



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Michael Mayo
BAPTIST MEDICAL CENTER JACKSONVILLE
800 Prudential Drive
Jacksonville, Florida 32207-8202

**RE: State Fiscal Year 2022-2023
Annual Regular Disproportionate Share Hospital Payment
Medicaid Number: 10064100**

Dear Mr. Mayo:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Annual Payment

Medicaid Number : **10064100**

Facility Name (current) : **BAPTIST MEDICAL CENTER JACKSONVILLE**

Annual Public DSH distribution to your facility	(A)	\$23,095
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$23,095
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$23,095

[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.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

John A. Moore
BAYFRONT HEALTH ST PETERSBURG
701 6th Street South
Saint Petersburg, Florida 33701-4891

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10156700**

Dear Mr. Moore:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10156700**

Facility Name (current) : **BAYFRONT HEALTH ST PETERSBURG**

Annual Public DSH distribution to your facility	(A)	\$7,297
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$7,297
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,297

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Shane Strum
BROWARD HEALTH CORAL SPRINGS
3000 Coral Hill Drive
Fort Lauderdale, Florida 33316-2564

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 12040500**

Dear Mr. Strum:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **12040500**

Facility Name (current) : **BROWARD HEALTH CORAL SPRINGS**

Annual Public DSH distribution to your facility	(A)	\$2,216,273
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,216,273
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,216,273

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Randy Gross
BROWARD HEALTH IMPERIAL POINT
6401 North Federal Highway
Fort Lauderdale, Florida 33308-1427

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10821900**

Dear Mr. Gross:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10821900**

Facility Name (current) : **BROWARD HEALTH IMPERIAL POINT**

Annual Public DSH distribution to your facility	(A)	\$1,476,548
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$1,476,548
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$1,476,548

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Aurelio Fernandez III
BROWARD HEALTH MEDICAL CENTER
1600 S. Andrews Avenue
Fort Lauderdale, Florida 33316-2510

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10012901**

Dear Mr. Fernandez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10012901**

Facility Name (current) : **BROWARD HEALTH MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$15,267,140
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$15,267,140
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$15,267,140

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RON DESANTIS
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SECRETARY

August 17, 2023

Matthew Garner
BROWARD HEALTH NORTH
201 East Sample Road
Pompano Beach, Florida 33064-3596

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10021800**

Dear Mr. Garner:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10021800**

Facility Name (current) : **BROWARD HEALTH NORTH**

Annual Public DSH distribution to your facility	(A)	\$3,556,006
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,556,006
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,556,006

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Chadwick S. Leo, D.O.
CAPE CORAL HOSPITAL
636 Del Prado Boulevard
Cape Coral, Florida 33990-2695

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 11971700**

Dear Dr. Leo:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **11971700**

Facility Name (current) : **CAPE CORAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$8,348,407
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$8,348,407
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$8,348,407

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Vincent A. Sica
DESOTO MEMORIAL HOSPITAL
900 North Robert Avenue
Arcadia, Florida 34266-8765

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10192300**

Dear Mr. Sica:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10192300**

Facility Name (current) : **DESOTO MEMORIAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$99,991
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$99,991
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$99,991

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Huy Nguyen, M.D.
DOCTORS MEMORIAL HOSPITAL
2600 HOSPITAL DR
Bonifay, Florida 32425

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10103600**

Dear Dr. Nguyen:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10103600**

Facility Name (current) : **DOCTORS MEMORIAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$99,991
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$99,991
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$99,991

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

David Walker
GEORGE E WEEMS MEMORIAL HOSPITAL
P.O. Box 580
Apalachicola, Florida 32329-0580

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10080300**

Dear Mr. Walker:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10080300**

Facility Name (current) : **GEORGE E WEEMS MEMORIAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$99,991
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$99,991
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$99,991

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Larry Antonucci, M.D.
GULF COAST MEDICAL CENTER LEE MEMORIAL HEALTH SYSTEM
13681 Doctors Way
Fort Myers, Florida 33912-4309

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 11134100**

Dear Dr. Antonucci:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **11134100**

Facility Name (current) : **GULF COAST MEDICAL CENTER LEE MEMORIAL
HEALTH SYSTEM**

Annual Public DSH distribution to your facility	(A)	\$10,866,678
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$10,866,678
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$10,866,678

