



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Stephen Grubbs  
Bay Medical Center Sacred Heart Health System  
615 North Bonita Avenue  
Panama City, Florida 32401-3623

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010006400**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,689,320 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010006400**

Facility Name (current) : **Bay Medical Center Sacred Heart Health System**

Annual Public DSH distribution to your facility	(A)	\$3,689,320
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$3,689,320
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$1,844,660</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Kathryn Gillette  
Bayfront Health - Saint Petersburg  
701 6th Street South  
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010156700**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$10,131 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010156700**

Facility Name (current) : **Bayfront Health - Saint Petersburg**

Annual Public DSH distribution to your facility	(A)	\$10,131
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$10,131
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$5,066</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Jared M Smith  
Broward Health Coral Springs  
3000 Coral Hill Drive Coral Springs Florida  
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 012040500**

Dear Mr. M Smith:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,797,225 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012040500**

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

Annual Public DSH distribution to your facility	(A)	\$2,797,225
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$2,797,225
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$1,398,613</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Susan Newton  
Broward Health Imperial Point  
6401 North Federal Highway  
Fort Lauderdale, Florida 33308-1427

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010821900**

Dear Ms. Newton:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,268,258 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010821900**

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

Annual Public DSH distribution to your facility	(A)	\$1,268,258
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$1,268,258
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$634,129</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Sandra Todd-Atkinson  
Broward Health Medical Center  
1600 South Andrews Avenue  
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010012900**

Dear Ms. Todd-Atkinson:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$16,049,134 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010012900**

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

Annual Public DSH distribution to your facility	(A)	\$16,049,134
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$16,049,134
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$8,024,567</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Alice Taylor  
Broward Health North  
201 East Sample Road  
Pompano Beach, Florida 33064-3596

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010021800**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$4,786,346 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010021800**

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

Annual Public DSH distribution to your facility	(A)	\$4,786,346
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$4,786,346
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$2,393,173</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Vincent Sica  
Desoto Memorial Hospital  
900 North Robert Avenue  
Arcadia, Florida 34266-8765

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010192300**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$187,498 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010192300**

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

Annual Public DSH distribution to your facility	(A)	\$187,498
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$187,498
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$93,749</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

JoAnn Baker  
Doctor's Memorial Hospital / Holmes County Hospital  
P.O. Box 188  
Bonifay, Florida 32425

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010103600**

Dear Ms. 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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$187,498 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010103600**

Facility Name (current) : **Doctor's Memorial Hospital / Holmes County Hospital**

Annual Public DSH distribution to your facility	(A)	\$187,498
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$187,498
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$93,749</b>

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

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Michael Cooper  
George E. Weems Memorial Hospital  
P.O. Box 580  
Apalachicola, Florida 32329-0580

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010080300**

Dear Mr. Cooper:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$187,498 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010080300**

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

Annual Public DSH distribution to your facility	(A)	\$187,498
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$187,498
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$93,749</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Jim Nathan  
Gulf Coast Medical Center  
13681 Doctors Way  
Fort Myers, Florida 33912-4309

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 011134100**

Dear Mr. Nathan:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,781,885 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011134100**

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

Annual Public DSH distribution to your facility	(A)	\$1,781,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$1,781,885
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$890,943</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Carlton Ulmer  
Gulf Coast Regional Medical Center  
449 West 23rd Street  
Panama City, Florida 32405-4507

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 011761700**

Dear Mr. Ulmer:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,134 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **011761700**

Facility Name (current) : **Gulf Coast Regional Medical Center**

Annual Public DSH distribution to your facility	(A)	\$5,134
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$5,134
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$2,567</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Jeff Feasel  
Halifax Health Medical Center  
303 North Clyde Morris Boulevard  
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010184200**

Dear Mr. Feasel:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,995,891 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010184200**

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

Annual Public DSH distribution to your facility	(A)	\$2,995,891
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$2,995,891
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$1,497,946</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Greg Ohe  
Health Central  
10000 West Colonial Drive  
Ocoee, Florida 34761-3499

