



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$8,922 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010156700**

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

Annual Public DSH distribution to your facility	(A)	\$8,922
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$8,922
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 0.50) = (E)</b>	<b>\$4,461</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$3,042,774 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Sincerely,

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Medicaid Program Finance

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Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **012040500**

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

Annual Public DSH distribution to your facility	(A)	\$3,042,774
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$3,042,774
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 0.50) = (E)</b>	<b>\$1,521,387</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$1,238,142 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

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Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010821900**

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

Annual Public DSH distribution to your facility	(A)	\$1,238,142
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$1,238,142
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 0.50) = (E)</b>	<b>\$619,071</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010012900**

Dear Ms. Havericak:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to 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 \$15,677,197 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010012900**

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

Annual Public DSH distribution to your facility	(A)	\$15,677,197
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$15,677,197
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 0.50) = (E)</b>	<b>\$7,838,599</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.





RON DESANTIS  
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December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$4,709,867 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

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Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010021800**

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

Annual Public DSH distribution to your facility	(A)	\$4,709,867
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$4,709,867
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 0.50) = (E)</b>	<b>\$2,354,934</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.



RON DESANTIS  
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SHEVAUN L. HARRIS  
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December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$2,776,001 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Sincerely,

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Medicaid Program Finance

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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **011971700**

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

Annual Public DSH distribution to your facility	(A)	\$2,776,001
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$2,776,001
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 0.50) = (E)</b>	<b>\$1,388,001</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.



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SHEVAUN L. HARRIS  
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December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$118,350 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Medicaid Program Finance

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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010192300**

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

Annual Public DSH distribution to your facility	(A)	\$118,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$118,350
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 0.50) = (E)</b>	<b>\$59,175</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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.

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Sincerely,

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Medicaid Program Finance

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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010103600**

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

Annual Public DSH distribution to your facility	(A)	\$118,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$118,350
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 0.50) = (E)</b>	<b>\$59,175</b>

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

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RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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.

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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 2020-2021 First Payment

Medicaid Number : **010004800**

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

Annual Public DSH distribution to your facility	(A)	\$118,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$118,350
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 0.50) = (E)</b>	<b>\$59,175</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$118,350 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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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 2020-2021 First Payment

Medicaid Number : **010080300**

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

Annual Public DSH distribution to your facility	(A)	\$118,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$118,350
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 0.50) = (E)</b>	<b>\$59,175</b>

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

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RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$2,970,506 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida  
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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **011134100**

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

Annual Public DSH distribution to your facility	(A)	\$2,970,506
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$2,970,506
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 0.50) = (E)</b>	<b>\$1,485,253</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$5,246 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Sincerely,

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Medicaid Program Finance

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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **011761700**

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

Annual Public DSH distribution to your facility	(A)	\$5,246
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$5,246
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 0.50) = (E)</b>	<b>\$2,623</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.





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$4,082,301 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Medicaid Program Finance

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State of Florida  
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Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010184200**

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

Annual Public DSH distribution to your facility	(A)	\$4,082,301
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$4,082,301
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 0.50) = (E)</b>	<b>\$2,041,151</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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.

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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 2020-2021 First Payment

Medicaid Number : **010086200**

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

Annual Public DSH distribution to your facility	(A)	\$118,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$118,350
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 0.50) = (E)</b>	<b>\$59,175</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

Bill Duquette  
Homestead Hospital  
975 Baptist Way  
Homestead, FL 33033

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$5,924 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010226100**

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

Annual Public DSH distribution to your facility	(A)	\$5,924
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$5,924
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 0.50) = (E)</b>	<b>\$2,962</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$118,350 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010106100**

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

Annual Public DSH distribution to your facility	(A)	\$118,350
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$118,350
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 0.50) = (E)</b>	<b>\$59,175</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.





