



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Stephen Grubbs  
Bay Medical Center/Sacred Heart HS  
615 N. Bonita Avenue  
Panama City, Florida 32401

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100064-00**

Dear Mr. Grubbs:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$3,692,902 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100064-00**

Facility Name (current) : **Bay Medical Centerr/Sacred Heart HS**

Annual Public DSH distribution to your facility	(A)	\$3,692,902
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$3,692,902
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,767,710
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$925,192</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Kathryn Gillette  
Bayfront Health - St. Petersburg  
701 6th Street South  
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101567-00**

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 2017 - 2018. 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% (rounded) of your annual appropriation of \$737,823 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101567-00**

Facility Name (current) : **Bayfront Health - St. Petersburg**

Annual Public DSH distribution to your facility	(A)	\$737,823
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$737,823
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$371,481
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$366,342</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Beverly Capasso  
Broward Health Coral Springs  
3000 Coral Hills Drive  
Coral Springs, Florida 33065

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0120405-00**

Dear Ms. Capasso:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$2,674,435 for state fiscal year 2017 - 2018. 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.

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Medicaid Program Finance and Analytics

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State of Florida  
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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0120405-00**

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

Annual Public DSH distribution to your facility	(A)	\$2,674,435
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$2,674,435
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,019,805
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$654,630</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Beverly Capasso  
Broward Health Imperial Point  
6401 North Federal Hwy.  
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0108219-00**

Dear Ms. Capasso:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,346,664 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0108219-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,346,664
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,346,664
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,017,037
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$329,627</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Beverly Capasso  
Broward Health Medical Center  
1608 South Andrews Ave.  
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100129-00**

Dear Ms. Capasso:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$18,160,740 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100129-00**

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

Annual Public DSH distribution to your facility	(A)	\$18,160,740
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$18,160,740
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$13,715,479
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,445,261</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Beverly Capasso  
Broward Health North  
201 East Sample Road  
Pompano Beach, Florida 33064

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100218-00**

Dear Ms. Capasso:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$5,918,786 for state fiscal year 2017 - 2018. 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.

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State of Florida  
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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100218-00**

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

Annual Public DSH distribution to your facility	(A)	\$5,918,786
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$5,918,786
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,470,025
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$1,448,761</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Benjamin Spence  
Cape Coral Hospital  
636 Del Prado Blvd  
Cape Coral, Florida 33990

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0119717-00**

Dear Mr. Spence:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,499,356 for state fiscal year 2017 - 2018. 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.

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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0119717-00**

Facility Name (current) : **Cape Coral Hospital**

Annual Public DSH distribution to your facility	(A)	\$1,499,356
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,499,356
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,132,353
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$367,003</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Vincent Sica  
DeSoto Memorial Hospital  
900 N. Robert Avenue  
P.O. Box 2180  
Arcadia, Florida 34266

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101923-00**

Dear Mr. Sica:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,304 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

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Medicaid Program Finance and Analytics

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101923-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,304
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,304
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 984
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$ 320</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

JoAnn Baker  
Doctors Memorial Hospital  
P.O. Box 188  
2600 Hospital Dr  
Bonifay, Florida 32425

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101036-00**

Dear Mrs. Baker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$147,110 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101036-00**

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

Annual Public DSH distribution to your facility	(A)	\$147,110
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$147,110
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$111,100
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$36,010</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Daryl Tol  
Florida Hospital  
550 East Rollins Street  
Orlando, Florida 32803

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101290-00**

Dear Mr. Tol:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,489,723 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101290-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,489,723
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,489,723
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,125,078
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$364,645</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Kim Davis  
George E. Weems Memorial Hospital  
135 Avenue G  
Apalachicola, Florida 32329

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100803-00**

Dear Ms. Davis:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$147,110 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100803-00**

Facility Name (current) : **George E. Weems Memorial Hospital**

Annual Public DSH distribution to your facility	(A)	\$147,110
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$147,110
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$111,100
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$36,010</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Benjamin Spence  
Gulf Coast Medical Center Lee Memorial  
13681 Doctors Way  
Ft Myers, Florida 33912

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0111341-00**

Dear Mr. Spence:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,208,881 for state fiscal year 2017 - 2018. 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.

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0111341-00**

Facility Name (current) : **Gulf Coast Medical Center Lee Memorial**

Annual Public DSH distribution to your facility	(A)	\$1,208,881
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,208,881
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$912,979
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$295,902</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Robin Gaffney  
Gulf Coast Medical Center - Panama City  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0117617-00**

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$5,473 for state fiscal year 2017 - 2018. 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.