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Chase Christianson
GULF COAST REGIONAL MEDICAL CENTER
449 West 23rd Street
Panama City, Florida 32405-4507

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 11761700**

Dear Mr. Christianson:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **11761700**

Facility Name (current) : **GULF COAST REGIONAL MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$5,874
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,874
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,874

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Jeff Feasel
HALIFAX HEALTH MEDICAL CENTER
303 North Clyde Morris Boulevard
Daytona Beach, Florida 32114-1237

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10184200**

Dear Mr. Feasel:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10184200**

Facility Name (current) : **HALIFAX HEALTH MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$6,580,260
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$6,580,260
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$6,580,260

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

R.D. Williams
HENDRY REGIONAL MEDICAL CENTER
524 West Sagamore Avenue
Clewiston, Florida 33440-3021

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10086200**

Dear Mr. Williams:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10086200**

Facility Name (current) : **HENDRY REGIONAL MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$99,991
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$99,991
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Bill Duquette
HOMESTEAD HOSPITAL
975 Baptist Way
Homestead, Florida 33033

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10226100**

Dear Mr. Duquette:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10226100**

Facility Name (current) : **HOMESTEAD HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$3,798
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,798
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,798

[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.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Alicia Schulhof, MHA, FACHE
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL
501 6th Street South, Dept 2402
Saint Petersburg, Florida 33701-4634

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10151600**

Dear Ms. Schulhof:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10151600**

Facility Name (current) : **JOHNS HOPKINS ALL CHILDREN'S HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$12,859
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$12,859
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$12,859

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Janet D. Moreland, APRN, MSN, LHRM
LAKESIDE MEDICAL CENTER
39200 Hooker Highway
Belle Glade, Florida 33430

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10144300**

Dear Ms. Moreland:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10144300**

Facility Name (current) : **LAKESIDE MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$99,991
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$99,991
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$99,991

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Lawrence Antonucci, M.D., MBA
LEE MEMORIAL HOSPITAL
2776 Cleveland Avenue
Fort Myers, Florida 33901-5855

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10110900**

Dear Dr. Antonucci:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10110900**

Facility Name (current) : **LEE MEMORIAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$30,474,389
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$30,474,389
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$30,474,389

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Cheryl McIntire
LEHIGH REGIONAL MEDICAL CENTER
1500 Lee Boulevard
Lehigh Acres, Florida 33936-5100

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10111700**

Dear Ms. McIntire:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10111700**

Facility Name (current) : **LEHIGH REGIONAL MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$421
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$421
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$ 421

[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.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Tom McDougal
MANATEE MEMORIAL HOSPITAL
206 2nd Street East
Bradenton, Florida 34208-1000

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10116800**

Dear Mr. McDougal:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10116800**

Facility Name (current) : **MANATEE MEMORIAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$8,072
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$8,072
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$8,072

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

K. Scott Wester, FACHE
MEMORIAL HOSPITAL MIRAMAR
1901 Southwest 172nd Avenue
Miramar, Florida 33029

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10345400**

Dear Mr. Wester:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10345400**

Facility Name (current) : **MEMORIAL HOSPITAL MIRAMAR**

Annual Public DSH distribution to your facility	(A)	\$3,543,727
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$3,543,727
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$3,543,727

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Vedner Guerrier, MBA, LSSBB
MEMORIAL HOSPITAL WEST
703 North Flamingo Road
Pembroke Pines, Florida 33028-1006

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10252100**

Dear Mr. Guerrier:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10252100**

Facility Name (current) : **MEMORIAL HOSPITAL WEST**

Annual Public DSH distribution to your facility	(A)	\$11,198,935
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$11,198,935
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$11,198,935

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Peter Powers, FACHE
MEMORIAL REGIONAL HOSPITAL
3501 Johnson Street
Hollywood, Florida 33021-5421

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10020000**

Dear Mr. Powers:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10020000**

Facility Name (current) : **MEMORIAL REGIONAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$11,161,776
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$11,161,776
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$11,161,776

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Matthew Garner
NORTH SHORE MEDICAL CENTER
1100 Northwest 95th Street
Miami, Florida 33150-2098

