



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$3,690,282 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100064-00**

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

Annual Public DSH distribution to your facility	(A)	\$3,690,282
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,845,138
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,845,138

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$742,965 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101567-00**

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

Annual Public DSH distribution to your facility	(A)	\$742,965
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$371,481
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$371,481

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

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Mr. Drew Grossman
CEO
Broward Health Coral Springs
3000 Coral Hills Drive
Coral Springs, Florida 33065

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

Dear Mr. Grossman:

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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$2,693,074 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, Bureau Chief,
Medicaid Program Finance

TW:rp

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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 First Payment

Medicaid Number : **0120405-00**

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

Annual Public DSH distribution to your facility	(A)	\$2,693,074
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,346,536
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,346,536

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

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Mr. Alex Fernandez
CEO
Broward Health Medical Center
1608 South Andrews Ave.
Ft Lauderdale, Florida 33316

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

Dear Mr. Fernandez:

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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$18,287,305 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100129-00**

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

Annual Public DSH distribution to your facility	(A)	\$18,287,305
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$9,143,653
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$9,143,653

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Ms. Alice Taylor
CEO
Broward Health Imperial Point
6401 North Federal Hwy.
Ft Lauderdale, Florida 33308

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

Dear Ms. Taylor:

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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,356,049 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, Bureau Chief,
Medicaid Program Finance

TW:rp

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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 First Payment

Medicaid Number : **0108219-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,356,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$678,025
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$678,025

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Pauline Grant, MS, MBA, CHE
CEO
Broward Health North
201 East Sample Road
Pompano Beach, Florida 33064

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

Dear Ms. Grant:

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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$5,960,035 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100218-00**

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

Annual Public DSH distribution to your facility	(A)	\$5,960,035
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,980,015
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,980,015

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Mr. Benjamin A. Spence
CFO
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, Florida 33990

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,509,804 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0119717-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,509,804
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$754,902
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$754,902

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Mr. Vincent A. Sica
President / CEO
DeSoto Memorial Hospital
900 N. Robert Avenue
P.O. Box 2180
Arcadia, Florida 34266

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,311 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101923-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,311
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$ 657
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$ 657

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$148,135 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 black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101036-00**

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

Annual Public DSH distribution to your facility	(A)	\$148,135
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$74,065
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$74,065

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Mr. Daryl Tol
CEO
Florida Hospital
550 East Rollins Street
Orlando, Florida 32803

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,500,105 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101290-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,500,105
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$750,051
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$750,051

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,217,305 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0111341-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,217,305
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$608,653
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$608,653

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Ms. Robin Gaffney
Director of Reimbursement
Gulf Coast Medical Center - Panama City
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$5,512 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 black ink that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0117617-00**

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

Annual Public DSH distribution to your facility	(A)	\$5,512
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,758
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,758

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$148,135 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, Bureau Chief,
Medicaid Program Finance

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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 First Payment

Medicaid Number : **0100803-00**

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

Annual Public DSH distribution to your facility	(A)	\$148,135
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$74,065
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$74,065

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$3,276,736 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, Bureau Chief,
Medicaid Program Finance

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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 First Payment

Medicaid Number : **0101842-00**

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

Annual Public DSH distribution to your facility	(A)	\$3,276,736
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,638,370
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,638,370

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$148,135 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100862-00**

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

Annual Public DSH distribution to your facility	(A)	\$148,135
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$74,065
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$74,065

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,500,104 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0120324-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,500,104
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$750,050
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$750,050

[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

December 22, 2017

Mr. William M. Duquette
CEO
Homestead Hospital
975 Baptist Way
Homestead, Florida 33033

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$5,216 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0102261-00**

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

Annual Public DSH distribution to your facility	(A)	\$5,216
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,606
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,606

[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

December 22, 2017

Mr. Kevin Rovito
CFO
Jackson Hospital
4250 Hospital Drive
Marianna, Florida 32447

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$570,673 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101061-00**

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

Annual Public DSH distribution to your facility	(A)	\$570,673
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$285,337
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$285,337

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$64,894,756 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100421-00**

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

Annual Public DSH distribution to your facility	(A)	\$64,894,756
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$32,447,380
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$32,447,380

[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

December 22, 2017

Jonathan M. Ellen, MD
President/Vice Dean
John Hopkins All Children's Hospital
501 6th Ave South
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$19,873 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101516-00**

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

Annual Public DSH distribution to your facility	(A)	\$19,873
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$9,937
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$9,937

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,106,833 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101443-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,106,833
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$553,417
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$553,417

[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

December 22, 2017

Ms. Robin Gaffney
Director of Reimbursement
Largo Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,332,251 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0119741-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,332,251
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$666,125
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$666,125

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0120057-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

[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

December 22, 2017

Mr. Benjamin A. Spence
CFO
Lee Memorial Hospital
2776 Cleveland Ave
Ft Myers, Florida 33901

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$6,787,368 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101109-00**

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

Annual Public DSH distribution to your facility	(A)	\$6,787,368
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$3,393,684
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,393,684

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,500,104 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100722-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,500,104
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$750,050
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$750,050

[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

December 22, 2017

Mr. Frank V Sacco
President / CEO
Memorial Hospital Miramar
1901 SW 172nd Avenue
Miramar, Florida 33029

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,922,353 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0103454-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,922,353
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$961,177
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$961,177