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Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0117617-00**

Facility Name (current) : **Gulf Coast Medical Center - Panama City**

Annual Public DSH distribution to your facility	(A)	\$5,473
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$5,473
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,135
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,338</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

, M.D.  
Alan List  
H. Lee Moffit Cancer Center  
12902 Magnolia Drive  
Tampa, Florida 33612

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0120324-00**

Dear Dr. List:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,489,722 for state fiscal year 2017 - 2018. 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.

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State of Florida  
Agency for Health Care Administration  
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Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0120324-00**

Facility Name (current) : **H. Lee Moffit Cancer Center**

Annual Public DSH distribution to your facility	(A)	\$1,489,722
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,489,722
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,125,077
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$364,645</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Jeff Feasel  
Halifax Health Medical Center  
303 N. Clyde-Morris Blvd.  
Daytona Beach, Florida 32114-2709

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101842-00**

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 2017 - 2018. 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% (rounded) of your annual appropriation of \$3,254,059 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101842-00**

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

Annual Public DSH distribution to your facility	(A)	\$3,254,059
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$3,254,059
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,457,553
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$796,506</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Lynn Beasley  
Hendry Regional Medical Center  
500 W. Sugarland Highway  
Clewiston, Florida 33440

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100862-00**

Dear Mr. Beasley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$147,110 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100862-00**

Facility Name (current) : **Hendry Regional Medical Center**

Annual Public DSH distribution to your facility	(A)	\$147,110
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$147,110
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$111,100
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$36,010</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

William Duquette  
Homestead Hospital  
975 Baptist Way  
Homestead, Florida 33033

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0102261-00**

Dear Mr. Duquette:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$5,181 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0102261-00**

Facility Name (current) : **Homestead Hospital**

Annual Public DSH distribution to your facility	(A)	\$5,181
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$5,181
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,911
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,270</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Kevin Rovito  
Jackson Hospital  
4250 Hospital Drive  
Marianna, Florida 32447

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101061-00**

Dear Mr. Rovito:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$566,722 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101061-00**

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

Annual Public DSH distribution to your facility	(A)	\$566,722
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$566,722
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$428,005
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$138,717</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Carlos Migoya  
Jackson Memorial Hospital  
1611 N.W. 12th Avenue  
West Wing, Suite 117  
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100421-00**

Dear Mr. Migoya:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$64,445,617 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100421-00**

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

Annual Public DSH distribution to your facility	(A)	\$64,445,617
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$64,445,617
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$48,671,068
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$15,774,549</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

, MD  
Jonathan Ellen  
All Children's Hospital  
501 6th Ave South  
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101516-00**

Dear Mr. Ellen:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$19,735 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101516-00**

Facility Name (current) : **All Children's Hospital**

Annual Public DSH distribution to your facility	(A)	\$19,735
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$19,735
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$14,905
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,830</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Darcy Davis  
Lakeside Medical Center  
2601 10th Ave North, Ste 100  
Palm Springs, Florida 33462

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101443-00**

Dear Ms. Davis:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,099,174 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101443-00**

Facility Name (current) : **Lakeside Medical Center**

Annual Public DSH distribution to your facility	(A)	\$1,099,174
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,099,174
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$830,125
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$269,049</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Robin Gaffney  
Largo Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0119741-00**

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,323,031 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0119741-00**

Facility Name (current) : **Largo Medical Center**

Annual Public DSH distribution to your facility	(A)	\$1,323,031
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,323,031
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$999,188
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$323,843</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Sandy Sosa-Guerrero  
Larkin Community Hospital  
7031 SW 62nd Avenue  
P.O. Box 43-1810  
Miami, Florida 33243

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0120057-00**

Dear Ms. Sosa-Guerrero:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0120057-00**

Facility Name (current) : **Larkin Community Hospital**

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Benjamin Spence  
Lee Memorial Hospital  
2776 Cleveland Ave  
Ft Myers, Florida 33901

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101109-00**

Dear Mr. Spence:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$6,740,394 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101109-00**

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

Annual Public DSH distribution to your facility	(A)	\$6,740,394
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$6,740,394
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,090,526
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,649,868</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

, CPA  
Robert Howey  
Mayo Clinic  
4500 San Pablo Rd  
Jacksonville, Florida 32224

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100722-00**

Dear Mr. Howey:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,489,722 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100722-00**

