



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010156700**

Dear Ms. Hayes:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$8,466 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010156700**

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

Annual Public DSH distribution to your facility	(A)	\$8,466
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$8,466
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,461
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$4,005

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 012040500**

Dear Mr. Smith:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,887,424 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **012040500**

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

Annual Public DSH distribution to your facility	(A)	\$2,887,424
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,887,424
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,521,387
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,366,037

[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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SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010821900**

Dear Mr. Gross:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,174,929 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010821900**

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

Annual Public DSH distribution to your facility	(A)	\$1,174,929
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,174,929
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$619,071
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$555,858

[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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SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

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

Dear Ms. Havericak:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$14,876,794 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010012900**

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

Annual Public DSH distribution to your facility	(A)	\$14,876,794
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$14,876,794
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,838,599
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,038,195

[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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SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010021800**

Dear Ms. Taylor:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,469,404 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010021800**

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

Annual Public DSH distribution to your facility	(A)	\$4,469,404
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,469,404
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,354,934
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,114,470

[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

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 011971700**

Dear Mr. Kashman:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,634,272 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

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Medicaid Program Finance

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State of Florida
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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **011971700**

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

Annual Public DSH distribution to your facility	(A)	\$2,634,272
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,634,272
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,388,001
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,246,271

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

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



RON DESANTIS
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SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010192300**

Dear Mr. Sica:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$112,308 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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Sincerely,

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 2020-2021 Second Payment

Medicaid Number : **010192300**

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

Annual Public DSH distribution to your facility	(A)	\$112,308
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$112,308
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$59,175
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$53,133

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RON DESANTIS
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SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010103600**

Dear Ms. Baker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$112,308 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010103600**

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

Annual Public DSH distribution to your facility	(A)	\$112,308
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$112,308
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$59,175
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$53,133

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010004800**

Dear Mr. Markos:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$112,308 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010004800**

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

Annual Public DSH distribution to your facility	(A)	\$112,308
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$112,308
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$59,175
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$53,133

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010080300**

Dear Mr. Walker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$112,308 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010080300**

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

Annual Public DSH distribution to your facility	(A)	\$112,308
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$112,308
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$59,175
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$53,133

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 011134100**

Dear Mr. Antonucci:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$2,818,847 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **011134100**

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

Annual Public DSH distribution to your facility	(A)	\$2,818,847
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,818,847
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,485,253
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,333,594

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 011761700**

Dear Mr. Griffin:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,978 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **011761700**

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

Annual Public DSH distribution to your facility	(A)	\$4,978
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,978
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,623
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,355

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010184200**

Dear Mr. Feasel:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,873,879 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010184200**

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

Annual Public DSH distribution to your facility	(A)	\$3,873,879
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,873,879
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,041,151
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,832,728

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010086200**

Dear Mr. Williams:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$112,308 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010086200**

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

Annual Public DSH distribution to your facility	(A)	\$112,308
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$112,308
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$59,175
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$53,133

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RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

June 8, 2021

Bill Duquette
Homestead Hospital
975 Baptist Way
Homestead, FL 33033

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010226100**

Dear Mr. Duquette:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,621 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010226100**

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

Annual Public DSH distribution to your facility	(A)	\$5,621
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,621
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,962
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,659

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010106100**

Dear Mr. Platt:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$112,308 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010106100**

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

Annual Public DSH distribution to your facility	(A)	\$112,308
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$112,308
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$59,175
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$53,133

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010042100**

Dear Mr. Migoya:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$31,040,190 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010042100**

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

Annual Public DSH distribution to your facility	(A)	\$31,040,190
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$31,040,190
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$16,355,107
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$14,685,083

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010151600**

Dear Mr. Kmetz:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$16,927 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010151600**

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

Annual Public DSH distribution to your facility	(A)	\$16,927
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$16,927
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$8,919
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$8,008

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

Paula Webb
Lake Butler Hospital
850 E Main St.
Lake Butler, FL 32054

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

Dear Ms. Webb:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$ 10 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010822700**

