



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Sharon Hayes
Bayfront Health St. Petersburg
701 6th St. S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010156700**

Dear Ms. Hayes:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$9,728 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010156700**

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

Annual Public DSH distribution to your facility	(A)	\$9,728
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$9,728
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,432
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$2,432

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 012040500**

Dear Mr. 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,339,549 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **012040500**

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

Annual Public DSH distribution to your facility	(A)	\$3,339,549
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,339,549
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$834,887
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$834,888

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010821900**

Dear Mr. Gross:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,409,924 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010821900**

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

Annual Public DSH distribution to your facility	(A)	\$1,409,924
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,409,924
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$352,481
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$352,481

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Jonathan R. Turton
Broward Health Medical Center
1600 S Andrews Ave
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010012900**

Dear Mr. Turton:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$18,001,086 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010012900**

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

Annual Public DSH distribution to your facility	(A)	\$18,001,086
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$18,001,086
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,500,272
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$4,500,271

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,319,478 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010021800**

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

Annual Public DSH distribution to your facility	(A)	\$5,319,478
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,319,478
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,329,870
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$1,329,869

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Scott Kashman
Cape Coral Hospital
636 Del Prado Blvd
Cape Coral, FL 33990

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 011971700**

Dear Mr. Kashman:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,657,300 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **011971700**

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

Annual Public DSH distribution to your facility	(A)	\$2,657,300
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,657,300
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$664,325
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$664,325

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Vincent Sica
Desoto Memorial Hospital
900 N Robert Ave
Arcadia, FL 34266

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$150,000 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010192300**

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

Annual Public DSH distribution to your facility	(A)	\$150,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$150,000
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$37,500
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$37,500

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Jo Ann M. Baker
Doctors Memorial Hospital - Bonifay
2600 Hospital Drive
Bonifay, FL 32425

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$150,000 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010103600**

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

Annual Public DSH distribution to your facility	(A)	\$150,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$150,000
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$37,500
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D =$ (E)	\$37,500

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Dennis R. Markos
Ed Fraser Memorial Hospital
159 N 3rd St.
Macclenny, FL 32063

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010004800**

Dear Mr. Markos:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$150,000 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010004800**

Facility Name (current) : **Ed Fraser Memorial Hospital**

Annual Public DSH distribution to your facility	(A)	\$150,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$150,000
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$37,500
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$37,500

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

David Walker
George E Weems Memorial Hospital
135 Ave G
Apalachicola, FL 32320

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010080300**

Dear Mr. Walker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$150,000 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010080300**

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

Annual Public DSH distribution to your facility	(A)	\$150,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$150,000
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$37,500
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$37,500

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Lawrence R. Antonucci
Gulf Coast Medical Center Lee Memorial Health System
13681 Doctors Way
Fort Myers, FL 33912

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 011134100**

Dear Mr. Antonucci:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,607,650 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **011134100**

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

Annual Public DSH distribution to your facility	(A)	\$2,607,650
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,607,650
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$651,913
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$651,912

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Bradley Griffin
Gulf Coast Regional Medical Center
449 W 23rd St.
Panama City, FL 32405

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 011761700**

Dear Mr. Griffin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,493 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **011761700**

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

Annual Public DSH distribution to your facility	(A)	\$5,493
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,493
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,373
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$1,374

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Jeffrey Feasel
Halifax Health Medical Center
303 N Clyde Morris Blvd
Daytona Beach, FL 32114

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$3,935,058 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

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 2019-2020 Second Payment

Medicaid Number : **010184200**

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

Annual Public DSH distribution to your facility	(A)	\$3,935,058
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,935,058
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$983,765
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$983,764

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Christopher Schroeder
Health Central
10000 W Colonial Dr.
Ocoee, FL 34761

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010135400**

Dear Mr. Schroeder:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$4,765 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010135400**

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

Annual Public DSH distribution to your facility	(A)	\$4,765
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,765
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,191
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$1,192

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Raymond D. Williams
Hendry Regional Medical Center
524 W Sagamore Ave
Clewiston, FL 33440

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$150,000 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010086200**

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

Annual Public DSH distribution to your facility	(A)	\$150,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$150,000
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$37,500
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$37,500

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, FL 33033

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,734 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010226100**

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

Annual Public DSH distribution to your facility	(A)	\$5,734
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,734
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,434
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$1,433

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Carrol James Platt
Jackson Hospital
4250 Hospital Dr.
Marianna, FL 32446

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010106100**

Dear Mr. Platt:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$501,069 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010106100**

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

Annual Public DSH distribution to your facility	(A)	\$501,069
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$501,069
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$125,267
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$125,268

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$36,237,594 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010042100**

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

Annual Public DSH distribution to your facility	(A)	\$36,237,594
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$36,237,594
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,059,399
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$9,059,398

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Thomas Kmetz
Johns Hopkins All Children's Hospital
501 Sixth Ave S
Saint Petersburg, FL 33701

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010151600**

Dear Mr. Kmetz:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$18,746 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010151600**

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

Annual Public DSH distribution to your facility	(A)	\$18,746
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$18,746
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,687
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$4,686

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Darcy Davis
Lakeside Medical Center
39200 Hooker Hwy
Belle Glade, FL 33430

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$353,430 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010144300**

