



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Ms. Kathryn Gillette  
President & CEO  
Bayfront Health - St. Petersburg  
701 6th Street South  
St. Petersburg, Florida 33701

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0101567-00 HCCCB Number: 100032**

Dear Ms. Gillette:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated 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 for the 2015-16 fiscal year, based upon an annual appropriation of \$10,884,810. 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  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101567-00**      HCCCB Number : **100032**

Hospital Name (current) : **Bayfront Health - St. Petersburg**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$540,255
<b>Third "Family Practice Teaching Hospital" provider payment [1] [2]</b>	<b>((E x .75) - F) = (G)</b>	<b>\$83,117</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.
- [3] This amount may be rounded down to the next lower whole dollar.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Mr. Calvin E. Glidewell Jr.  
CEO  
Broward Health Medical Center  
1608 South Andrews Ave.  
Ft Lauderdale, Florida 33316

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0100129-00 HCCCB Number: 100039**

Dear Mr. Glidewell:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated 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 for the 2015-16 fiscal year, based upon an annual appropriation of \$10,884,810. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Sincerely,

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Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100129-00**      HCCCB Number : **100039**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$540,255
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RICK SCOTT  
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SECRETARY

March 15, 2016

Mr. Jeff Feasel  
CEO  
Halifax Health Medical Center  
303 N. Clyde-Morris Blvd.  
Daytona Beach, Florida 32114-2709

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0101842-00 HCCCB Number: 100017**

Dear Mr. Feasel:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated hospitals.

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Sincerely,

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Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101842-00**      HCCCB Number : **100017**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
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RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Ms. Sandy Sosa-Guerrero  
CEO  
Larkin Community Hospital  
7031 SW 62nd Avenue  
P.O. Box 43-1810  
Miami, Florida 33243

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0120057-00 HCCCB Number: 100181**

Dear Ms. Sosa-Guerrero:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated hospitals.

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Medicaid Program Finance

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State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120057-00**      HCCCB Number : **100181**

Hospital Name (current) : **Larkin Community Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	(C - D) = (E)	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$540,255
<b>Third "Family Practice Teaching Hospital" provider payment [1] [2]</b>	$((E \times .75) - F) = (G)$	<b>\$83,117</b>

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GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Mr. Kris Hoce  
Hospital Administrator  
Morton Plant Hospital  
323 Jeffords Street  
P.O. Box 210  
Clearwater, Florida 33757

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0101583-00 HCCCB Number: 100127**

Dear Mr. Hoce:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated hospitals.

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Sincerely,

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Medicaid Program Finance

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Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101583-00**      HCCCB Number : **100127**

Hospital Name (current) : **Morton Plant Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$540,255
<b>Third "Family Practice Teaching Hospital" provider payment [1] [2]</b>	<b>((E x .75) - F) = (G)</b>	<b>\$83,117</b>

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ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Ms. Robin Gaffney  
Director of Reimbursement  
North Florida Regional Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0108626-00 HCCCB Number: 100204**

Dear Ms. Gaffney:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated 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 for the 2015-16 fiscal year, based upon an annual appropriation of \$10,884,810. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Sincerely,

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0108626-00**      HCCCB Number : **100204**

Hospital Name (current) : **North Florida Regional Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$ 0
<b>Third "Family Practice Teaching Hospital" provider payment [1] [2]</b>	<b>((E x .75) - F) = (G)</b>	<b>\$623,372</b>

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RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Ms. Robin Gaffney  
Director of Reimbursement  
Ocala Regional Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0109886-00 HCCCB Number: 100212**

Dear Ms. Gaffney:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated 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 for the 2015-16 fiscal year, based upon an annual appropriation of \$10,884,810. The procedure used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Medicaid Program Finance

TW:rp

Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0109886-00**      HCCCB Number : **100212**

Hospital Name (current) : **Ocala Regional Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$ 0
<b>Third "Family Practice Teaching Hospital" provider payment [1] [2]</b>	<b>((E x .75) - F) = (G)</b>	<b>\$623,372</b>

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RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Ms. Robin Gaffney  
Director of Reimbursement  
Orange Park Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0111741-00 HCCCB Number: 100226**

Dear Ms. Gaffney:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated hospitals.

