



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your 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. Drew Grossman  
May 24, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Fourth 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
<b>Projected total of annual "Provider Service Network" payments</b>	(E - F) = (G)	\$137,264
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$102,194
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	(G - H) = (I)	\$34,065

- [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

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your 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.

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Ms. Alice Taylor  
May 24, 2016  
Page Two

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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 Provider Service Networks

State Fiscal Year 2015 - 2016 Fourth 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 x D) = (E)	\$261,879
Amount being withheld from distribution in anticipation of funding reductions	(F)	\$1,918
<b>Projected total of annual "Provider Service Network" payments</b>	<b>(E - F) = (G)</b>	<b>\$261,879</b>
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$194,971
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	<b>(G - H) = (I)</b>	<b>\$64,990</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.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your 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.

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Mr. Calvin E. Glidewell Jr.  
May 24, 2016  
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Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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RICK SCOTT  
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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 Fourth 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
<b>Projected total of annual "Provider Service Network" payments</b>	(E - F) = (G)	\$1,981,340
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$1,475,123
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	(G - H) = (I)	\$491,708

- [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

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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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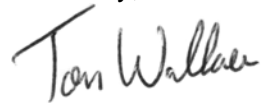
I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.



Pauline Grant  
May 24, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



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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 Fourth 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
<b>Projected total of annual "Provider Service Network" payments</b>	(E - F) = (G)	\$222,353
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$165,544
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	(G - H) = (I)	\$55,181

- [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

May 24, 2016

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  
Fourth 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.

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. Carlos Migoya  
May 24, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

Sincerely,

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Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 Fourth 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
<b>Projected total of annual "Provider Service Network" payments</b>	<b>(E - F) = (G)</b>	<b>\$2,222,666</b>
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$1,654,793
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	<b>(G - H) = (I)</b>	<b>\$551,597</b>

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





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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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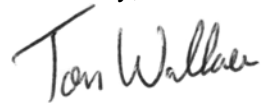




Mr. Frank V Sacco  
May 24, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Fourth 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
<b>Projected total of annual "Provider Service Network" payments</b>	<b>(E - F) = (G)</b>	<b>\$44,701</b>
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$33,281
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	<b>(G - H) = (I)</b>	<b>\$11,093</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.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your 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.

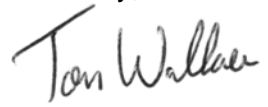
I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.



Mr. Frank V. Sacco  
May 24, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Fourth 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
<b>Projected total of annual "Provider Service Network" payments</b>	(E - F) = (G)	\$89,401
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$66,560
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	(G - H) = (I)	\$22,186

[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

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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.

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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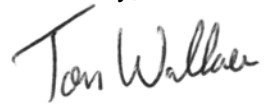
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Mr. Frank V. Sacco  
May 24, 2016  
Page Two

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Sincerely,

A handwritten signature in cursive script that reads "Tom Wallace".

Tom Wallace, Bureau Chief,  
Medicaid Program Finance

TW:rp

Enclosure:



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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 Fourth 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
<b>Projected total of annual "Provider Service Network" payments</b>	<b>(E - F) = (G)</b>	<b>\$206,111</b>
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$153,452
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	<b>(G - H) = (I)</b>	<b>\$51,150</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.







RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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.

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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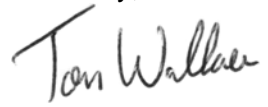
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Mr. Frank V. Sacco  
May 24, 2016  
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Sincerely,

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Tom Wallace, Bureau Chief,  
Medicaid Program Finance

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Enclosure:



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Disproportionate Share Payments to Provider Service Networks

State Fiscal Year 2015 - 2016 Fourth 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
<b>Projected total of annual "Provider Service Network" payments</b>	<b>(E - F) = (G)</b>	<b>\$1,391,322</b>
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$1,035,851
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	<b>(G - H) = (I)</b>	<b>\$345,283</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.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 24, 2016

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

**RE: State Fiscal Year 2015 - 2016  
Fourth 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.

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.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your 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. Russell Armistead  
May 24, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Fourth Payment

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

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

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
<b>Projected total of annual "Provider Service Network" payments</b>	<b>(E - F) = (G)</b>	<b>\$1,901,138</b>
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$1,415,413
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	<b>(G - H) = (I)</b>	<b>\$471,804</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.





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

May 24, 2016

Mr. Timothy M. Goldfarb  
CEO  
UF Health Shands Hospital  
Box 100326  
Gainesville, Florida 32610-0326

**RE: State Fiscal Year 2015 - 2016  
Fourth 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.

The total of your scheduled fourth quarter payment (enclosed, if not electronically transferred) and any previous payments for this fiscal year represents 100% of your 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  
May 24, 2016  
Page Two

If you have any questions regarding the above, please call Nicole Linn or Ryan Perry of my staff at (850) 412-4287.

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 Fourth Payment

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

Hospital Name (current) : **UF Health Shands 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)	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
<b>Projected total of annual "Provider Service Network" payments</b>	(E - F) = (G)	\$227,240
Total of "Provider Service Network" payments previously paid for this fiscal year	(H)	\$169,182
<b>Fourth "Provider Service Network" provider payment [1] [2]</b>	(G - H) = (I)	\$56,394

- [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.

