

WEATH CARE ADD

March 19, 2018

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

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

Dear Mr. Grubbs:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$3,690,282 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0100064-00

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

Annual Public DSH distribution to your facility	(A)	\$3,690,282
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$922,572
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,845,138
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$922,572

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Ms. Capasso:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$2,693,074 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number: 0120405-00

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

Annual Public DSH distribution to your facility	(A)	\$2,693,074
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$673,269
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,346,536
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$673,269

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Ms. Capasso:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,356,049 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) llae

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0108219-00

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

Annual Public DSH distribution to your facility	(A)	\$1,356,049
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$339,012
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$678,025
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$339,012

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Ms. Capasso:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$18,287,305 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaser

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

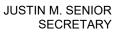
## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0100129-00

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

Annual Public DSH distribution to your facility	(A)	\$18,287,305
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$4,571,826
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,143,653
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$4,571,826

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





March 19, 2018

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

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

Dear Ms. Capasso:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$5,960,035 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

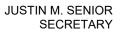
## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0100218-00

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

Annual Public DSH distribution to your facility	(A)	\$5,960,035
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,490,010
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,980,015
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$1,490,010

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





March 19, 2018

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

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

Dear Mr. Spence:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,509,804 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) llae

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

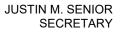
## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0119717-00

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

Annual Public DSH distribution to your facility	(A)	\$1,509,804
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$377,451
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$754,902
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$377,451

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



March 19, 2018



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

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

Dear Mr. Sica:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,311 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaser

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0101923-00

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

Annual Public DSH distribution to your facility	(A)	\$1,311
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$ 327
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 657
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$ 327

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

JUSTIN M. SENIOR SECRETARY



March 19, 2018

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

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

Dear Mrs. Baker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$148,135 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaer

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0101036-00

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

Annual Public DSH distribution to your facility	(A)	\$148,135
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$37,035
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$74,065
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$37,035

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

JUSTIN M. SENIOR SECRETARY



March 19, 2018

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

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

Dear Mr. Tol:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,500,105 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

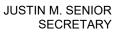
## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0101290-00

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

Annual Public DSH distribution to your facility	(A)	\$1,500,105
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$375,027
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$750,051
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$375,027

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



March 19, 2018

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

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

Dear Ms. Davis:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$148,135 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp





### Public Hospital Disproportionate Share Distribution

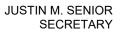
## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0100803-00

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

Annual Public DSH distribution to your facility	(A)	\$148,135
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$37,035
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$74,065
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$37,035

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



March 19, 2018



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

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

Dear Mr. Spence:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,217,305 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0111341-00

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

Annual Public DSH distribution to your facility	(A)	\$1,217,305
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$304,326
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$608,653
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$304,326

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$5,512 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaser

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0117617-00

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

Annual Public DSH distribution to your facility	(A)	\$5,512
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,377
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,758
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,377

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

CONTRACTION OF FLORIDA

RICK SCOTT GOVERNOR

JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Dr. List:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,500,104 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0120324-00

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

Annual Public DSH distribution to your facility	(A)	\$1,500,104
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$375,027
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$750,050
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$375,027

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Feasel:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$3,276,736 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) llae

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0101842-00

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

Annual Public DSH distribution to your facility	(A)	\$3,276,736
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$819,183
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,638,370
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$819,183

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Beasley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$148,135 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

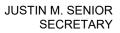
## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0100862-00

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

Annual Public DSH distribution to your facility	(A)	\$148,135
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$37,035
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$74,065
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$37,035

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





March 19, 2018

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

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

Dear Mr. Duquette:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$5,216 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaser

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

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# Public Hospital Disproportionate Share Distribution

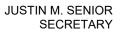
## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0102261-00

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

Annual Public DSH distribution to your facility	(A)	\$5,216
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,305
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,606
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,305

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





March 19, 2018

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

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

Dear Mr. Rovito:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$570,673 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaer

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

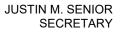
## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0101061-00

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

Annual Public DSH distribution to your facility	(A)	\$570,673
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$142,668
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$285,337
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$142,668