Facility Name (current) : **Mayo Clinic**

Annual Public DSH distribution to your facility	(A)	\$1,489,722
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,489,722
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,125,077
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$364,645</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Frank Sacco  
Memorial Hospital Miramar  
1901 SW 172nd Avenue  
Miramar, Florida 33029

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0103454-00**

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,909,049 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0103454-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,909,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,909,049
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,441,765
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$467,284</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Frank Sacco  
Memorial Hospital Pembroke  
7800 Sheridan Street  
Pembroke Pines, Florida 33024

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0102229-00**

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$4,536,579 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0102229-00**

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

Annual Public DSH distribution to your facility	(A)	\$4,536,579
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$4,536,579
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,426,146
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,110,433</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Frank Sacco  
Memorial Hospital West  
703 North Flamingo Road  
Pembroke Pines, Florida 33028

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0102521-00**

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$5,441,077 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0102521-00**

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

Annual Public DSH distribution to your facility	(A)	\$5,441,077
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$5,441,077
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,109,248
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,331,829</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Frank Sacco  
Memorial Regional Hospital  
3501 Johnson St.  
Hollywood, Florida 33021

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100200-00**

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$20,186,050 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100200-00**

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

Annual Public DSH distribution to your facility	(A)	\$20,186,050
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$20,186,050
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$15,245,048
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,941,002</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Kris Hoce  
Morton F. Plant Hospital  
2995 Drew St.  
Clearwater, Florida 33759

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101583-00**

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 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101583-00**

Facility Name (current) : **Morton F. Plant Hospital**

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Steven Sonenreich  
Mt. Sinai Medical Center  
4300 Alton Rd  
Miami Beach, Florida 33140

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100463-00**

Dear Mr. Sonenreich:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$4,970,833 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100463-00**

Facility Name (current) : **Mt. Sinai Medical Center**

Annual Public DSH distribution to your facility	(A)	\$4,970,833
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$4,970,833
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,754,106
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,216,727</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Timothy Birkenstock  
Nicklaus Children's Hospital  
3100 S.W. 62nd Avenue  
Miami, Florida 33155-3009

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100609-00**

Dear Mr. Birkenstock:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$15,495 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100609-00**

Facility Name (current) : **Nicklaus Children's Hospital**

Annual Public DSH distribution to your facility	(A)	\$15,495
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$15,495
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$11,702
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,793</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Robin Gaffney  
North Florida Regional Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0108626-00**

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0108626-00**

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

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Manny Linares  
North Shore Medical Center  
1100 N.W. 95th Street  
Miami, Florida 33150-2098

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100498-00**

Dear Mr. Linares:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$11,613 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100498-00**

Facility Name (current) : **North Shore Medical Center**

Annual Public DSH distribution to your facility	(A)	\$11,613
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$11,613
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$8,769
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$2,844</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Joseph Infantino  
Northeast Florida State Hospital  
7487 South State Road 121  
Macclenny, Florida 32063

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0260029-00**

Dear Mr. Infantino:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,177,965 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0260029-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,177,965
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,177,965
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$889,630
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$288,335</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Robin Gaffney  
Ocala Regional Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0109886-00**

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0109886-00**

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

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Robin Gaffney  
Orange Park Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0111741-00**

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0111741-00**

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

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

John Gaspelin  
Orlando Health  
1414 Kuhl Avenue  
Orlando, Florida 32806

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101338-00**

Dear Mr. Gaspelin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$3,398,888 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101338-00**

Facility Name (current) : **Orlando Health**

Annual Public DSH distribution to your facility	(A)	\$3,398,888
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$3,398,888
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,566,930
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$831,958</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Hopeton English  
Palmetto General Hospital  
2001 West 68th St.  
Hialeah, Florida 33016

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0104604-00**

Dear Mr. English:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0104604-00**

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

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Robin Gaffney  
Palms West Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0120260-00**

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$5,581 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0120260-00**

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

Annual Public DSH distribution to your facility	(A)	\$5,581
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$5,581
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,215
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,366</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Michael Sitowitz  
Parrish Medical Center  
951 North Washington Avenue  
Titusville, Florida 32796

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100102-00**

Dear Mr. Sitowitz:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,562,881 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100102-00**

Facility Name (current) : **Parrish Medical Center**

Annual Public DSH distribution to your facility	(A)	\$1,562,881
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,562,881
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,180,328
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$382,553</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Irfan Mirza  
Plantation General Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0120006-00**

Dear Mr. Mirza:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$12,995 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0120006-00**

