



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 19, 2015

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

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0100129-00 HCCCB Number: 100039**

Dear Mr. Glidewell:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are made proportionally, based on the number of Provider Service Network patient days for all qualified hospitals as specified in the General Appropriations Act for the current State Fiscal Year.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$8,685,415. 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.



Mr. Calvin E. Glidewell Jr.
October 19, 2015
Page Two

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 cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

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

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

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	13,785
Your Proportional share of the total annual appropriation	(C / B) = (D)	22.81%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$1,981,340
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$14,509
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$1,981,340
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$495,335

[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

October 19, 2015

Mr. Drew Grossman
CEO
Broward Health Coral Springs
3000 Coral Hills Drive
Coral Springs, Florida 33065

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0120405-00 HCCCB Number: 100276**

Dear Mr. Grossman:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are made proportionally, based on the number of Provider Service Network patient days for all qualified hospitals as specified in the General Appropriations Act for the current State Fiscal Year.

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Mr. Drew Grossman
October 19, 2015
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Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0120405-00** HCCCB Number : **100276**

Hospital Name (current) : **Broward Health Coral Springs**

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	955
Your Proportional share of the total annual appropriation	(C / B) = (D)	1.58%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$137,264
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$1,005
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$137,264
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$34,316

[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

October 19, 2015

Ms. Alice Taylor
CEO
Broward Health Imperial Point
6401 North Federal Hwy.
Ft Lauderdale, Florida 33308

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0108219-00 HCCCB Number: 100200**

Dear Ms. Taylor:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are made proportionally, based on the number of Provider Service Network patient days for all qualified hospitals as specified in the General Appropriations Act for the current State Fiscal Year.

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Ms. Alice Taylor
October 19, 2015
Page Two

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Sincerely,

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Tom Wallace, Bureau Chief,
Medicaid Program Finance

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RICK SCOTT
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SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0108219-00** HCCCB Number : **100200**

Hospital Name (current) : **Broward Health Imperial Point**

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	1,822
Your Proportional share of the total annual appropriation	$(C / B) = (D)$	3.02%
Annual payment to you as a qualified Provider Service Network Provider	$(A \times D) = (E)$	\$261,879
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$1,918
Projected total of annual "Provider Service Network" payments	$(E - F) = (G)$	\$261,879
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	$((G \times .25) - H) = (I)$	\$65,470

[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

October 19, 2015

Mr. Carlos Migoya
President / CEO
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Executive Offices-West Wing117
Miami, Florida 33136

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0100421-00 HCCCB Number: 100022**

Dear Mr. Migoya:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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Mr. Carlos Migoya
October 19, 2015
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SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100421-00** HCCCB Number : **100022**

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

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	15,464
Your Proportional share of the total annual appropriation	(C / B) = (D)	25.59%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$2,222,666
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$16,276
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$2,222,666
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$555,667

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

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 19, 2015

Mr. Frank V Sacco
President / CEO
Memorial Hospital Miramar
1901 SW 172nd Avenue
Miramar, Florida 33029

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0103454-00 HCCCB Number: 100285**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are made proportionally, based on the number of Provider Service Network patient days for all qualified hospitals as specified in the General Appropriations Act for the current State Fiscal Year.

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Mr. Frank V Sacco
October 19, 2015
Page Two

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Tom Wallace, Bureau Chief,
Medicaid Program Finance

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Enclosure:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0103454-00** HCCCB Number : **100285**

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

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	311
Your Proportional share of the total annual appropriation	(C / B) = (D)	0.51%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$44,701
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$ 327
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$44,701
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$11,175

[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

October 19, 2015

Mr. Frank V. Sacco
President / CEO
Memorial Hospital Pembroke
7800 Sheridan Street
Pembroke Pines, Florida 33024

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0102229-00 HCCCB Number: 100230**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are made proportionally, based on the number of Provider Service Network patient days for all qualified hospitals as specified in the General Appropriations Act for the current State Fiscal Year.

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Mr. Frank V. Sacco
October 19, 2015
Page Two

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Sincerely,

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Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0102229-00** HCCCB Number : **100230**

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

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	622
Your Proportional share of the total annual appropriation	(C / B) = (D)	1.03%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$89,401
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$ 655
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$89,401
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$22,350

- [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

October 19, 2015

Mr. Frank V. Sacco
President / CEO
Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, Florida 33028

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0102521-00 HCCCB Number: 100281**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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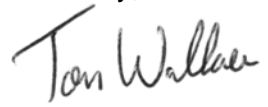
I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.