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



March 19, 2018



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

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

Dear Mr. Migoya:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$64,894,756 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0100421-00

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

Annual Public DSH distribution to your facility	(A)	\$64,894,756
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$16,223,688
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$32,447,380
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$16,223,688

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Ellen:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$19,873 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0101516-00

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

Annual Public DSH distribution to your facility	(A)	\$19,873
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$4,968
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,937
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$4,968

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Ms. Davis:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,106,833 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

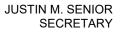
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0101443-00

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

Annual Public DSH distribution to your facility	(A)	\$1,106,833
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$276,708
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$553,417
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$276,708

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



March 19, 2018



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

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

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,332,251 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaer

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

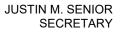
# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0119741-00

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

Annual Public DSH distribution to your facility	(A)	\$1,332,251
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$333,063
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$666,125
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$333,063

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



A DEPENDENCE OF FLORIDA

March 19, 2018

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

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

Dear Ms. Sosa-Guerrero:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

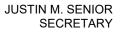
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0120057-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$183,075

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





March 19, 2018

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

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

Dear Mr. Spence:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$6,787,368 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

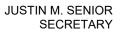
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0101109-00

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

Annual Public DSH distribution to your facility	(A)	\$6,787,368
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,696,842
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,393,684
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,696,842

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





March 19, 2018

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

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

Dear Mr. Howey:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,500,104 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

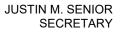
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100722-00

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

Annual Public DSH distribution to your facility	(A)	\$1,500,104
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$375,027
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$750,050
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$375,027

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



March 19, 2018



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

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

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,922,353 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

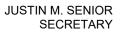
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0103454-00

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

Annual Public DSH distribution to your facility	(A)	\$1,922,353
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$480,588
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$961,177
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$480,588

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



CONTRACT H CARE ACTING THE ACTING THE

March 19, 2018

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

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

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$4,568,195 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) llae

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

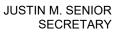
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0102229-00

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

Annual Public DSH distribution to your facility	(A)	\$4,568,195
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,142,049
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,284,097
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,142,049

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





March 19, 2018

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

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

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$5,478,997 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0102521-00

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

Annual Public DSH distribution to your facility	(A)	\$5,478,997
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,369,749
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,739,499
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,369,749

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Sacco:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$20,326,730 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaser

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100200-00

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

Annual Public DSH distribution to your facility	(A)	\$20,326,730
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$5,081,682
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$10,163,366
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,081,682

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Hoce:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0101583-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$183,075

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Sonenreich:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$5,005,475 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

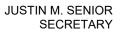
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100463-00

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

Annual Public DSH distribution to your facility	(A)	\$5,005,475
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,251,369
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,502,737
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,251,369

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





March 19, 2018

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

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

Dear Mr. Birkenstock:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$15,602 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaer

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100609-00

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

Annual Public DSH distribution to your facility	(A)	\$15,602
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$3,900
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,802
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,900

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaer

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

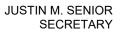
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0108626-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$183,075

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



CONTRACTION CARE ADDRESS

March 19, 2018

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

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

Dear Mr. Linares:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$11,694 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

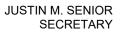
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100498-00

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

Annual Public DSH distribution to your facility	(A)	\$11,694
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,925
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,844
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,925

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





March 19, 2018

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

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

Dear Mr. Infantino:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,186,174 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0260029-00

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

Annual Public DSH distribution to your facility	(A)	\$1,186,174
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$296,544
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$593,086
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$296,544

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



### Public Hospital Disproportionate Share Distribution

## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0109886-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$183,075

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

WOILAND OF FLORIDA

RICK SCOTT GOVERNOR

JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

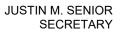
## State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0111741-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$183,075

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



CONTRACT HE CARE ADDRESS

March 19, 2018

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

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

Dear Mr. Gaspelin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$3,422,575 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0101338-00

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

Annual Public DSH distribution to your facility	(A)	\$3,422,575
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$855,645
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,711,285
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$855,645

