

DATE OF FLORIDA

October 28, 2015

Ms. Sue G. Brody Hospital Administrator Bayfront Medical Center 701 6th Street South St. Petersburg, Florida 33701

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

Dear Ms. Brody:

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.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% 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 Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

1) llaer

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : 0101567-00 HCCCB Number : 100032

Hospital Name (current) : Bayfront Medical Center

| Total annual appropriation for all Family Practice Teaching Hospitals | (A) | \$10,884,810 |
|--|-----------------------|--------------|
| Total number of Participating Family Practice Teaching Hospitals | (B) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
| First "Family Practice Teaching Hospital" provider payment [1] [2] | ((E x .25) - F) = (G) | \$270,128 |

[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.



ELIZABETH DUDEK SECRETARY

October 28, 2015

Mr. Calvin E. Glidewell Jr. CEO Broward General Medical Center 1600 South Andrews Ave. Ft Lauderdale, Florida 33316

RE: State Fiscal Year 2015-16 First 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.

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If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

1) llae

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : 0100129-00 HCCCB Number : 100039

Hospital Name (current): Broward General Medical Center

| Total annual appropriation for all Family Practice Teaching Hospitals | (A) | \$10,884,810 |
|--|-----------------------|--------------|
| Total number of Participating Family Practice Teaching Hospitals | (B) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
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ELIZABETH DUDEK SECRETARY

October 28, 2015

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

RE: State Fiscal Year 2015-16 First 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,

1) llae

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : 0101842-00 HCCCB Number : 100017

Hospital Name (current): Halifax Health

| Total annual appropriation for all Family Practice Teaching Hospitals | (A) | \$10,884,810 |
|--|-----------------------|--------------|
| Total number of Participating Family Practice Teaching Hospitals | (B) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
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ELIZABETH DUDEK SECRETARY

October 28, 2015

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 First 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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Sincerely,

1) llaer

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First 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) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
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ELIZABETH DUDEK SECRETARY

October 28, 2015

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

RE: State Fiscal Year 2015-16 First 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,

) llae

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : 0101583-00 HCCCB Number : 100127

Hospital Name (current): Morton F. Plant Hospital

| Total annual appropriation for all Family Practice Teaching Hospitals | (A) | \$10,884,810 |
|--|-----------------------|--------------|
| Total number of Participating Family Practice Teaching Hospitals | (B) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
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ELIZABETH DUDEK SECRETARY

October 28, 2015

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

RE: State Fiscal Year 2015-16 First 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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If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

1) llae

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First 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) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
| First "Family Practice Teaching Hospital" provider payment [1] [2] | ((E x .25) - F) = (G) | \$270,128 |

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ELIZABETH DUDEK SECRETARY

October 28, 2015

Mr. Donnie L. Romine COO Saint Vincent's Health System 1 Shircliff Way Jacksonville, Florida 32204

RE: State Fiscal Year 2015-16 First 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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If you have any questions regarding the above, please call Lecia Behenna or Ryan Perry of my staff at (850) 412-4103.

Sincerely,

1) llaer

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : 0100731-00 HCCCB Number : 100040

Hospital Name (current): Saint Vincent's Health System

| Total annual appropriation for all Family Practice Teaching Hospitals | (A) | \$10,884,810 |
|--|-----------------------|--------------|
| Total number of Participating Family Practice Teaching Hospitals | (B) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
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ELIZABETH DUDEK SECRETARY

October 28, 2015

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

RE: State Fiscal Year 2015-16 First 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.

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,

) llae

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First 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) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
| First "Family Practice Teaching Hospital" provider payment [1] [2] | ((E x .25) - F) = (G) | \$270,128 |

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ELIZABETH DUDEK SECRETARY

October 28, 2015

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

RE: State Fiscal Year 2015-16 First 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.

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Sincerely,

1) llaer

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First 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) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
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ELIZABETH DUDEK SECRETARY

October 28, 2015

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

RE: State Fiscal Year 2015-16 First 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.

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Sincerely,

1) llaer

Tom Wallace, Bureau Chief, Medicaid Program Finance

TW:rp



State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : 0101133-00 HCCCB Number : 100135

Hospital Name (current): Tallahassee Memorial Healthcare

| Total annual appropriation for all Family Practice Teaching Hospitals | (A) | \$10,884,810 |
|--|-----------------------|--------------|
| Total number of Participating Family Practice Teaching Hospitals | (B) | 10 |
| Annual payment to you as a participating Family Practice Teaching Hospital [3] | (A / B) = (C) | \$1,088,481 |
| Amount being withheld from distribution in anticipation of funding reductions | (D) | 7971 |
| Projected total of annual "Family Practice Teaching Hospital" payments | (C - D) = (E) | \$1,080,510 |
| Total of "Family Practice Teaching Hospital" payments previously paid this fiscal year | (F) | \$ 0 |
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