



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 14, 2016

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  
Second 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.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% 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 Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Second 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
<b>Projected total of annual Specialty Pediatric Low Income Pool Payments</b>	(A - B) = (C)	\$704,583
Total of Specialty Pediatric Payments previously paid in this fiscal year	(D)	\$176,146
<b>Second Specialty Pediatric Low Income Pool Payment [1] [2]</b>	((C x .50) - D) = (E)	<b>\$176,146</b>

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

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



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GOVERNOR

ELIZABETH DUDEK  
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January 14, 2016

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  
Second 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.

The total of your scheduled second quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 50% 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.

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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 Second 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
<b>Projected total of annual Specialty Pediatric Low Income Pool Payments</b>	(A – B) = (C)	\$704,583
Total of Specialty Pediatric Payments previously paid in this fiscal year	(D)	\$176,146
<b>Second Specialty Pediatric Low Income Pool Payment [1] [2]</b>	((C x .50) - D) = (E)	<b>\$176,146</b>

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

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