



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 2021-2022
Provider Service Network Disproportionate Share Payment
Medicaid Number: 12040500**

Dear Mr. Strum:

Your facility 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 facilities 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) 412-4132.

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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2022 -2023 Payment

Medicaid Number : **12040500**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$195,294
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$195,294
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$195,294

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



RON DESANTIS
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SECRETARY

August 17, 2023

Randy Gross
Broward Health Imperial Point
6401 North Federal Highway
Fort Lauderdale, Florida 33308-1427,

**RE: State Fiscal Year 2021-2022
Provider Service Network Disproportionate Share Payment
Medicaid Number: 10821900**

Dear Mr. Gross:

Your facility 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 facilities 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2022 -2023 Payment

Medicaid Number : **10821900**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$372,593
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$372,593
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$372,593

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RON DESANTIS
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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 2021-2022
Provider Service Network Disproportionate Share Payment
Medicaid Number: 10012901**

Dear Mr. Fernandez:

Your facility 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 facilities 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2022 -2023 Payment

Medicaid Number : **10012901**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$2,818,989
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$2,818,989
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$2,818,989

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August 17, 2023

Matthew Garner
Broward Health North
201 East Sample Road
Pompano Beach, Florida 33064-3596,

**RE: State Fiscal Year 2021-2022
Provider Service Network Disproportionate Share Payment
Medicaid Number: 10021800**

Dear Mr. Garner:

Your facility 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 facilities 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

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2022 -2023 Payment

Medicaid Number : **10021800**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$316,357
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$316,357
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$316,357

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August 17, 2023

K. Scott Wester, FACHE
Memorial Hospital Miramar
1901 Southwest 172nd Avenue
Miramar, Florida 33029,

**RE: State Fiscal Year 2021-2022
Provider Service Network Disproportionate Share Payment
Medicaid Number: 10345400**

Dear Mr. Wester:

Your facility 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 facilities 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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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2022 -2023 Payment

Medicaid Number : **10345400**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$57,725
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$57,725
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$57,725

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SECRETARY

August 17, 2023

Peter Powers, FACHE
Memorial Regional Hospital
3501 Johnson Street
Hollywood, Florida 33021-5421,

**RE: State Fiscal Year 2021-2022
Provider Service Network Disproportionate Share Payment
Medicaid Number: 10020000**

Dear Mr. Powers:

Your facility 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 facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Provider Service Network Disproportionate Share Payment

State Fiscal Year 2022 -2023 Payment

Medicaid Number : **10020000**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,586,516
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$1,586,516
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$1,586,516

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August 17, 2023

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

**RE: State Fiscal Year 2021-2022
Provider Service Network Disproportionate Share Payment
Medicaid Number: 10067600**

Dear Mr. Armistead:

Your facility 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 facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

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Provider Service Network Disproportionate Share Payment

State Fiscal Year 2022 -2023 Payment

Medicaid Number : **10067600**

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

Annual Provider Service Network Payment Distribution to your facility	(A)	\$2,704,880
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$2,704,880
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$2,704,880

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August 17, 2023

**RE: State Fiscal Year 2021-2022
Provider Service Network Disproportionate Share Payment
Medicaid Number:**

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Provider Service Network Disproportionate Share Payment

State Fiscal Year 2022 -2023 Payment

Medicaid Number :

Facility Name (current) :

Annual Provider Service Network Payment Distribution to your facility	(A)	\$0
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$00.00
Total of your facility's annual Provider Service Network payments	(A - B) = (C)	\$0
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$00.00
Your Scheduled Provider Service Network payment [1]	(C - D) = (E)	\$ 0

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