ross:

Your facility 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 facilities 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 appropriation of \$1,230,485 for state fiscal year 2020 - 2021. 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

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State of Florida
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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010020000**

Facility Name (current) : **Memorial Regional Hospital**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,230,485
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$1,230,485
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$648,359
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$582,126

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 7, 2021

Leon L. Haley Jr., MD
UF Health Jacksonville
655 W 8th St.
Jacksonville, FL 32209

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010067600**

Dear Dr. Haley:

Your facility 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 facilities 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 appropriation of \$1,681,367 for state fiscal year 2020 - 2021. 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

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010067600**

Facility Name (current) : **UF Health Jacksonville**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,681,367
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$1,681,367
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$885,934
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$795,433

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



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 7, 2021

Edward Jimenez
UF Health Shands Hospital
1600 SW Archer Rd.
Gainesville, FL 32608

**RE: State Fiscal Year 2020 -2021
Second Scheduled Provider Service Network Disproportionate Share Payment
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Your facility 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 facilities 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 appropriation of \$200,971 for state fiscal year 2020 - 2021. 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2020 -2021 Second Payment

Medicaid Number : **010003000**

Facility Name (current) : **UF Health Shands Hospital**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$200,971
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$200,971
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$105,894
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$95,077

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