[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

December 22, 2017

Mr. Frank V. Sacco
President / CEO
Memorial Hospital Pembroke
7800 Sheridan Street
Pembroke Pines, Florida 33024

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$4,568,195 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0102229-00**

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

Annual Public DSH distribution to your facility	(A)	\$4,568,195
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,284,097
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,284,097

[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

December 22, 2017

Mr. Frank V. Sacco
President / CEO
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$5,478,997 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0102521-00**

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

Annual Public DSH distribution to your facility	(A)	\$5,478,997
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,739,499
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,739,499

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101583-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

[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

December 22, 2017

Mr. Frank V. Sacco
President / CEO
Memorial Regional Hospital
3501 Johnson St.
Hollywood, Florida 33021

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$20,326,730 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100200-00**

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

Annual Public DSH distribution to your facility	(A)	\$20,326,730
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$10,163,366
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$10,163,366

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$5,005,475 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100463-00**

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

Annual Public DSH distribution to your facility	(A)	\$5,005,475
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,502,737
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,502,737

[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

December 22, 2017

Mr. Timothy Birkenstock
Senior Vice President / CFO
Nicklaus Children's Hospital
3100 S.W. 62nd Avenue
Miami, Florida 33155-3009

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$15,602 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100609-00**

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

Annual Public DSH distribution to your facility	(A)	\$15,602
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$7,802
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,802

[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

December 22, 2017

Ms. Robin Gaffney
Director of Reimbursement
North Florida Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0108626-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$11,694 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100498-00**

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

Annual Public DSH distribution to your facility	(A)	\$11,694
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$5,844
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,844

[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

December 22, 2017

Mr. Joseph A Infantino
Hospital Administrator
Northeast Florida State Hospital
7487 South State Road 121
Macclenny, Florida 32063

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,186,174 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0260029-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,186,174
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$593,086
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$593,086

[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

December 22, 2017

Ms. Robin Gaffney
Director of Reimbursement
Ocala Regional Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0109886-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

[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

December 22, 2017

Ms. Robin Gaffney
Director of Reimbursement
Orange Park Medical Center
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0111741-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Mr. John Gaspelin
Director of Finance
Orlando Health
1414 Kuhl Avenue
Orlando, Florida 32806

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$3,422,575 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101338-00**

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

Annual Public DSH distribution to your facility	(A)	\$3,422,575
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,711,285
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,711,285

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0104604-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

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[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Ms. Robin Gaffney
Director of Reimbursement
Palms West Hospital
11315 Corporate Blvd
Suite 310
Orlando, Florida 32817

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$5,619 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0120260-00**

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

Annual Public DSH distribution to your facility	(A)	\$5,619
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,811
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,811

[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

December 22, 2017

Mr. Michael B. Sitowitz
Controller
Parrish Medical Center
951 North Washington Avenue
Titusville, Florida 32796

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,573,772 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100102-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,573,772
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$786,884
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$786,884

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$13,086 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0120006-00**

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

Annual Public DSH distribution to your facility	(A)	\$13,086
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$6,540
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,540

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$2,443,561 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100765-00**

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

Annual Public DSH distribution to your facility	(A)	\$2,443,561
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,221,781
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,221,781

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$3,252,576 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101761-00**

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

Annual Public DSH distribution to your facility	(A)	\$3,252,576
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,626,288
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,626,288

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$772,594 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0260045-00**

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

Annual Public DSH distribution to your facility	(A)	\$772,594
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$386,296
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$386,296

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0119971-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

[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

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$20,591 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101486-00**

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

Annual Public DSH distribution to your facility	(A)	\$20,591
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$10,295
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$10,295

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[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0120103-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

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

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100731-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

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RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

December 22, 2017

Mr. Steve L. Short
Senior Vice President / CFO
Tampa General Hospital
P.O. Box 1289
Tampa, Florida 33601

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

Dear Mr. Short:

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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$7,906,125 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100994-00**

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

Annual Public DSH distribution to your facility	(A)	\$7,906,125
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$3,953,061
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,953,061

[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

December 22, 2017

Mr. G. Mark O'Bryant
President / CEO
Tallahassee Memorial Hospital
1300 Miccosukee
Tallahassee, Florida 32308

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$732,298 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0101133-00**

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$366,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$366,148

[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

December 22, 2017

Mr. Russell Armistead
CEO
UF Health Jacksonville
655 West 8th Street
Jacksonville, Florida 32209

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

Dear Mr. Armistead:

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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$11,828,509 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100676-00**

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

Annual Public DSH distribution to your facility	(A)	\$11,828,509
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$5,914,255
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,914,255

[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

December 22, 2017

Mr. Timothy M. Goldfarb
CEO
UF Health Shands Hospital
Box 100326
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$11,828,124 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100030-00**

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

Annual Public DSH distribution to your facility	(A)	\$11,828,124
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$5,914,062
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,914,062

[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

December 22, 2017

Ms. Sharon Vereen Jones
Reimbursement Manager
University of Miami Hospital
1475 NW 12th Ave
Hope Lodge #205
Miami, Florida 33136

**RE: State Fiscal Year 2017 - 2018
First 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.

Your scheduled payment represents 50% (rounded) of your specified annual amount \$1,154,261 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, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100366-00**

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

Annual Public DSH distribution to your facility	(A)	\$1,154,261
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$577,133
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 0
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$577,133

[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.