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10049800**

Dear Mr. Garner:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10049800**

Facility Name (current) : **NORTH SHORE MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$14,294
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$14,294
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$14,294

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

David Strong
ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER
1414 Kuhl Avenue
Orlando, Florida 32806-2008

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10133800**

Dear Mr. Strong:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10133800**

Facility Name (current) : **ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$52,797
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$52,797
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$52,797

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RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Tony Gomez
PALMETTO GENERAL HOSPITAL
2001 West 68th Street
Hialeah, Florida 33016-1801

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10460400**

Dear Mr. Gomez:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10460400**

Facility Name (current) : **PALMETTO GENERAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$7,566
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$7,566
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$7,566

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Jason L. Kimbrell
PALMS WEST HOSPITAL
13001 Southern Boulevard
Loxahatchee, Florida 33470-9203

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 12026000**

Dear Mr. Kimbrell:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **12026000**

Facility Name (current) : **PALMS WEST HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$5,521
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$5,521
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$5,521

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

George Mikitarian
PARRISH MEDICAL CENTER
951 North Washington Avenue
Titusville, Florida 32796-2194

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10010200**

Dear Mr. Mikitarian:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10010200**

Facility Name (current) : **PARRISH MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$2,106,323
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$2,106,323
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$2,106,323

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



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Randy Gross, FACHE
PLANTATION GENERAL HOSPITAL
401 Northwest 42nd Avenue
Plantation, Florida 33317-2835

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 12000600**

Dear Mr. Gross:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **12000600**

Facility Name (current) : **PLANTATION GENERAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$12,128
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$12,128
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$12,128

[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.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Dawn Rudolph
SACRED HEART HOSPITAL
5151 North 9th Avenue
Pensacola, Florida 32504-8721

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10076500**

Dear Ms. Rudolph:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10076500**

Facility Name (current) : **SACRED HEART HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$14,348
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$14,348
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$14,348

[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.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

David Verinder
SARASOTA MEMORIAL HOSPITAL
1700 South Tamiami Trail
Sarasota, Florida 34239-3555

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10176100**

Dear Mr. Verinder:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10176100**

Facility Name (current) : **SARASOTA MEMORIAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$12,989,771
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$12,989,771
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$12,989,771

[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.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Philip Minden
ST JOSEPHS HOSPITAL
3001 W DR Martin Luther King JR BLVD
Tampa, Florida 33607-6307

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10097806**

Dear Mr. Minden:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10097806**

Facility Name (current) : **ST JOSEPHS HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$26,507
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$26,507
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$26,507

[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.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Cynthia McCauley
ST MARY'S MEDICAL CENTER
901 45th Street
West Palm Beach, Florida 33407-4119

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10148600**

Dear Ms. McCauley:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10148600**

Facility Name (current) : **ST MARY'S MEDICAL CENTER**

Annual Public DSH distribution to your facility	(A)	\$17,041
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$17,041
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$17,041

[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.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

John Couris
TAMPA GENERAL HOSPITAL
P.O. Box 1289
Tampa, Florida 33601-1289

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10099400**

Dear Mr. Couris:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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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.

If you have any questions regarding the above, please call Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10099400**

Facility Name (current) : **TAMPA GENERAL HOSPITAL**

Annual Public DSH distribution to your facility	(A)	\$35,224
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$35,224
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$35,224

[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.



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

August 17, 2023

Russell E. Armistead
UF HEALTH JACKSONVILLE
655 West 8th Street
Jacksonville, Florida 32209-6596

**RE: State Fiscal Year 2022-2023
Regular Disproportionate Share Hospital Payment
Medicaid Number: 10067600**

Dear Mr. Armistead:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022-2023. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 100% of your annual appropriation for state fiscal year 2022-2023. The formula 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 Mike Massey of my staff at (850) 412-4109.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,
Medicaid Program Finance

KS:mm
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Public Hospital Disproportionate Share Distribution

State Fiscal Year 2022-2023 Payment

Medicaid Number : **10067600**

Facility Name (current) : **UF HEALTH JACKSONVILLE**

Annual Public DSH distribution to your facility	(A)	\$20,236
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's scheduled Public DSH Distribution	(C)	\$20,236
Total of your "Public DSH" Payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Public DSH Payment [1] [2]	(C - D) = (E)	\$20,236

[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.