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010135400**

Dear Mr. Ohe:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,490,516 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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Sincerely,

Lisa Smith, 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 2018 - 2019 First Payment

Medicaid Number : **010135400**

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

Annual Public DSH distribution to your facility	(A)	\$2,490,516
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$2,490,516
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$1,245,258</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Raymond Williams  
Hendry Regional Medical Center  
524 West Sagamore Avenue  
Clewiston, Florida 33440-3021

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010086200**

Dear Mr. Williams:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$187,498 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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Sincerely,

Lisa Smith, 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 2018 - 2019 First Payment

Medicaid Number : **010086200**

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

Annual Public DSH distribution to your facility	(A)	\$187,498
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$187,498
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$93,749</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Bill Duquette  
Homestead Hospital  
975 Baptist Way  
Homestead, Florida 33033

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010226100**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,388 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010226100**

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

Annual Public DSH distribution to your facility	(A)	\$5,388
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$5,388
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$2,694</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Larry Meese  
Jackson Hospital  
4250 Hospital Drive  
Marianna, Florida 32446-1917

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010106100**

Dear Mr. Meese:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$469,245 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith", is positioned above the typed name.

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010106100**

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

Annual Public DSH distribution to your facility	(A)	\$469,245
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$469,245
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$234,623</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Carlos Migoya  
Jackson Memorial Hospital  
1611 Northwest 12th Avenue  
Miami, Florida 33136-1096

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010042100**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$38,535,159 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010042100**

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

Annual Public DSH distribution to your facility	(A)	\$38,535,159
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$38,535,159
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$19,267,580</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Jonathan Ellen  
John Hopkins All Children's Hospital  
601 5th Street South, Suite 509  
Saint Petersburg, Florida 33701-4816

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010151600**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$19,382 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010151600**

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

Annual Public DSH distribution to your facility	(A)	\$19,382
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$19,382
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$9,691</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Darcy Davis  
Lakeside Medical Center  
39200 Hooker Highway  
Belle Glade, Florida 33430

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010144300**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$353,829 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010144300**

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

Annual Public DSH distribution to your facility	(A)	\$353,829
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$353,829
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$176,915</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

James Nathan  
Lee Memorial Hospital  
2776 Cleveland Avenue  
Fort Myers, Florida 33901-5855

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010110900**

Dear Mr. Nathan:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$6,876,075 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010110900**

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

Annual Public DSH distribution to your facility	(A)	\$6,876,075
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$6,876,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$3,438,038</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Grisel Fernandez-Bravo  
Memorial Hospital Miramar  
1901 Southwest 172nd Avenue  
Miramar, Florida 33029

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010345400**

Dear Mr. Fernandez-Bravo:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,938,875 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010345400**

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

Annual Public DSH distribution to your facility	(A)	\$1,938,875
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$1,938,875
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$969,438</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Mark Doyle  
Memorial Hospital Pembroke  
7800 Sheridan Street  
Pembroke Pines, Florida 33024-2536

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010222900**

Dear Mr. Doyle:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$4,600,868 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010222900**

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

Annual Public DSH distribution to your facility	(A)	\$4,600,868
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$4,600,868
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$2,300,434</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Leah Carpenter  
Memorial Hospital West  
703 North Flamingo Road  
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$6,240,077 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010252100**

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

Annual Public DSH distribution to your facility	(A)	\$6,240,077
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$6,240,077
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$3,120,039</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Zeff Ross  
Memorial Regional Hospital  
3501 Johnson Street  
Hollywood, Florida 33021-5487

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010020000**

Dear Mr. Ross:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$20,722,723 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010020000**

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

Annual Public DSH distribution to your facility	(A)	\$20,722,723
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$20,722,723
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$10,361,362</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

M. Kini  
Nicklaus Children's Hospital  
3100 Southwest 62nd Avenue  
Miami, Florida 33155-3073

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010060900**

Dear Dr. Kini:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$15,759 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010060900**

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

Annual Public DSH distribution to your facility	(A)	\$15,759
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$15,759
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$7,880</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

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

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010049800**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$12,574 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith", is positioned above the typed name.

