



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Low Income Pool Payments to Eligible Specialty Pediatric Hospitals
Medicaid Number: 0101516-00 HCCCB Number: 103300**

Dear Mr. Ellen:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of equal amounts to eligible specialty pediatric hospitals.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount of \$704,583 for this fiscal year. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool Payments for Specialty Pediatric Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0101516-00** HCCCB Number : **103300**

Hospital Name (current) : **All Children's Hospital**

Annual Low Income Pool Payment to your Specialty Pediatric hospital.	(A)	\$704,583
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Specialty Pediatric Low Income Pool Payments	(A - B) = (C)	\$704,583
Total of Specialty Pediatric Payments previously paid in this fiscal year	(D)	\$ 0
First Specialty Pediatric Low Income Pool Payment [1] [2]	((C x .25) - D) = (E)	\$176,146

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

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 16, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Low Income Pool Payments to Eligible Specialty Pediatric Hospitals
Medicaid Number: 0100609-00 HCCCB Number: 110199**

Dear Mr. Birkenstock:

Your hospital has been determined eligible to receive the associated payment under proviso language contained in the general appropriations act for state fiscal year 2015 - 2016. This proviso language calls for the distribution of equal amounts to eligible specialty pediatric hospitals.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount of \$704,583 for this fiscal year. The procedure 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

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

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool Payments for Specialty Pediatric Hospitals

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100609-00** HCCCB Number : **110199**

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

Annual Low Income Pool Payment to your Specialty Pediatric hospital.	(A)	\$704,583
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$ 0
Projected total of annual Specialty Pediatric Low Income Pool Payments	(A – B) = (C)	\$704,583
Total of Specialty Pediatric Payments previously paid in this fiscal year	(D)	\$ 0
First Specialty Pediatric Low Income Pool Payment [1] [2]	((C x .25) - D) = (E)	\$176,146

[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.