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$32,710,214 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010042100**

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

Annual Public DSH distribution to your facility	(A)	\$32,710,214
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$32,710,214
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 0.50) = (E)</b>	<b>\$16,355,107</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$17,838 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010151600**

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

Annual Public DSH distribution to your facility	(A)	\$17,838
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$17,838
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 0.50) = (E)</b>	<b>\$8,919</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

Pamela B. Howard  
Lake Butler Hospital  
850 E Main St.  
Lake Butler, FL 32054

**RE: State Fiscal Year 2020-2021  
First Regular Disproportionate Share Hospital Payment  
Medicaid Number: 010822700**

Dear Ms. Howard:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to 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 \$ 11 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010822700**

Facility Name (current) : **Lake Butler Hospital**

Annual Public DSH distribution to your facility	(A)	\$ 11
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$ 11
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 0.50) = (E)</b>	<b>\$ 6</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$329,056 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010144300**

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

Annual Public DSH distribution to your facility	(A)	\$329,056
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$329,056
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 0.50) = (E)</b>	<b>\$164,528</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.





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$8,595,784 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010110900**

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

Annual Public DSH distribution to your facility	(A)	\$8,595,784
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$8,595,784
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 0.50) = (E)</b>	<b>\$4,297,892</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$2,042,813 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010345400**

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

Annual Public DSH distribution to your facility	(A)	\$2,042,813
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$2,042,813
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 0.50) = (E)</b>	<b>\$1,021,407</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$4,909,805 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010222900**

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

Annual Public DSH distribution to your facility	(A)	\$4,909,805
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$4,909,805
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 0.50) = (E)</b>	<b>\$2,454,903</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$7,033,632 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010252100**

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

Annual Public DSH distribution to your facility	(A)	\$7,033,632
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$7,033,632
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 0.50) = (E)</b>	<b>\$3,516,816</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.





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$22,275,146 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010020000**

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

Annual Public DSH distribution to your facility	(A)	\$22,275,146
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$22,275,146
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 0.50) = (E)</b>	<b>\$11,137,573</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$13,609 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010060900**

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

Annual Public DSH distribution to your facility	(A)	\$13,609
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$13,609
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 0.50) = (E)</b>	<b>\$6,805</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$13,204 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010049800**

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

Annual Public DSH distribution to your facility	(A)	\$13,204
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$13,204
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 0.50) = (E)</b>	<b>\$6,602</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

David Strong  
Orlando Health  
52 W Underwood St.  
Orlando, FL 32806

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$48,285 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010133800**

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

Annual Public DSH distribution to your facility	(A)	\$48,285
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$48,285
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 0.50) = (E)</b>	<b>\$24,143</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.





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$6,059 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **012026000**

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

Annual Public DSH distribution to your facility	(A)	\$6,059
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$6,059
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 0.50) = (E)</b>	<b>\$3,030</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$1,428,923 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010010200**

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

Annual Public DSH distribution to your facility	(A)	\$1,428,923
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$1,428,923
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 0.50) = (E)</b>	<b>\$714,462</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$15,404 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **012000600**

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

Annual Public DSH distribution to your facility	(A)	\$15,404
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$15,404
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 0.50) = (E)</b>	<b>\$7,702</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$3,787,207 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010076500**

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

Annual Public DSH distribution to your facility	(A)	\$3,787,207
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$3,787,207
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 0.50) = (E)</b>	<b>\$1,893,604</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.





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$4,749,992 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010176100**

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

Annual Public DSH distribution to your facility	(A)	\$4,749,992
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$4,749,992
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 0.50) = (E)</b>	<b>\$2,374,996</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$18,593 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010148600**

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

Annual Public DSH distribution to your facility	(A)	\$18,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$18,593
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 0.50) = (E)</b>	<b>\$9,297</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$28,362 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010099400**

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

Annual Public DSH distribution to your facility	(A)	\$28,362
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$28,362
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 0.50) = (E)</b>	<b>\$14,181</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.



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
First 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 2020-2021. 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 \$25,072 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010067600**

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

Annual Public DSH distribution to your facility	(A)	\$25,072
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$25,072
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 0.50) = (E)</b>	<b>\$12,536</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.





RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

December 11, 2020

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

**RE: State Fiscal Year 2020-2021  
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 2020-2021. 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 \$30,496 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 First Payment

Medicaid Number : **010003000**

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

Annual Public DSH distribution to your facility	(A)	\$30,496
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's scheduled Public DSH Distribution</b>	(C)	\$30,496
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 0.50) = (E)</b>	<b>\$15,248</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.