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

JUSTIN M. SENIOR SECRETARY



March 19, 2018

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

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

Dear Mr. English:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

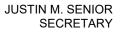
# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0104604-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$183,075

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



March 19, 2018



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

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

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$5,619 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

# State Fiscal Year 2017 - 2018 Second Payment

#### Medicaid Number : 0120260-00

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

Annual Public DSH distribution to your facility	(A)	\$5,619
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,404
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,811
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,404

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Sitowitz:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,573,772 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaer

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100102-00

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

Annual Public DSH distribution to your facility	(A)	\$1,573,772
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$393,444
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$786,884
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$393,444

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Mirza:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$13,086 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

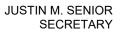
# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0120006-00

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

Annual Public DSH distribution to your facility	(A)	\$13,086
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$3,273
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$6,540
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$3,273

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



DATE OF FLORIDA

March 19, 2018

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

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

Dear Mr. Stovall:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$2,443,561 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

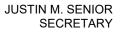
# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100765-00

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

Annual Public DSH distribution to your facility	(A)	\$2,443,561
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$610,890
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,221,781
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$610,890

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



STATE OF FLOHIDA

March 19, 2018

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

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

Dear Mr. Verinder:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$3,252,576 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

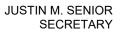
# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0101761-00

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

Annual Public DSH distribution to your facility	(A)	\$3,252,576
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$813,144
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,626,288
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$813,144

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



CONTRACT H CARE ACTING THE ACTING THE

March 19, 2018

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

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

Dear Mr. Schlemmer:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$20,591 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0101486-00

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

Annual Public DSH distribution to your facility	(A)	\$20,591
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$5,148
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$10,295
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$5,148

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaer

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

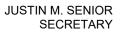
# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0120103-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$183,075

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



CONTRACTOR CONTRACTOR

March 19, 2018

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

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

Dear Mr. Romine:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) Plaer

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

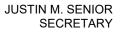
### State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100731-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$183,075

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



March 19, 2018



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

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

Dear Ms. Gaffney:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

) llaer

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0119971-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$183,075

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. O'Bryant:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$732,298 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0101133-00

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

Annual Public DSH distribution to your facility	(A)	\$732,298
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$183,075
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$183,075

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Short:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$7,906,125 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



# Public Hospital Disproportionate Share Distribution

# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100994-00

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

Annual Public DSH distribution to your facility	(A)	\$7,906,125
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$1,976,532
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,953,061
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,976,532

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



JUSTIN M. SENIOR SECRETARY

March 19, 2018

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

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

Dear Mr. Goldfarb:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$11,828,124 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

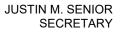
# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100030-00

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

Annual Public DSH distribution to your facility	(A)	\$11,828,124
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,957,031
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,914,062
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,957,031

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



CONTRACTION CARE ADDRESS

March 19, 2018

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

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

Dear Ms. Jones:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$1,154,261 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Assistant Deputy Secretary Medicaid Program Finance and Analytics

TW:rp



## Public Hospital Disproportionate Share Distribution

# State Fiscal Year 2017 - 2018 Second Payment

### Medicaid Number : 0100366-00

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

Annual Public DSH distribution to your facility	(A)	\$1,154,261
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$288,564
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$577,133
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$288,564

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



JUSTIN M. SENIOR SECRETARY

February 26, 2018

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

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

Dear Mr. Haley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2017 - 2018. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

Your scheduled payment represents 75% (rounded) of your specified annual amount \$11,828,509 for state fiscal year 2017 - 2018. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

If you have any questions regarding the above, please call T. K. Feehrer or Ryan Perry of my staff at (850) 412-4131.

Sincerely,

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



# Public Hospital Disproportionate Share Distribution

# State Fiscal Year 2017 - 2018 First Payment

### Medicaid Number : 0100676-00

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

Annual Public DSH distribution to your facility	(A)	\$11,828,509
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of your facility's scheduled Public DSH Payment	(C)	\$2,957,127
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,914,255
Your Scheduled Public DSH Payment [1] [2]	$(\mathrm{C}-\mathrm{D})=(\mathrm{E})$	\$2,957,127

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