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

Annual Public DSH distribution to your facility	(A)	\$ 10
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$ 10
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$ 6
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$ 4

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010144300**

Dear Ms. Davis:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$312,256 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010144300**

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

Annual Public DSH distribution to your facility	(A)	\$312,256
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$312,256
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$164,528
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$147,728

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010110900**

Dear Mr. Antonucci:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$8,156,924 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010110900**

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

Annual Public DSH distribution to your facility	(A)	\$8,156,924
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$8,156,924
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$4,297,892
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,859,032

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,938,517 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010345400**

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

Annual Public DSH distribution to your facility	(A)	\$1,938,517
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,938,517
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,021,407
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$917,110

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010222900**

Dear Mr. Doyle:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,659,134 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010222900**

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

Annual Public DSH distribution to your facility	(A)	\$4,659,134
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,659,134
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,454,903
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,204,231

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$6,674,529 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010252100**

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

Annual Public DSH distribution to your facility	(A)	\$6,674,529
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,674,529
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,516,816
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,157,713

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010020000**

Dear Mr. Ross:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$21,137,884 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010020000**

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

Annual Public DSH distribution to your facility	(A)	\$21,137,884
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$21,137,884
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$11,137,573
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$10,000,311

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010060900**

Dear Mr. Love:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$12,914 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010060900**

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

Annual Public DSH distribution to your facility	(A)	\$12,914
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$12,914
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$6,805
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,109

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010049800**

Dear Mr. Racicot:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$12,530 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010049800**

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

Annual Public DSH distribution to your facility	(A)	\$12,530
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$12,530
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$6,602
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,928

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010133800**

Dear Mr. Strong:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$45,820 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010133800**

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

Annual Public DSH distribution to your facility	(A)	\$45,820
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$45,820
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$24,143
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$21,677

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 012026000**

Dear Mr. DeTillio:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$5,750 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **012026000**

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

Annual Public DSH distribution to your facility	(A)	\$5,750
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,750
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$3,030
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,720

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010010200**

Dear Mr. Mikitarian:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$1,355,969 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010010200**

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

Annual Public DSH distribution to your facility	(A)	\$1,355,969
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,355,969
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$714,462
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$641,507

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 012000600**

Dear Ms. Nava:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$14,617 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith", is positioned above the typed name.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **012000600**

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

Annual Public DSH distribution to your facility	(A)	\$14,617
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$14,617
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$7,702
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,915

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010076500**

Dear Mr. Stovall:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$3,593,851 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010076500**

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

Annual Public DSH distribution to your facility	(A)	\$3,593,851
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,593,851
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$1,893,604
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,700,247

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010176100**

Dear Mr. Verinder:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$4,507,481 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010176100**

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

Annual Public DSH distribution to your facility	(A)	\$4,507,481
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$4,507,481
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$2,374,996
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,132,485

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010148600**

Dear Ms. McCauley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$17,643 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010148600**

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

Annual Public DSH distribution to your facility	(A)	\$17,643
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$17,643
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$9,297
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$8,346

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010099400**

Dear Mr. Couris:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$26,914 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith", is positioned above the typed name.

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010099400**

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

Annual Public DSH distribution to your facility	(A)	\$26,914
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$26,914
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$14,181
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$12,733

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010067600**

Dear Dr. Haley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$23,792 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010067600**

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

Annual Public DSH distribution to your facility	(A)	\$23,792
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$23,792
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$12,536
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$11,256

[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

SIMONE MARSTILLER
SECRETARY

June 8, 2021

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

**RE: State Fiscal Year 2020-2021
Second Regular Disproportionate Share Hospital Payment
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020-2021. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% (rounded) of your annual appropriation of \$28,939 for state fiscal year 2020-2021. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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

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

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2020-2021 Second Payment

Medicaid Number : **010003000**

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

Annual Public DSH distribution to your facility	(A)	\$28,939
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Public DSH Distribution	(C)	\$28,939
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$15,248
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$13,691

[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.