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Medicaid Program Finance

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Enclosure:



State of Florida  
 Agency for Health Care Administration  
 Medicaid Program Finance  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0111741-00**      HCCCB Number : **100226**

Hospital Name (current) : **Orange Park Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$ 0
<b>Third "Family Practice Teaching Hospital" provider payment [1] [2]</b>	<b>((E x .75) - F) = (G)</b>	<b>\$623,372</b>

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RICK SCOTT  
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ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Mr. Hopeton English  
Controller  
Palmetto General Hospital  
2001 West 68th St.  
Hialeah, Florida 33016

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0104604-00 HCCCB Number: 100187**

Dear Mr. English:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated hospitals.

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State of Florida  
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 Medicaid Program Finance  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0104604-00**      HCCCB Number : **100187**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	(C - D) = (E)	<b>\$831,162</b>
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RICK SCOTT  
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March 15, 2016

Mr. Donnie L. Romine  
COO  
Saint Vincent's Medical Center Riverside  
1 Shircliff Way  
Jacksonville, Florida 32204

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0100731-00 HCCCB Number: 100040**

Dear Mr. Romine:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated hospitals.

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 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0100731-00**      HCCCB Number : **100040**

Hospital Name (current) : **Saint Vincent's Medical Center Riverside**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
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March 15, 2016

Ms. Robin Gaffney  
Director of Reimbursement  
St. Lucie Medical Center  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0119971-00 HCCCB Number: 100260**

Dear Ms. Gaffney:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

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 Medicaid Program Finance  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0119971-00**      HCCCB Number : **100260**

Hospital Name (current) : **St. Lucie Medical Center**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$540,255
<b>Third "Family Practice Teaching Hospital" provider payment [1] [2]</b>	<b>((E x .75) - F) = (G)</b>	<b>\$83,117</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.
- [3] This amount may be rounded down to the next lower whole dollar.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Ms. Robin Gaffney  
Director of Reimbursement  
St. Petersburg General Hospital  
11315 Corporate Blvd  
Suite 310  
Orlando, Florida 32817

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0120103-00 HCCCB Number: 100180**

Dear Ms. Gaffney:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated 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 for the 2015-16 fiscal year, based upon an annual appropriation of \$10,884,810. 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  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0120103-00**      HCCCB Number : **100180**

Hospital Name (current) : **St. Petersburg General Hospital**

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$540,255
<b>Third "Family Practice Teaching Hospital" provider payment [1] [2]</b>	<b>((E x .75) - F) = (G)</b>	<b>\$83,117</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.
- [3] This amount may be rounded down to the next lower whole dollar.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

March 15, 2016

Mr. G. Mark O'Bryant  
President / CEO  
Tallahassee Memorial Hospital  
1300 Miccosukee  
Tallahassee, Florida 32308

**RE: State Fiscal Year 2015-16  
Third Family Practice Teaching Disproportionate Share Payment  
Medicaid Number: 0101133-00 HCCCB Number: 100135**

Dear Mr. O'Bryant:

Your hospital has been designated to receive the enclosed payment under the Medicaid Teaching disproportionate share (DSH) program, as directed by the General Appropriations Act for state fiscal year 2015-16.

Please note: Due to an additional provider becoming eligible for Family Practice Teaching DSH, the distributions have been adjusted accordingly. Payments are made from a fixed sum of money, which is apportioned equally among all such designated 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 for the 2015-16 fiscal year, based upon an annual appropriation of \$10,884,810. 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  
 Disproportionate Share Payments to Family Practice Teaching Hospitals  
 State Fiscal Year 2015 - 2016 Third Payment

Medicaid Number : **0101133-00**      HCCCB Number : **100135**

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

Total annual appropriation for all Family Practice Teaching Hospitals	(A)	\$10,884,810
Total number of Participating Family Practice Teaching Hospitals	(B)	13
Annual payment to you as a participating Family Practice Teaching Hospital [3]	(A / B) = (C)	\$837,293
Amount being withheld from distribution in anticipation of funding reductions	(D)	6131
<b>Projected total of annual "Family Practice Teaching Hospital" payments</b>	<b>(C - D) = (E)</b>	<b>\$831,162</b>
Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year	(F)	\$540,255
<b>Third "Family Practice Teaching Hospital" provider payment [1] [2]</b>	<b>((E x .75) - F) = (G)</b>	<b>\$83,117</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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