Mr. Frank V. Sacco
October 19, 2015
Page Two

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Sincerely,

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Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0102521-00** HCCCB Number : **100281**

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

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	1,434
Your Proportional share of the total annual appropriation	(C / B) = (D)	2.37%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$206,111
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$1,509
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$206,111
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$51,528

- [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

October 19, 2015

Mr. Frank V. Sacco
President / CEO
Memorial Regional Hospital
3501 Johnson St.
Hollywood, Florida 33021

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0100200-00 HCCCB Number: 100038**

Dear Mr. Sacco:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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Mr. Frank V. Sacco
October 19, 2015
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Sincerely,

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Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100200-00** HCCCB Number : **100038**

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

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	9,680
Your Proportional share of the total annual appropriation	(C / B) = (D)	16.02%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$1,391,322
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$10,188
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$1,391,322
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$347,831

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





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 19, 2015

Pauline Grant, MS, MBA, CHE
CEO
Broward Health North
201 East Sample Road
Pompano Beach, Florida 33064

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0100218-00 HCCCB Number: 100086**

Dear Ms. Grant:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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Pauline Grant
October 19, 2015
Page Two

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". The signature is written in a cursive style with a large, sweeping initial "T".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



RICK SCOTT
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ELIZABETH DUDEK
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100218-00** HCCCB Number : **100086**

Hospital Name (current) : **Broward Health North**

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	1,547
Your Proportional share of the total annual appropriation	(C / B) = (D)	2.56%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$222,353
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$1,628
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$222,353
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$55,588

[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

October 19, 2015

Mr. Russell Armistead
CEO
UF Health Hospital
655 West 8th Street
Jacksonville, Florida 32209

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0100676-00 HCCCB Number: 100001**

Dear Mr. Armistead:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

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Mr. Russell Armistead
October 19, 2015
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Sincerely,

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Tom Wallace, Bureau Chief,
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ELIZABETH DUDEK
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100676-00** HCCCB Number : **100001**

Hospital Name (current) : **UF Health Hospital**

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	13,227
Your Proportional share of the total annual appropriation	(C / B) = (D)	21.89%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$1,901,138
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$13,921
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$1,901,138
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$475,285

[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

October 19, 2015

Mr. Timothy M. Goldfarb
CEO
Shands Teaching Hospital & Clinic
Box 100326
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2015 - 2016
First Provider Service Network Disproportionate Share Payment
Medicaid Number: 0100030-00 HCCCB Number: 100113**

Dear Mr. Goldfarb:

Your hospital has been determined eligible to receive the associated payment under the Medicaid Disproportionate Share Hospital (DSH) program as it applies to Provider Service Networks. This determination is made based on section 409.911, Florida Statutes, as enacted by the 1993 Legislature (subsequently amended), and in compliance with the requirements of federal law, including your certification that you are a provider of obstetrical services or that you meet the exceptions provided by federal law.

Payments are made proportionally, based on the number of Provider Service Network patient days for all qualified hospitals as specified in the General Appropriations Act for the current State Fiscal Year.

Your scheduled first quarter payment (enclosed, if not electronically transferred) represents 25% of your projected annual amount for the 2015 - 2016 fiscal year, based upon an annual appropriation of \$8,685,415. 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.



Mr. Timothy M. Goldfarb
October 19, 2015
Page Two

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 cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,
Medicaid Program Finance

TW:rp

Enclosure:



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 First Payment

Medicaid Number : **0100030-00** HCCCB Number : **100113**

Hospital Name (current) : **Shands Teaching Hospital & Clinic**

Total annual appropriation for all Qualified Provider Service Networks	(A)	\$8,685,415
Total of specified Provider Service Network Patient Days for all qualified providers	(B)	60,428
Your hospital's specified Provider Service Network Patient Days	(C)	1,581
Your Proportional share of the total annual appropriation	(C / B) = (D)	2.62%
Annual payment to you as a qualified Provider Service Network Provider	(A x D) = (E)	\$227,240
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$1,664
Projected total of annual "Provider Service Network" payments	(E - F) = (G)	\$227,240
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$ 0
First "Provider Service Network" provider payment [1] [2]	((G x .25) - H) = (I)	\$56,810

[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.