Facility Name (current) : **Plantation General Hospital**

Annual Public DSH distribution to your facility	(A)	\$12,995
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$12,995
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,813
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,182</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Henry Stovall  
Sacred Heart Hospital  
5151 N 9th Avenue  
Pensacola, Florida 32504

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100765-00**

Dear Mr. Stovall:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$2,426,650 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100765-00**

Facility Name (current) : **Sacred Heart Hospital**

Annual Public DSH distribution to your facility	(A)	\$2,426,650
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$2,426,650
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,832,671
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$593,979</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

David Verinder  
Sarasota Memorial Hospital  
1700 S. Tamiami Trail  
Sarasota, Florida 34239

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101761-00**

Dear Mr. Verinder:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$3,230,066 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101761-00**

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

Annual Public DSH distribution to your facility	(A)	\$3,230,066
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$3,230,066
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,439,432
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$790,634</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Lee Packer  
South Florida State Hospital  
800 East Cypress Drive  
Pembroke Pines, Florida 33025

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0260045-00**

Dear Ms. Packer:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$767,246 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0260045-00**

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

Annual Public DSH distribution to your facility	(A)	\$767,246
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$767,246
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$386,296
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$380,950</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Tom Schlemmer  
St. Mary's Medical Center  
901 45th St.  
West Palm Beach, Florida 33407

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101486-00**

Dear Mr. Schlemmer:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$20,449 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101486-00**

Facility Name (current) : **St. Mary's Medical Center**

Annual Public DSH distribution to your facility	(A)	\$20,449
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$20,449
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$15,443
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$5,006</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Robin Gaffney  
St. Petersburg General Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0120103-00**

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0120103-00**

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

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Donnie Romine  
Saint Vincent's Medical Center Riverside  
1 Shircliff Way  
Jacksonville, Florida 32204

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100731-00**

Dear Mr. Romine:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100731-00**

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

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Robin Gaffney  
St. Lucie Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0119971-00**

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0119971-00**

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

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 25, 2018

John Couris  
Tampa General Hospital  
P.O. Box 1289  
Tampa, Florida 33601

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100994-00**

Dear Mr. Couris:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$7,851,408 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100994-00**

Facility Name (current) : **Tampa General Hospital**

Annual Public DSH distribution to your facility	(A)	\$7,851,408
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$7,851,408
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,929,593
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,921,815</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

August 15, 2018

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

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101133-00**

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 2017 - 2018. 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% (rounded) of your annual appropriation of \$727,230 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Lisa Smith, Bureau Chief  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0101133-00**

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

Annual Public DSH distribution to your facility	(A)	\$727,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's annual Public DSH Payment</b>	(C)	\$727,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$549,223
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$178,007</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Leon Haley  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100676-00**

Dear Mr. Haley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$11,746,645 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100676-00**

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

Annual Public DSH distribution to your facility	(A)	\$11,746,645
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$11,746,645
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$8,871,382
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,875,263</b>

[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.





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Timothy Goldfarb  
UF Health Shands Hospital  
Box 100326  
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100030-00**

Dear Mr. Goldfarb:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$11,746,263 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100030-00**

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

Annual Public DSH distribution to your facility	(A)	\$11,746,263
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$11,746,263
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$8,871,093
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,875,170</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

June 4, 2018

Sharon Jones  
University of Miami Hospital  
1475 NW 12th Ave  
Hope Lodge #205  
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018  
Fourth Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0100366-00**

Dear Ms. Jones:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$1,146,273 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Fourth Payment

Medicaid Number : **0100366-00**

Facility Name (current) : **University of Miami Hospital**

Annual Public DSH distribution to your facility	(A)	\$1,146,273
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$1,146,273
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$865,697
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$280,576</b>

[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.



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

September 6, 2018

Michael Kozar  
Northwest Florida Community Hospital  
P.O. Box 889  
Chipley, Florida 32428

**RE: State Fiscal Year 2017 - 2018  
Annual Regular Disproportionate Share Hospital Payment  
Medicaid Number: 0101907-00**

Dear Mr. Kozar:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. 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% (rounded) of your annual appropriation of \$147,110 for state fiscal year 2017 - 2018. 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 T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Lisa Smith, Bureau Chief  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 Annual Payment

Medicaid Number : **0101907-00**

Facility Name (current) : **Northwest Florida Community Hospital**

Annual Public DSH distribution to your facility	(A)	\$147,110
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	\$147,110
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$147,110</b>

[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.