



March 8, 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

Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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 Third Payment

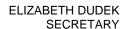
Medicaid Number: 0101516-00 HCCCB Number: 103300

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)	\$352,292
Third Specialty Pediatric Low Income Pool Payment [1] [2]	$((C \times .75) - D) = (E)$	\$176,145

[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.





March 8, 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

Third 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 third quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 75% 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 Third 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)	\$352,292
Third Specialty Pediatric Low Income Pool Payment [1] [2]	$((C \times .75) - D) = (E)$	\$176,145

- [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.