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010049800**

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

Annual Public DSH distribution to your facility	(A)	\$12,574
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$12,574
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$6,287</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Ana Mederos  
Palmetto General Hospital  
2001 West 68th Street  
Hialeah, Florida 33016-1801

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010460400**

Dear Ms. Mederos:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$10,261 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith", is positioned above the typed name.

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010460400**

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

Annual Public DSH distribution to your facility	(A)	\$10,261
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$10,261
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$5,131</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Eric Goldman  
Palms West Hospital  
13001 Southern Boulevard  
Loxahatchee, Florida 33470-9203

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 012026000**

Dear Mr. Goldman:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,831 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012026000**

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

Annual Public DSH distribution to your facility	(A)	\$5,831
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$5,831
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$2,916</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

George Mikitarian  
Parrish Medical Center  
951 North Washington Avenue  
Titusville, Florida 32796-2194

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,417,291 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010010200**

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

Annual Public DSH distribution to your facility	(A)	\$1,417,291
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$1,417,291
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$708,646</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Madeline Nava  
Plantation General Hospital  
401 Northwest 42nd Avenue  
Plantation, Florida 33317-2835

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 012000600**

Dear Ms. Nava:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$14,024 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **012000600**

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

Annual Public DSH distribution to your facility	(A)	\$14,024
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$14,024
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$7,012</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Susan Davis  
Sacred Heart Hospital  
5151 North 9th Avenue  
Pensacola, Florida 32504-8721

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010076500**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,462,899 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010076500**

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

Annual Public DSH distribution to your facility	(A)	\$5,462,899
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$5,462,899
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$2,731,450</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Joey Bulfin  
Saint Mary's Medical Center  
901 45th Street  
West Palm Beach, Florida 33407-4119

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010148600**

Dear Mr. Bulfin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$19,728 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010148600**

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

Annual Public DSH distribution to your facility	(A)	\$19,728
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$19,728
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$9,864</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

David Verinder  
Sarasota Memorial Hospital  
1700 South Tamiami Trail  
Sarasota, Florida 34239-3555

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010176100**

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 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,774,147 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010176100**

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

Annual Public DSH distribution to your facility	(A)	\$3,774,147
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$3,774,147
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$1,887,074</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Rhonda Sherrod  
Shands Lake Shore Regional Medical Center  
368 Northeast Franklin Street  
Lake City, 32055

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010033100**

Dear Ms. Sherrod:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,209 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010033100**

Facility Name (current) : **Shands Lake Shore Regional Medical Center**

Annual Public DSH distribution to your facility	(A)	\$2,209
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$2,209
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$1,105</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Mark O'Bryant  
Tallahassee Memorial Hospital  
1300 Miccosukee Road  
Tallahassee, Florida 32308-4638

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$12,366 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010113300**

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

Annual Public DSH distribution to your facility	(A)	\$12,366
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$12,366
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$6,183</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

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

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010099400**

Dear Mr. Couris:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$30,057 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010099400**

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

Annual Public DSH distribution to your facility	(A)	\$30,057
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$30,057
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$15,029</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 19, 2018

Ed Jimenez  
UF Health Shands Hospital  
1600 Southwest Archer Road  
Gainesville, Florida 32610-3001

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$30,475 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010003000**

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

Annual Public DSH distribution to your facility	(A)	\$30,475
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$30,475
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$15,238</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

December 11, 2018

Leon Haley  
UF Health Jacksonville  
655 West 8th Street  
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2018 - 2019  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010067600**

Dear Mr. Haley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$28,228 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2018 - 2019 First Payment

Medicaid Number : **010067600**

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

Annual Public DSH distribution to your facility	(A)	\$28,228
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$28,228
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C x .50) = (E)</b>	<b>\$14,114</b>

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

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