



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

March 19, 2018

Mr. Stephen Grubbs  
CEO  
Bay Medical Center/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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$922,572</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,845,138
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$922,572</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$673,269</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,346,536
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$673,269</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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.

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Medicaid Program Finance and Analytics

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State of Florida  
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Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$339,012</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$678,025
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$339,012</b>

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RICK SCOTT  
GOVERNOR

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.

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Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$4,571,826</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,143,653
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,571,826</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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.

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Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$1,490,010</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,980,015
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$1,490,010</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$377,451</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$754,902
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$377,451</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$ 327</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 657
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$ 327</b>

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

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RICK SCOTT  
GOVERNOR

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$37,035</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$74,065
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$37,035</b>

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RICK SCOTT  
GOVERNOR

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$375,027</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$750,051
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$375,027</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$37,035</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$74,065
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$37,035</b>

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$304,326</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$608,653
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$304,326</b>

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RICK SCOTT  
GOVERNOR

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$1,377</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,758
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$1,377</b>

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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.

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Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$375,027</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$750,050
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$375,027</b>

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RICK SCOTT  
GOVERNOR

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$819,183</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,638,370
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$819,183</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$37,035</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$74,065
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$37,035</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$1,305</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,606
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,305</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$142,668</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$285,337
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$142,668</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$16,223,688</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$32,447,380
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$16,223,688</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$4,968</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,937
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$4,968</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$276,708</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$553,417
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$276,708</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$333,063</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$666,125
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$333,063</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$183,075</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$1,696,842</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,393,684
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,696,842</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$375,027</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$750,050
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$375,027</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$480,588</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$961,177
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$480,588</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$1,142,049</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,284,097
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,142,049</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$1,369,749</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,739,499
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$1,369,749</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$5,081,682</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$10,163,366
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$5,081,682</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$183,075</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$1,251,369</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,502,737
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,251,369</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$3,900</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,802
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,900</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$183,075</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$2,925</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,844
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,925</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$296,544</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$593,086
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$296,544</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$183,075</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$183,075</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$855,645</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,711,285
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$855,645</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$183,075</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$1,404</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,811
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$1,404</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$393,444</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$786,884
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$393,444</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$3,273</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$6,540
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$3,273</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$610,890</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,221,781
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$610,890</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$813,144</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,626,288
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$813,144</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$5,148</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$10,295
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$5,148</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$183,075</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

A handwritten signature in black ink that reads "Tom Wallace".

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$183,075</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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,

Tom Wallace, Assistant Deputy Secretary  
Medicaid Program Finance and Analytics

TW:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$183,075</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$183,075</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$366,148
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$183,075</b>

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

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





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$1,976,532</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,953,061
<b>Your Scheduled Public DSH Payment [1] [2]</b>	<b>(C - D) = (E)</b>	<b>\$1,976,532</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$2,957,031</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,914,062
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$2,957,031</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

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
<b>Projected total of your facility's scheduled Public DSH Payment</b>	(C)	<b>\$288,564</b>
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$577,133
<b>Your Scheduled Public DSH Payment [1] [2]</b>	(C - D) = (E)	<b>\$288,564</b>

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

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



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

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

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2017 - 2018 First Payment

Medicaid Number : **0100676-00**

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

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

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

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