



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Ms. Hayes:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$8,742 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010156700**

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

Annual Public DSH distribution to your facility	(A)	\$8,742
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$8,742
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,864
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,878

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Smith:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,000,930 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **012040500**

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

Annual Public DSH distribution to your facility	(A)	\$3,000,930
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,000,930
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,669,775
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,331,155

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Gross:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,266,963 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010821900**

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

Annual Public DSH distribution to your facility	(A)	\$1,266,963
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,266,963
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$704,962
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$562,001

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

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



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MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Ms. Havericak:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$16,175,839 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010012900**

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

Annual Public DSH distribution to your facility	(A)	\$16,175,839
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$16,175,839
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,000,543
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,175,296

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

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



RON DESANTIS
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SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010021800**

Dear Ms. Taylor:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,780,101 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010021800**

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

Annual Public DSH distribution to your facility	(A)	\$4,780,101
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,780,101
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,659,739
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,120,362

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

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RON DESANTIS
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April 30, 2020

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

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

Dear Mr. Kashman:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,387,859 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **011971700**

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

Annual Public DSH distribution to your facility	(A)	\$2,387,859
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,387,859
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,328,650
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,059,209

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

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



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April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010192300**

Dear Mr. Sica:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$134,791 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010192300**

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

Annual Public DSH distribution to your facility	(A)	\$134,791
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$134,791
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$75,000
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$59,791

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RON DESANTIS
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MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010103600**

Dear Ms. Baker:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$134,791 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010103600**

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

Annual Public DSH distribution to your facility	(A)	\$134,791
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$134,791
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$75,000
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$59,791

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RON DESANTIS
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MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Markos:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$134,791 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010004800**

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

Annual Public DSH distribution to your facility	(A)	\$134,791
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$134,791
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$75,000
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$59,791

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Walker:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$134,791 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010080300**

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

Annual Public DSH distribution to your facility	(A)	\$134,791
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$134,791
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$75,000
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$59,791

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Antonucci:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,343,243 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **011134100**

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

Annual Public DSH distribution to your facility	(A)	\$2,343,243
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,343,243
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,303,825
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,039,418

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Griffin:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,936 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **011761700**

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

Annual Public DSH distribution to your facility	(A)	\$4,936
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,936
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,747
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,189

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010184200**

Dear Mr. Feasel:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,536,057 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010184200**

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

Annual Public DSH distribution to your facility	(A)	\$3,536,057
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,536,057
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,967,529
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,568,528

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Schroeder:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,282 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010135400**

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

Annual Public DSH distribution to your facility	(A)	\$4,282
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,282
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,383
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,899

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010086200**

Dear Mr. Williams:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$134,791 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010086200**

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

Annual Public DSH distribution to your facility	(A)	\$134,791
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$134,791
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$75,000
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$59,791

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, FL 33033

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010226100**

Dear Mr. Duquette:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,153 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010226100**

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

Annual Public DSH distribution to your facility	(A)	\$5,153
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,153
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,867
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,286

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Platt:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$450,262 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010106100**

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

Annual Public DSH distribution to your facility	(A)	\$450,262
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$450,262
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$250,535
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$199,727

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010042100**

Dear Mr. Migoya:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$32,563,228 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010042100**

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

Annual Public DSH distribution to your facility	(A)	\$32,563,228
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$32,563,228
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$18,118,797
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$14,444,431

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Kmetz:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$16,845 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010151600**

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

Annual Public DSH distribution to your facility	(A)	\$16,845
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$16,845
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,373
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,472

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010144300**

Dear Ms. Davis:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$317,593 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010144300**

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

Annual Public DSH distribution to your facility	(A)	\$317,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$317,593
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$176,715
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$140,878

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Antonucci:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$7,543,437 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010110900**

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

Annual Public DSH distribution to your facility	(A)	\$7,543,437
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$7,543,437
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,197,312
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,346,125

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Ms. Fernandez-Bravo:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,005,838 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010345400**

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

Annual Public DSH distribution to your facility	(A)	\$2,005,838
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,005,838
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,116,086
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$889,752

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010222900**

Dear Mr. Doyle:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,829,626 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010222900**

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

Annual Public DSH distribution to your facility	(A)	\$4,829,626
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,829,626
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,687,296
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,142,330

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010252100**

Dear Ms. Carpenter:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$6,705,598 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010252100**

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

Annual Public DSH distribution to your facility	(A)	\$6,705,598
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,705,598
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,731,122
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,974,476

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010020000**

Dear Mr. Ross:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$21,514,261 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010020000**

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

Annual Public DSH distribution to your facility	(A)	\$21,514,261
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$21,514,261
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$11,970,943
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$9,543,318

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Love:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$14,030 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010060900**

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

Annual Public DSH distribution to your facility	(A)	\$14,030
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$14,030
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,807
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,223

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Racicot:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$12,039 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010049800**

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

Annual Public DSH distribution to your facility	(A)	\$12,039
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$12,039
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$6,699
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,340

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Strong:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$47,351 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010133800**

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

Annual Public DSH distribution to your facility	(A)	\$47,351
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$47,351
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$26,347
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$21,004

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010460400**

Dear Ms. Mederos:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$9,354 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010460400**

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

Annual Public DSH distribution to your facility	(A)	\$9,354
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$9,354
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$5,205
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$4,149

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. DeTillio:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,563 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **012026000**

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

Annual Public DSH distribution to your facility	(A)	\$5,563
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,563
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,096
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,467

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,406,137 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010010200**

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

Annual Public DSH distribution to your facility	(A)	\$1,406,137
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,406,137
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$782,401
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$623,736

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 012000600**

Dear Ms. Nava:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$13,354 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **012000600**

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

Annual Public DSH distribution to your facility	(A)	\$13,354
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$13,354
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,431
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,923

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Mr. Stovall:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$14,027 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010076500**

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

Annual Public DSH distribution to your facility	(A)	\$14,027
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$14,027
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,805
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,222

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010176100**

Dear Mr. Verinder:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,284,084 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010176100**

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

Annual Public DSH distribution to your facility	(A)	\$4,284,084
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,284,084
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,383,745
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,900,339

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010033100**

Dear Ms. Sherrod:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,293 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010033100**

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

Annual Public DSH distribution to your facility	(A)	\$2,293
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,293
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,276
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,017

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Ms. McCauley:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$17,537 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010148600**

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

Annual Public DSH distribution to your facility	(A)	\$17,537
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$17,537
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,758
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,779

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010113300**

Dear Mr. O'Bryant:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$11,872 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010113300**

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

Annual Public DSH distribution to your facility	(A)	\$11,872
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$11,872
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$6,606
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,266

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010099400**

Dear Mr. Couris:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$27,165 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010099400**

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

Annual Public DSH distribution to your facility	(A)	\$27,165
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$27,165
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$15,115
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$12,050

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

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

Dear Dr. Haley:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$24,973 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010067600**

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

Annual Public DSH distribution to your facility	(A)	\$24,973
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$24,973
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$13,896
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$11,077

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

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



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 30, 2020

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

**RE: State Fiscal Year 2019-2020
Third Regular Disproportionate Share Hospital Payment
Medicaid Number: 010003000**

Dear Mr. Jimenez:

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

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$28,512 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2019-2020 Third Payment

Medicaid Number : **010003000**

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

Annual Public DSH distribution to your facility	(A)	\$28,512
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$28,512
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$15,865
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$12,647

[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.