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

Annual Public DSH distribution to your facility	(A)	\$353,430
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$353,430
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$88,358
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$88,357

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Lawrence R. Antonucci
Lee Memorial Hospital
2776 Cleveland Ave
Fort Myers, FL 33901

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010110900**

Dear Mr. Antonucci:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$8,394,623 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010110900**

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

Annual Public DSH distribution to your facility	(A)	\$8,394,623
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$8,394,623
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,098,656
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$2,098,656

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010345400**

Dear Ms. 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,232,172 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010345400**

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

Annual Public DSH distribution to your facility	(A)	\$2,232,172
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,232,172
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$558,043
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$558,043

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$5,374,591 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010222900**

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

Annual Public DSH distribution to your facility	(A)	\$5,374,591
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,374,591
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,343,648
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$1,343,648

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$7,462,243 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010252100**

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

Annual Public DSH distribution to your facility	(A)	\$7,462,243
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$7,462,243
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,865,561
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$1,865,561

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$23,941,885 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010020000**

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

Annual Public DSH distribution to your facility	(A)	\$23,941,885
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$23,941,885
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,985,471
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$5,985,472

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Mathew Love
Nicklaus Children's Hospital
3100 SW 62nd Ave
Miami, FL 33155

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010060900**

Dear Mr. Love:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$15,613 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010060900**

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

Annual Public DSH distribution to your facility	(A)	\$15,613
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$15,613
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,903
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$3,904

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Mark Racicot
North Shore Medical Center
1100 NW 95th St.
Miami, FL 33150

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010049800**

Dear Mr. Racicot:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$13,397 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010049800**

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

Annual Public DSH distribution to your facility	(A)	\$13,397
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$13,397
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,349
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$3,350

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

David Strong
Orlando Health
92 W Miller St.
Orlando, FL 32806

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010133800**

Dear Mr. Strong:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$52,694 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010133800**

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

Annual Public DSH distribution to your facility	(A)	\$52,694
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$52,694
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$13,174
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$13,173

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Ana J. Mederos
Palmetto General Hospital
2001 W 68th St.
Hialeah, FL 33016

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$10,409 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010460400**

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

Annual Public DSH distribution to your facility	(A)	\$10,409
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$10,409
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,602
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$2,603

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Joshua DeTillio
Palms West Hospital
13001 Southern Blvd
Loxahatchee, FL 33470

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 012026000**

Dear Mr. DeTillio:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$6,191 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **012026000**

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

Annual Public DSH distribution to your facility	(A)	\$6,191
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,191
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,548
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$1,548

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

George Mikitarian
Parrish Medical Center
951 N Washington Ave
Titusville, FL 32796

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$1,564,802 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010010200**

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

Annual Public DSH distribution to your facility	(A)	\$1,564,802
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,564,802
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$391,201
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$391,200

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Madeline Nava
Plantation General Hospital
401 NW 42nd Ave
Plantation, FL 33317

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$14,861 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **012000600**

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

Annual Public DSH distribution to your facility	(A)	\$14,861
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$14,861
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,715
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$3,716

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010076500**

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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$15,610 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010076500**

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

Annual Public DSH distribution to your facility	(A)	\$15,610
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$15,610
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,903
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$3,902

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

David Verinder
Sarasota Memorial Hospital
1700 S Tamiami Trail
Sarasota, FL 34239

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$4,767,490 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010176100**

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

Annual Public DSH distribution to your facility	(A)	\$4,767,490
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,767,490
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,191,873
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$1,191,872

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Rhonda Sherrod
Shands Lake Shore Regional Medical Center
368 NE Franklin St.
Lake City, FL 32055

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$2,552 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010033100**

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

Annual Public DSH distribution to your facility	(A)	\$2,552
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,552
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$638
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$ 638

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

Cynthia McCauley
St. Mary's Medical Center
901 45th St.
West Palm Beach, FL 33407

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010148600**

Dear Ms. McCauley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$19,516 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010148600**

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

Annual Public DSH distribution to your facility	(A)	\$19,516
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$19,516
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,879
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$4,879

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

George Mark O'Bryant
Tallahassee Memorial Hospital
1300 Miccosukee Rd.
Tallahassee, FL 32308

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$13,212 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010113300**

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

Annual Public DSH distribution to your facility	(A)	\$13,212
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$13,212
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,303
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$3,303

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

John Couris
Tampa General Hospital
1 Tampa General Circle
Tampa, FL 33606

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$30,230 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010099400**

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

Annual Public DSH distribution to your facility	(A)	\$30,230
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$30,230
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,558
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$7,557

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010067600**

Dear Dr. 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$27,791 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith", is written over a white background.

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 2019-2020 Second Payment

Medicaid Number : **010067600**

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

Annual Public DSH distribution to your facility	(A)	\$27,791
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$27,791
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$6,948
Your Scheduled Public DSH Payment [1] [2]	(C x .50) - D = (E)	\$6,948

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 19, 2020

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

**RE: State Fiscal Year 2019-2020
Second 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 2019-2020. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% (rounded) of your annual appropriation of \$31,729 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010003000**

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

Annual Public DSH distribution to your facility	(A)	\$31,729
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$31,729
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,932
Your Scheduled Public DSH Payment [1] [2]	$(C \times .50) - D = (E)$	\$7,933

[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.